ATSDR
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Public Health Assessment for

GENERAL ELECTRIC SITE-NEWELL STREET AREA II
(a/k/a GE-HOUSATONIC RIVER)
PITTSFIELD, BERKSHIRE COUNTY, MASSACHUSETTS
EPA FACILITY ID: MAD002084093
SEPTEMBER 19, 2003

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Agency for Toxic Substances and Disease Registry

THE ATSDR PUBLIC HEALTH ASSESSMENT: A NOTE OF EXPLANATION

This Public Health Assessment was prepared by ATSDR pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or Superfund) section 104 (i)(6) (42 U.S.C. 9604 (i)(6), and in accordance with our implementing regulations (42 C.F.R. Part 90). In preparing this document, ATSDR has collected relevant health data, environmental data, and community health concerns from the Environmental Protection Agency (EPA), state and local health and environmental agencies, the community, and potentially responsible parties, where appropriate.

In addition, this document has previously been provided to EPA and the affected states in an initial release, as required by CERCLA section 104 (i)(6)(H) for their information and review. The revised document was released for a 30-day public comment period. Subsequent to the public comment period, ATSDR addressed all public comments and revised or appended the document as appropriate. The public health assessment has now been reissued. This concludes the public health assessment process for this site, unless additional information is obtained by ATSDR which, in the agency's opinion, indicates a need to revise or append the conclusions previously issued.

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PUBLIC HEALTH ASSESSMENT
GENERAL ELECTRIC SITE
NEWELL STREET AREA II
PITTSFIELD, BERKSHIRE COUNTY, MASSACHUSETTS
FACILITY NO. MAD002084093

Prepared by

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ENVIRONMENTAL TOXICOLOGY PROGRAM
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Public Health Service
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Preface

The Massachusetts Department of Public Health (MDPH) prepared this public health assessment as part of its cooperative agreement with the U.S. Agency for Toxic Substances and Disease Registry. In addition MDPH points out that this is only one of 10 General Electric sites for which public health assessments or health consultations are being or have been prepared. Thus any conclusions presented here cannot be extrapolated to any other area of the General Electric site or to the entire General Electric site as a whole. Finally, MDPH has attempted to gather available data for the General Electric site through many visits to the U.S. Environmental Protection Agency and the Massachusetts Department of Environmental Protection offices for file reviews or document retrieval. MDPH is preparing a Summary Public Health Assessment that will address health and exposure concerns for the General Electric sites as a whole. That document will be released for public review and comment.

SUMMARY

The Newell Street Area II site of the General Electric (GE) site in Pittsfield, Massachusetts, is one of 10 areas being evaluated in separate public health assessments and health consultations.[1] In addition, the Massachusetts Department of Public Health (MDPH) is conducting or has conducted other health activities (e.g., descriptive analysis of cancer incidence data, ongoing serum polychlorinated biphenyl [PCB] analyses for Pittsfield area residents), the results of which will be incorporated into the summary public health assessment for the GE sites.

The Newell Street Area II site was created in the early 1940s, when some Housatonic River oxbows and low-lying areas were separated from the active course of the river and subsequently filled with various materials from GE and other unknown sources. The site comprises primarily a parking lot and wooded areas, one of which contains electrical towers. It is currently vacant and access is very limited.

The main compounds and environmental medium of concern at the site are PCBs in soil. Individuals with the greatest opportunities for exposure are employees, particularly those doing maintenance work on the site. Concentrations of PCBs in soil average approximately 655 parts per million (ppm) and range as high as 25,500 ppm in some hot spots on the site. Based on past opportunities for exposure to PCBs in soil, the site is considered to have posed a greater health hazard than current conditions. Currently, various aspects of the site (e.g., heavy vegetation, fences, and other institutional controls) considerably reduce the exposure opportunities. Concentrations of PCBs in ambient air at the site average 0.0083 micrograms per cubic meter ($\mu g/m^3$).[2] These levels are higher than background, but they do not exceed noncancer screening levels. Estimated cancer risks for opportunities for exposure to these levels fall below a range that environmental regulatory agencies generally target for remedial actions to achieve.

Under current site conditions (e.g., locked fence, heavy vegetation), the Newell Street Area II site is classified as a "No Apparent Public Health Hazard" because current exposure opportunities are limited. Based on ATSDR criteria, the site could pose a "Public Health Hazard" in the future if site conditions change (e.g., clearing of wooded area) such that exposure opportunities increase.

[1] For a discussion of the difference between public health assessments and risk assessments, see Appendix B.

[2] $\mu g/m^3$ concentrations are most closely consistent with parts per billion (ppb) range levels.

BACKGROUND

A. Purpose and Health Issues

The Newell Street Area II site is one of 10 areas that comprise the GE site in Pittsfield, Massachusetts. On September 25, 1997, the GE site was proposed by the U.S. Environmental Protection Agency (EPA) for the National Priorities List (NPL) (EPA 1997). When a site is proposed for listing, the U.S. Agency for Toxic Substances and Disease Registry (ATSDR) is required by federal law to conduct a public health assessment for the site. MDPH has a cooperative agreement with ATSDR to conduct public health assessments at NPL or other sites in Massachusetts. Thus, public health assessments for nine of the 10 areas of the GE site are being conducted by MDPH under its cooperative agreement with ATSDR. The tenth area, Allendale School Property, was evaluated by ATSDR in a health consultation. A health consultation was also conducted by ATSDR for Silver Lake. Negotiations between EPA and GE resulted in EPA's decision not to add the site to the NPL contingent on various cleanup actions agreed to by GE. In October 2000, a court-ordered consent decree was signed by EPA and GE, and it was agreed that GE would perform remediation actions to U.S. Environmental Protection Agency (EPA) and Massachusetts Department of Environmental Protection (MA DEP) performance standards (e.g., an average of less than 10 parts per million (ppm) PCBs in recreational surface soils, and an average of less than 2 ppm PCBs in residential surface soils). However, remediation does not eliminate past exposures and exposures occurring at parts of the site that may not yet have been remediated.

The 10 areas evaluated as part of the GE site are as follows:

1. Newell Street Area I
2. Newell Street Area II
3. East Street Area 1
4. East Street Area 2
5. Unkamet Brook Area
6. Hill 78 Area
7. Lyman Street
8. Allendale School Property
9. Housatonic River and Silver Lake
10. The Former Oxbows

Because each site has unique characteristics and opportunities for exposure, separate evaluations were developed for each of the 10 sites listed above. In addition, MDPH is also preparing a summary document for the GE site as a whole that will contain MDPH's overall assessment of public health implications for the entire site.

The GE site has a long history in terms of community health concerns. MDPH has been involved in addressing public health issues in the area since the early 1980s, when it issued a fish consumption advisory for the Housatonic River based on elevated PCB levels in fish. These final public health assessments will address public health concerns

related to contaminants found at the GE site, as well as health studies or exposure investigations that have been conducted or are ongoing by MDPH in the area. These studies include a PCB exposure assessment study completed in 1997 (the information booklet from this report is included as appendix E), a descriptive assessment completed in 2002 of cancer incidence for the Housatonic River area for a 13-year period, an ongoing evaluation of serum PCB levels among residents who called the MDPH PCB Hotline about their opportunities for exposure to PCBs in the Housatonic River area, and a 2000 expert panel report on non-occupational PCB health effects (the information booklet from this report is included as appendix E).

The public health assessments or health consultations for the GE site review environmental data for the 10 areas mentioned above. They do not consider opportunities for past worker exposures within the GE facilities themselves (e.g., handling of materials containing PCBs), although they do consider opportunities for exposure to contaminants found in outdoor air, soil, or surface water bodies (including biota) for all potentially affected populations, including workers. Exposures to groundwater and sediments of the Housatonic River and its tributaries will be discussed in the public health assessment for the river.

These public health assessments also do not include evaluations of specific residential properties throughout Pittsfield (with the exception of properties evaluated as part of the site investigations for the 10 areas of the site). As part of the Residential Fill Property Project, the MA DEP and EPA have sampled residential properties suspected of containing elevated PCB levels in soil due to past use of fill material. As a result of public health concerns following the discovery of the use of PCB-contaminated soil for residential fill, MDPH has offered and continues to offer to any resident concerned about their opportunities for exposure to PCBs the exposure assessment questionnaire and, as warranted, having their blood tested for PCB levels as a service.

B. Site Description and History

In the early 1940s, the U.S. Army Corps of Engineers straightened some sections of the Housatonic River flowing through the city of Pittsfield to minimize the occurrence and impact of flood events. Some river oxbows and low-lying areas were separated from the active course of the river and subsequently, were filled with various materials from GE and other unknown sources. These fill materials were also used to fill in and eliminate ground surface depressions in the area (Blasland, Bouck and Lee 1994a, Blasland, Bouck and Lee 1992).

The Newell Street Area II site consisted of Oxbows F and G before the rechannelization. After the rechannelization, the Former Oxbow G was paved to construct a GE parking lot. The site mainly comprises the GE parking lot, a wooded area east of the parking lot, an area west of the parking lot with electrical towers, and the riverbank north of the site. The site is bounded to the north by the Housatonic River, to the east by the Newell Street Area I site, to the south by Newell Street, and to the west by Sackett Street (see Figure

1)[3]. The area west of the GE parking lot is the Former Oxbow F and now is owned by the Western Massachusetts Electric Company (WMECO). Except for the WMECO area, the rest of the site is owned by GE.

The area owned by WMECO is highly vegetated and fenced on three sides except for the northern part facing the riverbank. This area is abutted by Sackett Street to the west. The parking lot is paved, fenced, and has a locked gate. Previously used for GE employee parking, the parking lot has not been used for parking since 1992. In 1970 and 1972, two 3,000-gallon above ground storage tanks located at the northwest corner of the parking lot were used to store GE-generated phenol wastewater.[4] In 1992 and 1993, these two tanks and the building storing them were removed, and the surrounding area, including the building foundation, was cleaned up (MA DEP 1998). GE used the wooded area to store scrap wood before it was fenced (MA DEP 1998). Currently, this wooded area is vacant and highly vegetated. Although the riverbank north of the site is not fenced, access to the site from the river is very difficult due to steep terrain and heavy vegetation at the riverbank.

In the neighborhoods adjacent to the site, 14 houses are located on the following streets: one on Sackett Street, five on Newell Street, and eight on Lyman Street (MA DEP 1998). It has been reported by residents that GE used to store barrels of waste in the vegetated WMECO lot along Sackett Street in the past and that it was accessible to trespassers in the past. At the time of this assessment, the entire site was vacant and not used for any purpose. The parking lot was inactive and access was restricted to the public except for GE employees who conduct investigative activities periodically (MA DEP 1998). Access to the site was restricted by fences, locked gates, steep terrain, and heavy vegetation. The intermittent drainage swale (i.e., ditch) located west of the GE parking lot drains toward the Housatonic River. GE has installed an oil recovery system on the riverbank to prevent the migration of non-aqueous phase liquid (NAPL) into the river. Also, residences and businesses in this area, as well as Pittsfield as a whole, use municipal water supplies. No known private wells exist in this area (MA DEP 1998).

C. Site Visit

For purposes of this public health assessment, MDPH staff conducted five site visits: one on March 13, 1998, with EPA Region I and ATSDR representatives; one on April 9, 1998, with MA DEP and GE representatives; one on August 20, 1998; and one on July

[3]These site boundaries have changed somewhat after the consent decree. These public health assessment documents describe the sites and the site boundaries as they existed prior to the signing of the consent decree in 1999.

[4] These two tanks were installed within a diked area and located within an enclosed, fenced structure when the city of Pittsfield approved for GE to conduct a pilot test concerning the metering of GE-generated, phenol-containing wastewater into the city-owned wastewater treatment facility in 1970-1972. That pilot test was discontinued within 6 to 12 months due to plant modifications within the main facility. In early 1992, a routine security inspection of the GE facility detected a broken pipeline that was traced back to the building where the two inactive storage tanks were located. Inspection and laboratory analysis found one empty tank and one tank containing approximately 700 gallons of total liquid phenols [Blasland, Bouck and Lee 1992].

27, 1999. A site visit conducted on June 21, 2001, following initiation of remedial activities outlined in the consent decree[5], provided an update of on-going activities at the GE sites. Since the site is fenced at the west, east, and south boundaries, observations were made from Newell Street and Sackett Street outside the fence. The site is vacant except for GE employees who come to check on monitoring and recovery wells weekly. No evidence of site trespass was observed during the site visit. Heavy vegetation of high grass and trees was observed at the wooded area east of the parking lot and at the WMECO area (see Figure 1).

D. Demographics

The Newell Street Area II site is located southeast of Silver Lake in the eastern section of Pittsfield. The 1980 U.S. Census indicated that 51,974 persons lived in the city of Pittsfield. The 1990 U.S. Census showed a population of 48,622, which is a 6.5% decrease from the 1980 population. The 2000 U.S. Census totaled a population of 45,793, which is a 5.8% decrease from 1990 and an 11.5% decrease from 1980. The sex, race, and age breakdowns for Pittsfield are presented in Table 1 (U.S. Census 2001).

Within the city of Pittsfield, the Newell Street Area II site is located in census tract 9010. In 1990, the census tract 9012 was newly created and separated from census tract 9010. It now abuts census tract 9010 along the opposite bank of the Housatonic River and primarily comprises the GE property itself. The 2000 U.S. Census showed that 5,226 persons lived in census tract 9010. Census tract 9012 showed only 66 residents. The sex, race, and age breakdowns are presented in Table 1.

E. Health Outcome Data

Cancer incidence as reported by the Massachusetts Cancer Registry (MCR) for the city of Pittsfield is described in Table 2. To determine whether Pittsfield experienced elevated cancer rates, standardized incidence ratios (SIRs) were calculated[6]. For the years 1995 through 1999, the most recent years for which cancer incidence data are available, no cancers were statistically significantly elevated (MDPH 2002b).

MDPH evaluated cancer incidence data for Pittsfield, Lenox, Lee, Stockbridge, and Great Barrington and for smaller geographic areas within each community for the period from 1982 through 1994. Cancers evaluated include bladder, liver, breast, non-Hodgkin's lymphoma, thyroid, and Hodgkin's disease. Results of this analysis were presented in a separate health consultation report released in April 2002. Cancer information relevant to the GE sites was examined for patterns that might indicate an environmental exposure pathway (MDPH 2002a).

[5] The consent decree was signed by several regulatory agencies, GE, and the city of Pittsfield.
[6] A detailed explanation of SIRs is presented in Appendix D.

ENVIRONMENTAL CONTAMINATION AND OTHER HAZARDS

To evaluate whether a site poses an existing or potential hazard to an exposed or potentially exposed population, health assessors review all available on-site and off-site environmental contamination data for all media (e.g., soil, surface water, groundwater, air). The quality of the environmental data is discussed in the Quality Assurance and Quality Control section. Physical conditions of the contaminant sources and physical hazards, if any, are discussed in the Physical and Other Hazards section. A plain language glossary of environmental health terms can be found at the end of this document (Appendix C).

A. On-Site Contamination

Surface soil, soil boring, groundwater and air data from environmental sampling at the Newell Street Area II site are available from 1988 through 2000 (Berkshire Environmental Consultants 1997, Blasland, Bouck and Lee 1992, Blasland Bouck and Lee 1994a, Blasland, Bouck and Lee 2000)[7]. Limited air data are available for this site. Data for unfiltered groundwater, air, and soil samples collected at 0 to 0.5 ft, 0 to 1 ft, and 0 to 2 ft. were tabulated and screened for this site. The soil and groundwater samples were analyzed for PCBs, dioxins, volatile organic compounds (VOCs), semi-volatile organic compounds (SVOCs), polycyclic aromatic hydrocarbons (PAHs), and inorganics. Data for subsurface soil were qualitatively reviewed.

Health assessors use a variety of health-based screening values, called comparison values, to help decide whether compounds detected at a site might need further evaluation. These comparison values include environmental media evaluation guides (EMEGs), reference dose media evaluation guides (RMEGs), cancer risk evaluation guides (CREGs), maximum contaminant levels for drinking water (MCLs), or other applicable standards. These comparison values have been scientifically peer reviewed or derived using scientifically peer-reviewed values and published by ATSDR and/or EPA. The MA DEP has established Massachusetts's maximum contaminant levels (MMCL) for public drinking water supplies. EMEG, RMEG, MCL, and MMCL values are used to evaluate the potential for noncancer health effects. CREG values provide information on the potential for carcinogenic effects. For chemicals that do not have these comparison values available for the medium of concern, EPA risk-based concentrations (RBCs) developed by EPA regional offices are used. For lead, EPA has developed a hazard standard for residential soil (EPA 2001).

If the concentration of a compound exceeds its comparison value, adverse health effects are not necessarily expected. Rather, these comparison values help in selecting compounds for further consideration. For example, if the concentration of a chemical in a medium (e.g., soil) is greater than the EMEG for that medium, the potential for exposure to the compound should be further evaluated for the specific situation to determine whether noncancer health effects might be possible. Conversely, if the concentration is

[7] Most data considered in this public health assessment are pre-consent decree.

less than the EMEG, it is unlikely that exposure would result in noncancer health effects. EMEG values are derived for different durations of exposure according to ATSDR's guidelines. Acute EMEGs correspond to exposures lasting 14 days or less. Intermediate EMEGs correspond to exposures lasting longer than 14 days to less than one year. Chronic EMEGs correspond to exposures lasting one year or longer. CREG values are derived assuming a lifetime duration of exposure. RMEG values also assume chronic exposure. All the comparison values (i.e., CREGs, EMEGs, RMEGs, and RBCs) are derived assuming opportunities for exposure in a residential setting.

Tables 3a and 3b show the minimum, mean, and maximum values of surface soil compounds. Of the compounds that were detected for soil from 0 to 0.5 feet and 0 to 2 feet at this site, the ones that exceeded health comparison values or typical background levels in soil were PCBs, dioxins, two PAHs (i.e., benzo[a]pyrene and dibenz[a,h]anthracene), antimony, and arsenic (Shacklette 1984, ATSDR 1993).

For the 0- to 0.5-foot soil samples, PCBs were concentrated in hot spots mainly in the vegetated area on the west side of the WMECO area. These spots had PCB levels of 25,500 ppm, 5,750 ppm, 4,975 ppm, 1,345 ppm, and 1,200 ppm. Another hot spot was located at the riverbank north of the parking lot with a PCB level of 7,800 ppm. The next highest PCB levels in this site ranged from 126 ppm to 519 ppm and were also located at the riverbank north of the parking lot.

For samples collected outside of the paved areas at 0- to 2-foot depths, PCBs were elevated mainly at the hot spots located south and east of the parking lot. Two samples collected at the wooded area east of the parking lot had PCB concentrations of 3,800 ppm and 930 ppm. One sample collected at the riverbank had a PCB level of 1,400 ppm. Two other samples collected at the area south of the parking lot had PCB concentrations of 113 ppm and 122 ppm. Other samples collected within the area of the parking lot itself had PCB concentrations ranging from 2.35 ppm to 53 ppm.

Twenty-one samples for PCB analyses were taken under the paved parking lot at a depth of 0 to 2 feet from 1987 to 1989, 1991, 1995, and 1996. PCB concentrations for these 21 samples ranged from 0.17 ppm to 3,700 ppm.

Surface soil samples at 0- to 0.5-foot or 0- to 2-foot depths also had levels of dioxins, two PAHs, arsenic, or antimony that exceeded their respective comparison values or typical background levels (Shacklette 1984, ATSDR 1993). Of six samples at 0- to 0.5-foot depth, three were collected at the riverbank along the northern boundary of the parking lot, two were collected at the wooded area east of the parking lot, and one was collected south of the wooded area. Of three samples at 0- to 2-foot depth, two were collected at the riverbank and the other one was collected at the northeast corner of the site.

Unfiltered groundwater samples from monitoring wells at the site showed that PCBs, vinyl chloride, methylene chloride, 1,2,4-trichlorobenzene, manganese, nickel, thallium, and vanadium exceeded comparison values established for drinking water. Elevated levels of PCBs were found in groundwater samples collected at the northwest corner of

the parking lot and west of the parking lot near the WMECO. Other compounds found in groundwater were distributed consistently throughout the site. Table 4 summarizes the groundwater data.

Between June and December 1997, remediation was done for Building 68 at the East Street Area 2 site which is located north of the Newell Street Area II site on the opposite side of the Housatonic River. Air sampling was done for the Newell Street Area II site to monitor any change in ambient PCB concentrations during this remedial period (Berkshire Environmental Consultants 1997). Two samples were taken on each of two days in July and August of 1997 from two monitoring stations east and west of the parking lot on the Newell Street Area II site.[8] The monitoring station east of the parking lot is located directly across the Housatonic River from Building 68. The other monitoring station is located west of the parking lot further away from Building 68.

PCB levels (i.e., 0.0088 $\mu g/m^3$ and 0.0135 $\mu g/m^3$) collected from the station east of the parking lot were about twice as high as PCB levels (i.e., 0.0042 $\mu g/m^3$ and 0.0067 $\mu g/m^3$) collected from the station west of the parking lot. These four air samples had a mean of 0.0083 $\mu g/m^3$. These results are summarized in Table 5. Although this mean level is 10 times higher than the Pittsfield background mean PCB level of 0.0007 $\mu g/m^3$ at the Berkshire Community College, it is consistent with PCB concentrations measured on the adjacent Newell Street Area I site during 1991 through 1992, 1993, and 1996. It is possible that the remediation at Building 68 might have contributed to the higher PCB air levels seen. However, it is also likely that there is a contribution as well from the general vicinity of the sites during the summer season. See the Discussion section for information regarding possible health concerns from PCBs in air.

Subsurface soil sampling was also performed at Building 68 in 1997. Twenty samples, taken from 2.0 to 2.5 feet and 3.5 to 7 feet in depth, were analyzed for PCBs. Three samples were taken between 2 and 2.5 feet, with a mean of 1,476 ppm. The samples taken between 3.5 and 7 feet had a mean PCB concentration of 5,966 ppm and a maximum concentration of 63,700 ppm, detected at a depth of 3.5 to 4.0 feet.

B. Off-site Contamination

The GE site comprises 10 different areas, for which separate public health assessments or health consultations are being developed. Those 10 areas are the Housatonic River/Silver Lake, the Former Oxbows (i.e., Oxbows A, B, C, J, and K), East Street Area 1, East Street Area 2, Newell Street Area I, Newell Street Area II, the Unkamet Brook Area, Lyman Street, Hill 78 Area, and the Allendale School Property. Environmental data for the Housatonic River, which borders the Newell Street Area II site, typically would be considered off-site from the Newell Street Area II site. However, the data will be

[8] The monitoring station west of the parking lot has a co-locator (i.e., another station at the same location as the primary station). This co-locator is for quality control purposes and shows ambient concentrations similar to concentrations collected at its primary station. The values used are averaged values of the primary station and its co-locator.

addressed in a separate public health assessment for the Housatonic River rather than be included as off-site contamination for the Newell Street Area II site.

In addition, some residences are located along Newell Street and nearby areas. Concentrations of PCBs in ambient air measured at the Newell Street sites might closely approximate concentrations to which these residents might be exposed.

C. Quality Assurance/Quality Control (QA/QC)

The reports on GE facilities were also associated with two sampling and analysis plans that included information on QA/QC (Blasland, Bouck and Lee 1990, Blasland, Bouck and Lee 1994b). Sampling results reviewed for this site indicate that QA/QC was performed appropriately for the samples. The validity of the conclusions made in this health assessment depends on the accuracy and reliability of the data provided in the cited reports.

For surface soil, some dioxin values were estimated with maximum possible concentrations or estimated below the lower calibration limit, but above the target detection limit. For surface soil, many dioxin congeners do not have method detection limits, and default detection limits were used to calculate the minimum, mean, and maximum values. Except for PCBs, reported values for groundwater compounds were estimated less than the contract laboratory program-required detection limit, but greater than the instrument detection limit. All data have been approved by EPA pursuant to the Field Sampling Plan/Quality Assurance Project Plan (EPA 2000).

D. Physical and Other Hazards

There are no known physical hazards to the general public at this site. The parking lot, the wooded area, and the WMECO area are all fenced and not accessible to the public. A steep riverbank and heavy vegetation might be a physical hazard for those who trespass the WMECO area via the Housatonic River. However, trespassing would rarely occur since the WMECO area is also highly vegetated. The site visits did not reveal any evidence of trespassing.

PATHWAY ANALYSIS

To determine whether nearby residents and people on-site were, are, or could be exposed to contaminants, an evaluation was made of the environmental and human components that lead to human exposure. An exposure pathway consists of five elements: a source of contamination, transport through an environmental medium, a point of exposure, a route of human exposure, and a receptor population.

Exposure to a chemical must first occur before any adverse health effects can result. Five conditions must be met for exposure to occur. First, there must be a source of that chemical. Second, a medium (e.g., water) must be contaminated by either the source or

by chemicals transported away from the source. Third, there must be a location where a person can potentially contact the contaminated medium. Fourth, there must be a means by which the contaminated medium could enter a person's body (e.g., ingestion). Finally, the chemical must actually reach the target organ susceptible to the toxic effects from that particular substance at a sufficient dose for a sufficient time for an adverse health effect to occur (ATSDR 1993).

A completed exposure pathway exists when all of the above five elements are present. A potential exposure pathway exists when one or more of the five elements is missing and indicates that exposure to a contaminant could have occurred in the past, could be occurring in the present, or could occur in the future. An exposure pathway can be eliminated if at least one of the five elements is missing and will not likely be present. The discussion that follows incorporates only those pathways that are important and relevant to the site.

A. Completed Exposure Pathways

Surface Soil

At the time of this public health assessment, exposure opportunities from direct contact with contaminated soil appeared to be very limited because access to the site is difficult. Although GE employees had used the parking lot in the past, it was paved immediately after the filling of Oxbow G. Thus, it is not likely that GE employees were exposed to PCBs remaining in the soil under the parking lot. The wooded area and the WMECO lot along Sackett Street may have been highly vegetated for almost 50 years. However, past trespassing in this wooded lot along Sackett Street has been reported. Trespassers may have been exposed to PCBs through incidental ingestion of contaminated soil or skin absorption of PCBs through direct contact with PCB contaminated soil, particularly near and among barrels containing wastes that were reported by community residents as being stored there in the past. This area is currently fenced on all sides except for the north side of the WMECO area along the Housatonic River, and thus, access to these areas by nearby residents is not likely to occur. The very steep and highly vegetated riverbank north of the site also limits access to the site from the Housatonic River. Therefore, past and present opportunities for exposures to soil contaminants at the site are limited to workers and trespassers but MDPH did not see any evidence of current trespassing during our site visits. At this time, no plans are in place to change the current status of the site.

Ambient Air

Limited air data are available for the Newell Street Area II site, and other air data are available for the adjacent Newell Street Area I site. Because some residences are located near the Newell Street Area II site, this pathway can be considered complete for these residents. Past and present opportunities for exposures to PCBs in ambient air might occur to nearby residents, workers, and occasional trespassers through daily inhalation.

B. Potential Exposure Pathways

Subsurface Soil

Future exposures to contaminated soil might occur to individuals who might contact the soil during or after possible excavation or construction activities. Exposure to PCBs through contact with this soil would happen mostly through incidental ingestion or skin absorption. At this time, MDPH is not aware of excavation or construction activities (e.g., new buildings, change of parking lot use) planned for the site.

Surface Water

Groundwater from this site discharges into the Housatonic River (Blasland, Bouck and Lee 1992). However, source control is currently in place to block movement of dense, non-aqueous phase liquid (DNAPL) into the river. Because of limited sampling data and other sources in this area, it is difficult to assess the extent to which groundwater from the Newell Street Area II site might contribute to contamination in the Housatonic River. Thus, although this might be considered a potential exposure pathway (e.g., via ingestion of fish contaminated with PCBs or incidental ingestion and dermal contact with surface water), this public health assessment will not attempt to quantify the possible role of groundwater as a contributor of PCBs, DNAPL, or other compounds for the Housatonic River. Also, surface water, sediment, and fish chemical concentration data exist for the Housatonic River itself. The public health assessment document being developed for the Housatonic River will evaluate opportunities for exposure to PCBs or other contaminants in the river utilizing all available data from the river.

C. Eliminated Exposure Pathways

Groundwater

Past, present, and future opportunities for exposure to chemicals in groundwater are not likely to occur at this site because residences in the neighborhoods adjacent to the Newell Street Area II site, as well as Pittsfield as a whole, are on a municipal water supply. Residents are not likely to use this groundwater as a drinking supply. It is possible that residents may have private wells for irrigation purposes, but MDPH has no evidence of such wells.

DISCUSSION

MDPH has summarized the available environmental data and exposure pathways for the Newell Street Area II site in this public health assessment. Completed exposure pathways involved surface soil and ambient air. The main compounds and environmental medium of concern at the site are PCBs in soil. Other compounds that exceeded screening or typical background values in at least some surface soil samples were dioxins, two PAH compounds (i.e., benzo[a]pyrene and dibenz[a,h]anthracene), arsenic, and antimony.

Opportunities for exposure to these compounds are primarily via incidental ingestion of surface soil at the site, skin absorption of PCBs through direct contact with PCB-contaminated soil, or inhalation of PCBs detected in ambient air. Groundwater at the site has not been and is not being used for drinking water or other industrial purposes and hence does not present a completed exposure pathway. Although groundwater likely discharges into the Housatonic River, it is more appropriate to use actual chemical concentration data for the river surface water and sediment in estimating public health effects. Public health implications from opportunities for exposure to chemicals in the river will be covered in a separate public health assessment.

In evaluating the public health implications of opportunities for exposure to PCBs, MDPH has been conducting a variety of activities in the Housatonic River area. MDPH previously completed an exposure assessment study of the Housatonic River area (MDPH 1997). Residents of eight communities that live within one-half mile of the Housatonic River were randomly chosen to participate in the exposure assessment study. In addition, residents who were not chosen for the study but who were concerned about exposure to PCBs were offered the opportunity to volunteer to participate in a separate effort.

The exposure assessment study found that although the participants generally had serum PCB levels within the reported background range for non-occupationally exposed individuals (ATSDR 2000a), those who engaged in high-risk activities (e.g., high frequency and duration of consumption of contaminated fish) had higher serum PCB levels.

Because of the discovery during summer 1997 of widespread residential PCB soil contamination, MDPH is conducting a separate study of residents who might be at risk of exposure through contact with residential soil. MDPH set up a hotline number for individuals to call with health-related concerns, to complete exposure questionnaires, and to request serum PCB testing. Since August of 1997, over 150 individuals have had their serum tested for PCBs. This is an ongoing community service by MDPH. Results of serum PCB testing and evaluation of the community health concerns resulting from the hotline calls will be reported in the summary public health assessment for the GE sites.

MDPH has also been conducting ongoing outreach with the local health community to inform them of activities in the area. For example, MDPH held Grand Rounds in 1993,

1996, 1997, September 2000, and December 2000 at the Berkshire Medical Center or North Adams Hospital to discuss MDPH activities, particularly those related to serum PCB testing, with health professionals at these facilities. During 1999, MDPH staff have spoken at a number of other health-related forums sponsored by local health professionals and community groups.

Other activities performed or ongoing by MDPH include the following:

1. MDPH conducted a descriptive cancer incidence analysis of selected cancer types (i.e., bladder cancer, liver cancer, non-Hodgkin's lymphoma, breast cancer, thyroid cancer, and Hodgkin's disease) in Pittsfield, Lenox, Lee, Stockbridge, and Great Barrington that occurred from 1982 through 1994, utilizing data from the Massachusetts Cancer Registry. This analysis included evaluations of temporal and geographic trends (e.g., analysis of smaller geographic areas, or census tracts).

2. The Executive Office of Health and Human Services (EOHHS) convened an independent panel of national experts to advise MDPH on the most up-to-date information on possible health effects from non-occupational exposure to PCBs. A public meeting attended by the panel chair was held in Pittsfield in January 1999, prior to the first panel meeting. The panel prepared a written report that was submitted to EOHHS and released to the public in October 2000 (MDPH 2000). A public meeting attended by most of the panel members was held in Pittsfield in December 2000. In addition, panel members along with MDPH met with MDPH's advisory committee and with physicians at the Berkshire Medical Center.

3. MDPH established its Housatonic River Area Advisory Committee on Health in 1995. This committee is comprised of local residents, representatives from the local medical community, environmental and health professionals, representatives from the offices of elected officials and local health departments. MDPH staff hold meetings with committee members to report on the status of various activities and to discuss and get feedback on the conduct of MDPH health activities (e.g., education and outreach) in the area.

Information gathered from these additional activities improves MDPH's ability to assess the public health implications of PCB contamination in the Pittsfield area. The following discussion of potential public health implications is based on available information. A summary public health assessment incorporating all available information from the individual GE site PHAs and addressing public health and exposure concerns will be developed and released for public comment.

A. Chemical-Specific Toxicity Information

As noted earlier in this public health assessment, PCBs, dioxins, two PAH compounds, arsenic, and antimony exceeded either comparison or typical background levels in surface soil at the site. In addition, PCBs were detected in ambient air samples at the site at levels higher than background levels for the area. One of three soil samples taken at the

site exceeded ATSDR's comparison value for antimony for children but was less than the comparison value for adults. The average concentration of arsenic in soil across the site (i.e., 8 ppm) was within typical background levels for this metal. Because of generally limited access and, hence, opportunities for exposure to soil at the sites and the limited number of detections above comparison or background levels, arsenic and antimony will not be further considered.

In order to evaluate possible public health implications, estimates of opportunities for exposure to compounds (e.g., in soil) must be combined with what is known about the toxicity of the chemicals. ATSDR has developed minimal risk levels (MRL) for many chemicals. An MRL is an estimate of daily human exposure to a substance that is likely to be without an appreciable risk of adverse noncancer health effects over a specified duration of exposure. MRLs are derived based on no-observed-adverse-effect levels (NOAELs) or lowest-observed-adverse-effect levels (LOAELs) from either human or animal studies. The LOAELs or NOAELs reflect the actual levels of exposure that are used in studies. ATSDR has also classified LOAELs into "less serious" or "serious" effects. "Less serious" effects are those that are not expected to cause significant dysfunction or whose significance to the organism is not entirely clear. "Serious" effects are those that evoke failure in a biological system and can lead to illness or death. When reliable and sufficient data exist, MRLs are derived from NOAELs or from less serious LOAELs, if no NOAEL is available for the study. To derive these levels, ATSDR also accounts for uncertainties about the toxicity of a compound by applying various margins of safety to the MRL, thereby establishing a level that is well below a level of health concern.

PCBs

For PCBs, the rhesus monkey is the most sensitive animal species in terms of health effects resulting from exposure to PCBs, and studies in this species form the basis of ATSDR's screening values for PCBs. ATSDR derived a chronic oral MRL of 0.00002 milligrams per kilogram per day (mg/kg/day) for chronic exposure to PCBs. The MRL was based on a LOAEL for immunological effects (e.g., decreased IgM and IgG antibody levels in response to sheep red blood cells) in female rhesus monkeys administered 0.005 mg/kg/day aroclor 1254 by gavage for 55 months (Tryphonas et al. 1989, 1991a; as cited in ATSDR 2000). A LOAEL of 0.005 mg/kg/day for 37 months also induced adverse dermatological effects (e.g., prominent toe nail beds, elevated toe nails, separated toe nails) in adult monkeys (Arnold et al. 1993a; as cited in ATSDR 2000) as well as in their offspring (Arnold et al. 1995; as cited in ATSDR 2000). A LOAEL of 0.005 mg/kg/day for 37 months in adult monkeys also induced effects (e.g., inflammation of tarsal glands, nail lesions, and gum recession) in their offspring.

An uncertainty factor of 300 was used to derive the chronic oral MRL (10 for extrapolation from a LOAEL to a NOAEL, 10 for human variability and 3 for extrapolation from animals to humans). These effects at the LOAELs discussed above are considered by ATSDR to be "less serious" effects. Other effects ("less serious" or "serious") were generally reported to occur at levels approximately four times greater

than those that form the basis for the lowest LOAELs (ATSDR 2000). A panel of international experts cited support for this chronic oral MRL from human studies (ATSDR 2000).

ATSDR has also developed an intermediate oral MRL of 0.00003 mg/kg/day. The MRL was based on a LOAEL of 0.0075 mg/kg/day for neurobehavioral effects in infant monkeys that were exposed to a PCB congener mix representing 80% of the congeners typically found in human breast milk (ATSDR 2000).

ATSDR has not developed an MRL for the inhalation route of exposure because of a lack of sufficient data on which to base an MRL. The chronic MRL will be used for evaluating human health concerns associated with opportunities for exposure to PCBs at this site, regardless of duration or route of exposure. This is a conservative assumption.

While the above health effects were the most sensitive health effects (forming the basis of the MRL), a number of human and animal studies have suggested that other effects include liver damage, neurological effects, reproductive and developmental effects, and cancer. Also, the International Agency for Research on Cancer (IARC) has classified PCBs as "probable human carcinogens" based on sufficient evidence of carcinogenicity in animals and limited evidence in humans. Because it is difficult to show that a chemical causes cancer in humans, animal studies are used to identify chemicals that have the potential to cause cancer in humans. PCBs do cause cancer in animals. Thus, it is assumed that exposure to PCBs over a period of time might pose a risk for humans. The degree of risk depends on the intensity and frequency of exposure.

Dioxins

The compound 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) is one of 75 different congeners of chlorinated dibenzo-p-dioxins (CDDs). Dioxins are not intentionally manufactured but can be formed in the manufacturing process of chlorophenols (e.g., herbicides and germicides). The main environmental sources of dioxins are herbicides, wood preservatives, germicides, pulp and paper manufacturing plants, incineration of municipal and certain industrial and medical wastes, transformer/capacitor fires involving PCBs, exhaust from automobiles using leaded gasoline, chemical wastes from improper disposal, coal combustion, and residential wood burning stoves.

ATSDR has developed an MRL for TCDD of 1x10-9 mg/kg/day, or 1 picogram per kilogram per day (pg/kg/day) (ATSDR 1998). This was based on a LOAEL for developmental effects in rhesus monkeys. This MRL is similar to what ATSDR has estimated as a background exposure level of approximately 0.7 pg/kg/day for TCDD. ATSDR notes that the primary route of exposure to dioxin compounds for the general population is the food supply (e.g., fish), which is the main contributor to the background exposure. The EPA has estimated that greater than 90 percent of the human body burden of dioxins is derived from foods. If one considers exposure to all CDD and chlorinated dibenzofuran congeners, the background exposure level increases to as much as 2.75 pg/kg/day (ATSDR 1998).

The EPA has determined that TCDD is a "probable human carcinogen" based on sufficient animal and limited or inadequate evidence in human studies. IARC has classified TCDD as carcinogenic to humans (Group 1) (ATSDR 1998).

PAH Compounds

PAHs are ubiquitous in soil. Combustion processes release PAHs into the environment. Therefore, the major sources of PAHs in soils, sediments, and surface water include fossil fuels, cigarette smoke, industrial processes, and exhaust emissions from gasoline engines, oil-fired heating, and coal burning. PAHs are also found in other environmental media and in foods, particularly charbroiled, broiled, or pickled food items, and refined fats and oils (ATSDR 1995).

No MRLs are available for benzo(a)pyrene or dibenz(a,h)anthracene. The primary health concern for these compounds is carcinogenicity, and EPA considers both compounds to be "probable human carcinogens," based on sufficient evidence in animal studies and inadequate evidence for human studies.

B. Evaluation of Possible Health Effects

For the Newell Street Area II site, populations that could have had opportunities for exposure to compounds in soil or PCBs in ambient air include employees of GE or WMECO who used the site (e.g., for parking cars or maintenance activities) and nearby residents along Sackett Street, Newell Street, and Lyman Street who may have trespassed. It is likely that employees who engaged in work-related activities on the site (e.g., maintenance of equipment) would have had the greatest opportunities for exposure. This is because they would likely have had the most direct contact with the soil, and because there are high PCB soil concentrations (e.g., about 655 ppm on average ranging as high as 25,000 ppm). Persons using the paved areas of the site for parking would be expected to have far fewer opportunities for exposure (e.g., little or no direct contact with contaminated soil).

MDPH is aware of past trespassing by adults and children on the Sackett Street area of the site. Therefore, exposure scenarios for adult and child trespassers were included for this site. There are no current opportunities for exposure to site soil for local residents because a locked fence secures the site. It can reasonably be assumed that ambient air concentrations of PCBs in the residential area adjacent to the site would be similar to ambient air concentrations measured on the site itself.

Populations evaluated for this site include GE and WMECO employees, residents, and adult and child trespassers. The employees and trespassers are assumed to have direct contact with site soil as well as air, while nearby residents are assumed to have only inhalation exposure to airborne contaminants.

Limited ambient air data measured at the Newell Street Area II site during remediation activities at Building 68 of the East Street Area II site showed an average PCB concentration of about 0.0083 $\mu g/m^3$. This concentration is similar to ambient air concentrations reported for the adjacent Newell Street Area I site. Although these concentrations of PCBs in ambient air in the vicinity of the Newell Street Area II site are about 10-fold higher than those measured at the background location at Berkshire Community College, it is not expected that an elevated cancer risk would result if similar PCB concentrations in air are assumed for nearby off-site residents. These air concentrations also do not exceed ATSDR screening levels for noncancer health risks.

Assuming that workers might have spent up to five days each week during the year on the site, they could have incidentally ingested or had skin contact with soil during their activities. It is possible that such exposure could have resulted in health impacts (e.g., immunological effects) for some individuals, particularly those with frequent contact with the soil that has the highest concentration of PCBs. A worker that came in contact with the most highly contaminated soil (about 25,500 ppm) five days a week over the course of the year, could have an estimated exposure higher than ATSDR's MRL and possibly higher than the lowest reported LOAEL, which is the level at which health effects have been observed in scientific studies. Assuming average PCB soil concentrations (about 655 ppm), estimated exposures to these workers could result in exposures higher than ATSDR's MRL but less than the lowest reported LOAEL. Workers who parked cars on the site are not likely to have had substantial contact with site soils, since the parking area is paved. If an employee had direct contact with the site soils, cancer risks would be in the moderate range according to environmental regulatory agencies.[9] Although the assumptions used are conservative (e.g., ingestion over a lifetime), the site could have presented health concerns to some exposed individuals.

Assuming that adult or child trespassers might have spent up to five days each week during the year on the site for the warmer part of the year (e.g., October through April), they could have incidentally ingested or had skin contact with soil during their activities. Assuming average PCB soil concentrations (about 655 ppm), estimated exposures to these child trespassers could result in exposures higher than ATSDR's MRL but less than the lowest reported LOAEL. If an adult or child trespasser had direct contact with the site soils, cancer concerns would be in the low-to-moderate range for both children[10] and

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[9] Cancer Risk = Exposure Dose x EPA's oral slope factor.

$$\text{Exposure Dose} = \frac{(\text{avg. contaminant concentration})(\text{ingestion rate})(\text{exposure factor})(1\ kg/\ 10^6\ mg)}{\text{Body weight}}$$

$$\text{Cancer Exposure Factor (employee)} = \frac{(5\ \text{days/week})(50\ \text{weeks/year})(52\ \text{years})}{(70\ \text{years})(365\ \text{days/year})} = 0.51$$

$$\text{Cancer Exposure dose} = \frac{(655.87\ mg/kg)(100\ mg/day)(0.51)(1\ kg/\ 10^6\ mg)}{70\ kg} = 4.78 \times 10^{-4}\ (mg/kg/day)$$

$$\text{Cancer risk (employee) (average PCB concentration in soil)} = 4.78 \times 10^{-4}\ (mg/kg/day) \times 2.0\ (mg/kg/day)^{-01} = 9.56 \times 10^{-4}$$

[10] Cancer Risk = Exposure Dose x EPA's oral slope factor.

$$\text{Exposure Dose} = \frac{(\text{avg. contaminant concentration})(\text{ingestion rate})(\text{exposure factor})(1\ kg/\ 10^6\ mg)}{\text{Body weight}}$$

adults according to environmental regulatory agency standards. Although the assumptions used are conservative (e.g., ingestion over a lifetime), the site could have presented health concerns to some exposed individuals.

Dioxins, antimony, arsenic, and two PAH compounds also exceeded screening values for soil. However, exposure level calculations indicate that the amount of these substances that a person routinely working on this site might be exposed to would not appreciably increase cancer or noncancer risks beyond those already considered for site-related PCB compounds.

A number of aspects of the Newell Street Area II site appear to limit opportunities for exposure to contaminated site soil. Since the rechannelization of the river to create the area now known as Newell Street Area II, the site has been heavily vegetated or paved. Today, the site has very limited access due to institutional controls (e.g., locked fences) and heavy vegetation. Although opportunities for exposure that may have posed health concerns existed in the past for workers and trespassers, factors limiting opportunities for exposure (e.g., heavy vegetation) suggest that adverse health effects would not necessarily have occurred. Currently, institutional controls (e.g., locked fences) and heavy vegetation limit opportunities for exposure. It should be noted that the Newell Street Area II site will undergo remediation and use restrictions in accordance with the consent decree.

However, if the use of the site (e.g., as a recreational area), its physical characteristics were to change (e.g., wooded areas cleared), construction activities were to occur, the integrity of institutional controls (e.g., fences) were to be compromised, or remedial activities are not properly completed/maintained then the site might pose a public health hazard in the future, depending on the extent to which opportunities for exposure increase.

Furthermore, the MDPH's 1997 Exposure Assessment Study concluded that serum levels of the non-occupationally exposed participants from communities surrounding the Housatonic River including Pittsfield were generally within background levels. The 2000 Expert Panel on the Health Effects of Non-Occupational Exposure to PCBs agreed that the available data indicate that serum PCB-levels for non-occupationally exposed populations from MDPH's Exposure Assessment Study are generally similar to the background exposure levels in recent studies (MDPH 2000). However, MDPH notes that serum PCB levels tended to be higher in older residents of the Housatonic River Area who were frequent and/or long-term fish eaters or who reported opportunities for occupational exposure. In addition, there was some indication that other activities (e.g.,

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Cancer Exposure Factor (child trespasser)= $\frac{\text{(5 days/week) (26 weeks/year) (18 years)}}{\text{(70 years) (365 days/year)}} = 0.091$

Cancer Exposure dose = $\frac{\text{(655.87 mg/kg) (200 mg/day) (0.091) (1 kg/ } 10^6 \text{ mg)}}{\text{35 kg}} = 3.41 \times 10^{-4}$ (mg/kg/day)

Cancer risk (child trespasser) (average PCB concentration in soil) = 3.41×10^{-4} (mg/kg/day) x 2.0 $(\text{mg/kg/day})^{-01} = 6.82 \times 10^{-4}$

fiddlehead fern consumption, gardening) may have contributed slightly to serum PCB levels.

The MDPH 2002 Assessment of Cancer Incidence Health Consultation showed that, for the majority of cancer types evaluated, residents of the Housatonic River Area did not experience excessive rates of cancer incidence during the period 1982-1994. For most primary cancer types evaluated, the incidence occurred at or below expected rates, concentrations of cancer cases appeared to reflect the population density, and, when reviewed in relation to the GE sites, the pattern of cancer incidence did not suggest that these sites played a primary role in this development. While Pittsfield did experience more cancer elevations than the other communities and the pattern of some cancer types showed elevations that were statistically significantly higher than expected in certain areas or during certain time periods, no pattern among those census tracts with statistically significant elevations was observed. Specifically, although two of the three census tracts in Pittsfield adjacent to the GE site experienced statistically significant elevations in cancers of the bladder, breast, and NHL, a pattern suggesting that a common environmental exposure pathway played a primary role in these census tracts was not observed, nor were cases distributed more toward the vicinity of the GE sites. It is important to note, however, that it is impossible to determine whether exposure to GE site contaminants may have played a role in any individual cancer diagnosis. Further review of the available risk factor and occupational information suggested that workplace exposures and smoking may have been potential factors in the development of some individuals' cancers (e.g., bladder cancer). However, the pattern of cancer in this area does not suggest that environmental factors played a primary role in the increased rates in this area (MDPH 2002a).

As noted earlier in this public health assessment, more recent cancer incidence data for the period 1995–1999 shows that for Pittsfield as a whole, no cancer type was statistically significantly elevated. Although bladder cancer among males for Pittsfield as a whole was statistically significantly elevated during 1982 – 1994 (MDPH 2002a), this cancer type occurred less often than expected among males during 1995 – 1999 (28 cases observed vs. approximately 36 cases expected) (MDPH 2002b).

C. ATSDR Child Health Considerations

ATSDR and MDPH recognize that the unique vulnerabilities of infants and children demand special emphasis in communities faced with contamination of their environment. Children are at a greater risk than adults from certain kinds of exposure to hazardous substances emitted from waste sites. They are more likely exposed because they play outdoors and because they often bring food into contaminated areas. Because of their smaller stature, they might breathe dust, soil, and heavy vapors close to the ground. Children are also smaller, resulting in higher doses of contaminant exposure per body weight. The developing body systems of children can sustain permanent damage if certain toxic exposures occur during critical growth stages. Most importantly, children depend completely on adults for risk identification and management decisions, housing decisions, and access to medical care.

MDPH evaluated the likelihood of exposures to children from compounds in ambient air or surface soil at the Newell Street Area II site and the adjacent residential neighborhood. See Section B ("Evaluation of Possible Health Effects") for a discussion of these exposure scenarios.

CONCLUSION

MDPH has conducted public health activities in the past for Pittsfield and the Housatonic River area. These included the MDPH Housatonic River Area Exposure Assessment Study, which concluded that serum levels of the non-occupationally exposed participants from communities surrounding the Housatonic River including Pittsfield were generally within background levels; the MDPH Expert Panel on the Health Effects of Non-occupational Exposure to PCBs, which generally agreed with these findings; and the MDPH Assessment of Cancer Incidence Health Consultation, which concluded that the pattern of cancer in this area does not suggest that environmental factors played a primary role in increased rates in this area.

MDPH is currently conducting ongoing public health activities (e.g., exposure assessment survey and serum PCB testing, as warranted, on an individual basis as a public service). Information gathered from these additional activities will continue to improve MDPH's ability to assess the public health implications of PCB contamination at all sites being evaluated in public health assessments for the GE site. Thus, MDPH evaluation of potential public health implications related to the Newell Street II Area site is based on currently available information. An extensive sampling effort, including additional work on the site by the environmental agencies to better define the nature and extent of contamination (surface, subsurface, PCBs, and other constituents) at the site, will generate new information regarding the site. Information from this public health assessment will be included in the summary public health assessment for all of the GE sites**.**

The main compounds and environmental medium of concern at the Newell Street II site are PCBs in soil. Persons likely to have had the greatest opportunities for exposure were employees doing maintenance work on the site, particularly in areas where hot spots are located. For these individuals, exposure opportunities likely exceeded the MRL and possibly ranged as high as the LOAELs. Adult and child trespassers in the vegetated area abutting Sackett Street may have also had opportunities for exposure in the past that likely exceeded the MRL, but were lower than the LOAELs, and may have posed increased concerns for cancer in the low-to-moderate range. Hence, the site is considered to have presented a greater public health hazard in the past than under current conditions. However, given the factors that may limit opportunities for exposure (e.g., pavement, heavy vegetation), adverse health effects would not necessarily have occurred for workers or trespassers under past conditions. Current concentrations of PCBs in ambient air at the site do not present health concerns for residents living near the site. Under current conditions (e.g., current institutional controls), opportunities for exposures to constituents at the site are not likely to result in adverse health effects. If the use of the site (e.g., recreational area), its physical characteristics were to change (e.g., wooded areas cleared), the integrity of institutional controls (e.g., fences) were to be

compromised, or remedial activities were not properly completed/maintained, the site might pose a public health hazard in the future, depending on the extent to which opportunities for exposure increase.

ATSDR requires that one of five conclusion categories be used to summarize findings of health consultations and public health assessments. These categories are: 1) Urgent Public Health Hazard, 2) Public Health Hazard, 3) Indeterminate Public Health Hazard, 4) No Apparent Public Health Hazard, and 5) No Public Health Hazard. A category is selected from site-specific conditions such as the degree of public health hazard based on the presence and duration of human exposure, contaminant concentration, the nature of toxic effects associated with site-related contaminants, presence of physical hazards, and community health concerns.

Under current site conditions (e.g., current institutional controls), ATSDR would classify the Newell Street Area II site as a "No Apparent Public Health Hazard" because current exposure opportunities are limited by institutional controls and heavy vegetation. The Newell Street Area II site under past site conditions may have posed a greater health hazard than under current conditions as a result of long-term opportunities for exposure to high concentration of PCB-contaminated soil at the site by site workers (e.g., maintenance activities), and trespassers in the vegetated area abutting Sackett Street. Based on ATSDR criteria, the site could pose a "Public Health Hazard" in the future if site conditions change (e.g., clearing of wooded area) or remedial activities were not properly completed/maintained such that exposure opportunities increase.

RECOMMENDATIONS

1. MDPH recognizes that there have been multiple opportunities for exposure to PCBs throughout Pittsfield and the Housatonic River area and supports ongoing remedial efforts to reduce opportunities for exposure to PCBs throughout Pittsfield and the Housatonic River Area.

2. MDPH supports ongoing site characterization efforts, including collection of additional samples and remedial activities, by the environmental regulatory agencies, in order to reduce opportunities for exposure to PCBs throughout the Pittsfield and Housatonic River area.

PUBLIC HEALTH ACTION PLAN

1. Due to the discovery during summer 1997 of widespread residential PCB soil contamination, MDPH is conducting a separate study of residents who were concerned about this exposure. MDPH set up a hotline number for individuals to call with health-related concerns, to complete exposure questionnaires, and to request serum PCB testing. Results of these more recent analyses of serum PCB levels and evaluation of the community health concerns expressed on the hotline

calls are being developed as part of the summary public health assessment for the GE sites.

2. MDPH will continue to offer to evaluate any resident's opportunities for past exposure to PCBs and, if warranted, have their serum PCB levels determined.

3. As previously stated in the Health Consultation's Assessment of Cancer Incidence, Housatonic River Area, 1982-1994, MDPH will continue to monitor bladder cancer incidence in Pittsfield through the Massachusetts Cancer Registry to determine whether the pattern of bladder cancer changes.

4. MDPH established its Housatonic River Area Advisory Committee on Health in 1995. This committee is comprised of local residents, representatives from the local medical community, environmental and health professionals, representatives from the offices of elected officials and local health departments. MDPH staff will continue to hold meetings with committee members to report on the status of various activities and to discuss and get feedback on the conduct of MDPH health activities (e.g., education and outreach) in the area.

5. MDPH will incorporate information from the Newell Street Area II site public health assessment into the summary public health assessment for the GE sites.

6. Upon receipt from EPA of any additional data that EPA believes may warrant further public health assessment, MDPH will review this information and determine an appropriate public health response (e.g., health consultation, technical assistance).

This document was prepared by the Bureau of Environmental Health Assessment of the Massachusetts Department of Public Health. If you have any questions about this document, please contact Suzanne K. Condon, Director of BEHA/MDPH, 7th Floor, 250 Washington Street, Boston, Massachusetts 02108.

TABLES

Table 1. Demographic Characteristics of Pittsfield (2000 U.S. Census)

	Pittsfield		Census Tract 9010		Census Tract 9012	
Characteristics	Persons	%	Persons	%	Persons	%
Age[1]						
Under 5	2719	5.9	298	5.7	2	3.03
5 – 14	6072	13.2	705	13.5	8	12.12
15 – 44	17924	39.1	1988	38.04	25	37.88
45 – 64	10540	23.0	1262	24.15	13	19.7
65 and over	8538	18.6	973	18.61	18	27.27
Sex						
male	21,765	47.5	2,485	47.55	31	43.8
female	24,028	52.5	2,741	52.45	35	56.2

[1] Within Census Tracts 9002, 9010, and 9011, the total numbers of persons by race are higher than the total numbers of persons by sex and by age because many people might come from more than 2 different racial origins.

Table 1 (continued). Demographic Characteristics of Pittsfield (2000 U.S. Census)

	Pittsfield		Census Tract 9010		Census Tract 9012	
Race	Persons	%	Persons	%	Persons	%
Not Hispanic or Latino:	44,859	97.96	5,191	99.33	66	100.0
White alone	41,951	91.61	5,036	96.36	61	0.92
Black or African American alone	1,592	3.48	68	1.30	3	0.05
American Indian and Alaska Native alone	57	0.12	1	0.02	2	0.03
Asian alone	525	1.15	43	0.82	0	0
Native Hawaiian and Other Pacific Islander alone	18	0.04	1	0.02	0	0
Some other race alone	70	0.15	11	0.21	0	0
Two or more races	646	1.41	31	0.59	0	0
Hispanic or Latino:	934	2.04	35	0.67	0	0
White alone	444	0.97	25	0.48	0	0
Black or African American alone	82	0.18	3	0.06	0	0
American Indian and Alaska Native alone	8	0.02	0	0.00	0	0
Asian alone	8	0.02	0	0.00	0	0
Native Hawaiian and Other Pacific Islander alone	2	0.0	2	0.04	0	0
Some other race alone	284	0.6	4	0.08	0	0
Two or more races	106	0.2	1	0.02	0	0

Table 2 Pittsfield Cancer Incidence: Expected and Observed Case Counts, with Standardized Incidence Ratios, 1995-1999

	Exp	Obs	SIR
Bladder, Urinary			
Male	36.46	28	77
Female	15.43	14	91
Total	51.88	42	81
Brain and Other Central Nervous System			
Male	9.65	9	93
Female	8.51	6	71
Total	18.15	15	83
Breast			
Male	1.65	1	NC*
Female	217.96	226	104
Total	219.61	227	103
Cervix Uteri			
Female	11.32	13	115
Colon / Rectum			
Male	89.61	85	95
Female	97.11	75	77 #-
Total	186.72	160	86
Esophagus			
Male	12.24	9	74
Female	4.74	3	NC*
Total	16.98	12	71
Hodgkin's Disease (Hodgkin Lymphoma)			
Male	4.64	4	NC*
Female	3.83	1	NC*
Total	8.47	5	59
Kidney and Renal Pelvis			
Male	19.90	13	65
Female	13.83	9	65
Total	33.72	22	65 #-
Larynx			
Male	11.24	10	89
Female	3.09	4	NC*
Total	14.34	14	98
Leukemia			
Male	16.23	15	92
Female	13.77	6	44 #-
Total	29.99	21	70
Liver and Intrahepatic Bile Ducts			
Male	7.72	3	NC*
Female	3.82	3	NC*
Total	11.54	6	52
Lung and Bronchus			
Male	111.39	94	84
Female	96.82	83	86
Total	208.21	177	85 #-

	Exp	Obs	SIR
Melanoma of Skin			
Male	22.34	16	72
Female	17.80	12	67
Total	40.14	28	70
Multiple Myeloma			
Male	6.88	10	145
Female	6.68	4	NC*
Total	13.56	14	103
Non-Hodgkin('s) Lymphoma			
Male	27.40	18	66
Female	27.74	17	61 #-
Total	55.14	35	63 ~-
Oral Cavity and Pharynx			
Male	20.47	15	73
Female	11.24	3	NC*
Total	31.71	18	57 #-
Ovary			
Female	25.16	28	111
Pancreas			
Male	14.81	21	142
Female	17.81	10	56
Total	32.62	31	95
Prostate			
Male	215.29	168	78 ^-
Stomach			
Male	15.06	10	66
Female	10.52	8	76
Total	25.58	18	70
Testis			
Male	6.82	4	NC*
Thyroid			
Male	4.09	3	NC*
Female	11.18	11	98
Total	15.28	14	92
Uteri, Corpus and Uterus, NOS			
Female	42.36	34	80
All Sites / Types			
Male	701.74	584	83 ^-
Female	715.26	606	85 ^-
Total	1417.00	1190	84 ^-

Table 2 (continued). Pittsfield Cancer Incidence: Expected and Observed Case Counts, with Standardized Incidence Ratios, 1995-1999

Exp = expected case count, based on the Massachusetts average age-specific incidence rates for this cancer
Obs = observed case count

SIR = standardized incidence ratio [(Obs / Exp) X 100]

* = **SIR** and statistical significance not calculated when Obs < 5

+ indicates number of observed cases is statistically significantly higher than the expected number of cases
- indicates number of observed cases is statistically significantly lower than the expected number of cases

# indicates statistical significance at the p <= 0.05 level
~ indicates statistical significance at the p <= 0.01 level, as well as at the p <= 0.05 level
^ indicates statistical significance at the p <= 0.001 level, as well as at the p <= 0.05 and p <= 0.01 levels

Table 3a. Summary data of 0 to 0.5 feet soil contaminants of concern for the Newell Street Area II site in 1988, and 1993–1996

Compounds	Detects/ Samples	Minimum (mg/kg)	Mean[1] (mg/kg)	Maximum (mg/kg)	Comparison Values
Total PCBs	78/78[2]	0.211	655.87	25,500	CREG = 0.4
Dioxin Toxicity Equivalence[3] (µg/kg)	6/6	0.36	2.03	7.30	EMEG (child, chronic) = 0.05 µg/kg[4] EMEG (adult, chronic) = 0.7 µg/kg[5]

CREG Cancer Risk Evaluation Guide (ATSDR)
EMEG Environmental Media Evaluation Guide (ATSDR)

[1] Mean values calculated using one half the method detection limit for samples in which the compound was below detection.
[2] For samples with duplicates and reanalysis, the values shown are the averaged values of the samples and the duplicates or the reanalyzed values.
[3] Toxicity equivalents (TEQ) represent 2,3,7,8-TCDD toxic equivalents for mixtures of dioxin-like chlorinated dibenzo-p-dioxins (CDDs) and chlorinated dibenzofurans (CDFs). Since limited data on toxicity exist for many of the CDDs and CDFs, toxic equivalency factors (TEFs) were developed and validated in animals. TEFs compare the relative toxicity of individual congeners to that of 2,3,7,8-TCDD. The 2,3,7,8-TCDD congener is used as the basis of the TEFs because it appears to be the most toxic of the CDDs to mammals. The TEQ is calculated by calculating the sum of the products of the TEFs for each congener and its concentration in the mixture.
[4] Comparison value for 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD).

Table 3b. Summary data of 0 to 2 feet soil contaminants of concern for Newell Street Area II in 1991, 1995, and 1996

Compounds	Detects/ Samples	Minimum (mg/kg)	Mean[1] (mg/kg)	Maximum (mg/kg)	Comparison Values	Background Levels (mg/kg)
Total PCBs	10/10	3.3	646.67	3,800	CREG = 0.4	
Dioxin Toxicity Equivalents[2] (µg/kg)	3/3	0.46[3]	49.41	130.93	EMEG (child, chronic) = 0.05 µg/kg[4] EMEG (adult, chronic) = 0.7 µg/kg[4]	
Benzo(a)pyrene	3/3	0.29	0.43	0.59	CREG = 0.1	0.165-0.22[5]
Dibenz(a,h)anthracene	3/3	0.11J	0.14	0.18J	*CREG = 0.02	
Antimony	1/3	ND	NC*	130	RMEG (child)=20 RMEG (adult) = 300	<1-8.8[6]
Arsenic	3/3	3.8	12.57	26	RMEG (child)=20 RMEG (adult) = 200 CREG = 0.5	<0.1-73[6]

See next page for key to abbreviations used in this table.

[1] Mean values calculated using one half the method detection limit for samples in which the compound was below detection.
[2] Toxicity equivalents (TEQ) represent 2,3,7,8-TCDD toxic equivalents for mixtures of dioxin-like chlorinated dibenzo-p-dioxins (CDDs) and chlorinated dibenzofurans (CDFs). Since limited data on toxicity exist for many of the CDDs and CDFs, toxic equivalency factors (TEFs) were developed and validated in animals. TEFs compare the relative toxicity of individual congeners to that of 2,3,7,8-TCDD. The 2,3,7,8-TCDD congener is used as the basis of the TEFs because it appears to be the most toxic of the CDDs to mammals. The TEQ is calculated by calculating the sum of the products of the TEFs for each congener and its concentration in the mixture.
[3] Three non-detect dioxin congeners of a sample do not have detection limits and a default detection limit of 0.15 ppb was used for those congeners.
[4] Comparison value for 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD).
[5] From Toxicological Profile for Polycyclic Aromatic Hydrocarbons (PAHs), August 1995, ATSDR.
[6] From Shacklette (1984), "Element Concentrations in Soils and Other Surficial Materials of the Conterminous United States."

CREG	Cancer Risk Evaluation Guide (ATSDR)
*CREG	Values calculated using TEFs, relative to benzo(a)pyrene (CREG = 0.1 ppm) in ATSDR guidelines.
EMEG	Environmental Media Evaluation Guide (ATSDR)
J	An estimated value less than the method detection limit
ND	Not Detected
NC*	Value could not be calculated because the method detection limits were not available
RMEG	Reference Dose Media Evaluation Guide (ATSDR, based on USEPA Reference Dose)
X	Coeluting indistinguishable isomers

Table 3c. Summary of 0–1 foot Surface Soil Contaminants of Concern in 1999

Compound	Detects/ Samples	Minimum (mg/kg)	Mean[1] (mg/kg)	Maximum (mg/kg)	Comparison Values
Total PCBs	10/10	0.78	540.03	2900	CREG = 0.4

CREG Cancer Risk Evaluation Guide (ATSDR)

[1] Mean values calculated using one half the method detection limit for samples in which the compound was below detection.

Table 4. Summary data of groundwater contaminants of concern for the Newell Street Area II in 1988, 1989, 1991, 1992, 1995, and 1996

Compound	Detects/ Samples	Minimum (mg/l)	Mean[1] (mg/l)	Maximum (mg/l)	Comparison Values (mg/l)
Total PCBs Unfiltered	18/19	ND (0.00005)	0.087	0.792	CREG = 0.00002 MCL = 0.0005 MMCL = 0.0005
Vinyl Chloride	9/19[2]	ND	NC*	2.5	RMEG (child) = 0.030 RMEG (adult) = 0.1 CREG = 0.00003 MMCL = 0.002
Methylene Chloride	5/20	ND	NC*	0.86	EMEG (child) = 0.6 EMEG (adult) = 2 CREG = 0.005 MCL = 0.005
1,2,4-Trichlorobenzene	6/19	ND	NC*	0.234	RMEG (child) = 0.1 RMEG (adult) = 0.4 MCL = 0.07 MMCL = 0.07
Manganese	4/13[3]	ND	NC*	0.847	RMEG (child) = 0.5 RMEG (adult) = 2
Nickel	13/19	ND	NC*	0.589	RMEG (child) = 0.2 RMEG (adult) = 0.7 MCL = 0.1 MMCL = 0.1
Thallium	1/15	ND	NC*	0.0044J	MCL = 0.002 MMCL = 0.002
Vanadium	17/19	ND	NC*	0.300	0.26[4]

See next page for key to abbreviations used in this table.

[1] Mean values calculated using one half the method detection limit for samples in which the compound was below detection.
[2] Four out of 15 samples have duplicates and values shown are averaged values of those samples and duplicate samples.
[3] Two of 15 samples were not analyzed for manganese.
[4] From EPA Region III Risk-Based Concentration Table, May 8, 2001.

CREG	Cancer Risk Evaluation Guide (ATSDR)
EMEG	Environmental Media Evaluation Guide (ATSDR)
MCL	Maximum Contaminant Level for Drinking Water (EPA)
MMCL	Massachusetts Maximum Contaminant Level for Drinking Water (Massachusetts Drinking Water Standards and Guidelines for Chemicals in Massachusetts Drinking Water, MA DEP, Spring 2001)
ND	Not Detected
NC*	Value could not be calculated because the method detection limits were not available
RMEG	Reference Dose Media Evaluation Guide (ATSDR, based on USEPA Reference Dose)

Table 5. PCB concentrations in ambient air ($\mu g/m^3$) –Newell Street Area II

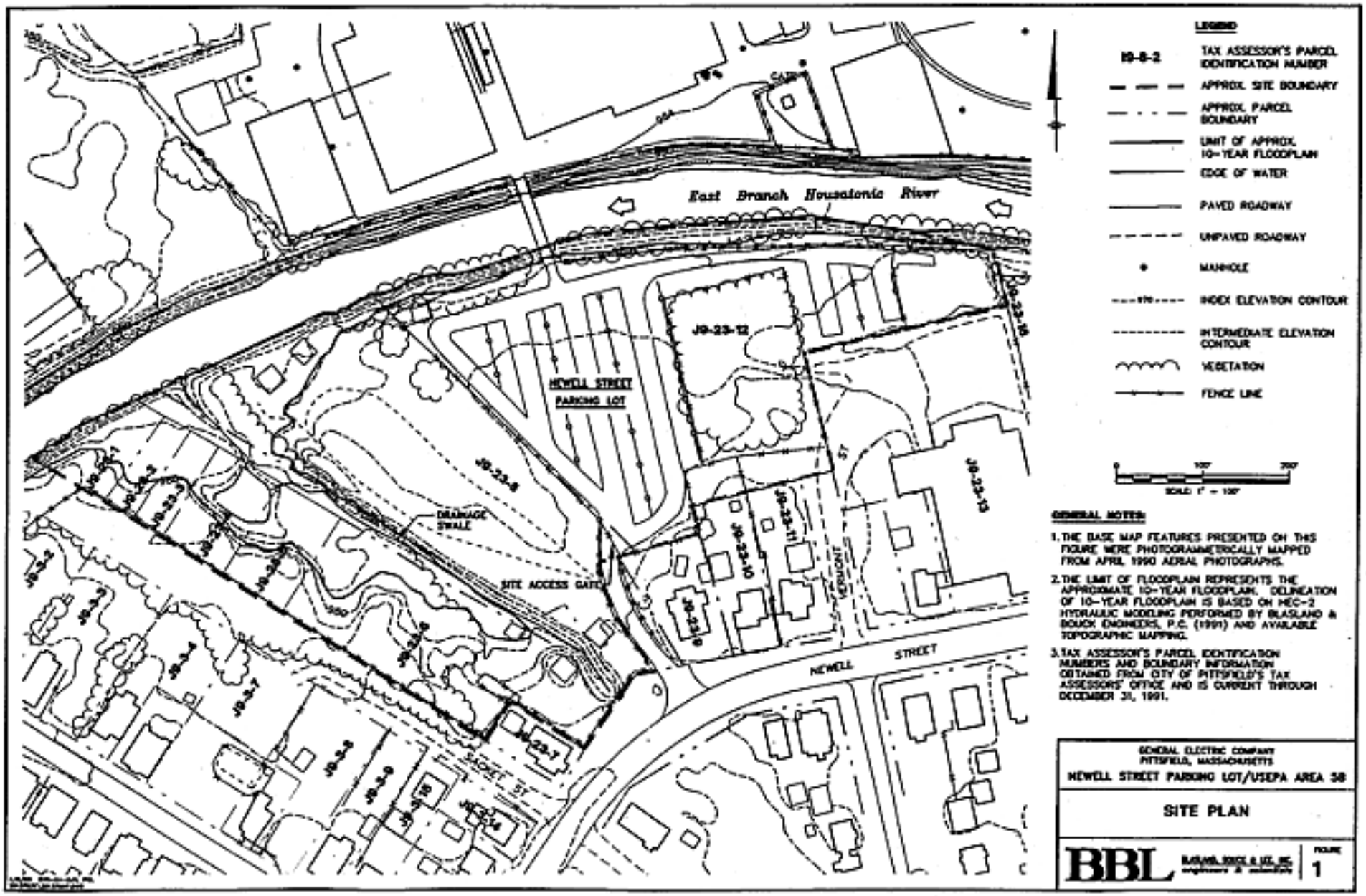
Location	Total	Summer Months[1]	Non-Summer Months	Comparison Values
Site[2]	Mean = 0.0083 Max = 0.0135	Mean = 0.0083 Max = 0.0135	Mean = N/A Max = N/A	CREG = 0.01
Background[3]	Mean = 0.0007 Max = 0.0035	Mean = 0.001 Max = 0.0035	Mean = 0.0004 Max = 0.0014	CREG = 0.01

Mean Values are calculated using one-half the method detection limit for samples in which the compound was below detection.

N/A not available

[1] Summer months are mid-May to early September.
[2] Site results are 24-hour high volume ambient mean PCB concentrations for the Newell Street Area II site (July 31-August 1, 1997 and August 4-August 5, 1997, which are the summer months only).
[3] Background location is Berkshire Community College; sampling periods August 1991-August 1992; May 1993-August 1993; June 1995 to August 1995; July 1996-September 1996; 24-hour high volume ambient mean PCB concentrations. Summer months are defined as mid-May to early September.

FIGURE


East Branch Housatonic River
NEWELL STREET PARKING LOT
J9-23-12
J9-23-10
J9-23-11
J9-23-13
J9-23-9
J9-23-8
J9-23-7
J9-23-6
J9-23-5
J9-23-4
J9-23-3
J9-23-2
J9-23-1
J9-23-14
J9-23-15
J9-23-16
DRAINAGE SWALE
SITE ACCESS GATE
VERMONT ST
NEWELL STREET
SACKET ST
LEGEND
J9-8-2 TAX ASSESSOR'S PARCEL IDENTIFICATION NUMBER
APPROX. SITE BOUNDARY
APPROX. PARCEL BOUNDARY
LIMIT OF APPROX. 10-YEAR FLOODPLAIN
EDGE OF WATER
PAVED ROADWAY
UNPAVED ROADWAY
MANHOLE
INDEX ELEVATION CONTOUR
INTERMEDIATE ELEVATION CONTOUR
VEGETATION
FENCE LINE
0 100' 200'
SCALE: 1" = 100'
GENERAL NOTES:
1. THE BASE MAP FEATURES PRESENTED ON THIS FIGURE WERE PHOTOGRAMMETRICALLY MAPPED FROM APRIL 1990 AERIAL PHOTOGRAPHS.
2. THE LIMIT OF FLOODPLAIN REPRESENTS THE APPROXIMATE 10-YEAR FLOODPLAIN. DELINEATION OF 10-YEAR FLOODPLAIN IS BASED ON HEC-2 HYDRAULIC MODELING PERFORMED BY BLASLAND & BOUCK ENGINEERS, P.C. (1991) AND AVAILABLE TOPOGRAPHIC MAPPING.
3. TAX ASSESSOR'S PARCEL IDENTIFICATION NUMBERS AND BOUNDARY INFORMATION OBTAINED FROM CITY OF PITTSFIELD'S TAX ASSESSORS' OFFICE AND IS CURRENT THROUGH DECEMBER 31, 1991.
GENERAL ELECTRIC COMPANY
PITTSFIELD, MASSACHUSETTS
NEWELL STREET PARKING LOT/USEPA AREA 38
SITE PLAN
BBL
FIGURE 1

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APPENDICES

Appendix A:
Comments on General Electric Site – Newell Street Area II Public Health Assessment

The Massachusetts Department of Public Health (MDPH), Bureau of Environmental Health Assessment (BEHA), Environmental Toxicology Program (ETP), received and responded to the following comments for the General Electric Site – Newell Street Area II Public Health Assessment. Seventeen Comments were received from both the Housatonic River Initiative (HRI), a community group based in Pittsfield, and from General Electric (GE).

General Comments

1. **Comment:** More soil sampling is needed, GE initiated testing and EPA testing was inadequate.

   Response: MDPH has incorporated all known and the most recent available data. MDPH feels the available data are sufficient to characterize exposure opportunities in areas tested because we have estimated exposures from maximum soil concentrations as well as average soil concentrations. It is important to note that the methods for evaluating exposures are a very conservative approach. Maximum concentrations are unlikely to be representative of the entire site. However, the recommendation section states that "MDPH supports ongoing site characterization efforts, including collection of additional samples and remedial activities, by the regulatory agencies, in order to reduce opportunities for exposure to PCBs throughout the Pittsfield and Housatonic River area." This additional site work is reportedly going to be done in accordance with the consent decree signed by EPA and GE in 2000 (see comment 8).

2. **Comment**: Comprehensive indoor air testing of residents surrounding the site should be done. MDPH should consider the preliminary unpublished State University of New York study on indoor air PCBs, which found mostly low chlorinated congeners in homes in Pittsfield, but also found significant levels of higher chlorinated congeners in homes. That study will not be published unless more data is obtained. MDPH should also refer to EPA's *Air Sampling Report for the General Electric Residential Air Sampling Project Parcel Number J9-23-7* prepared by Roy F. Weston in May of 1999 and MA DEP's report entitled: *A comparison of PCB indoor air levels at* [Parcel Number J9-23-7] *with several sources of background data for PCBs in air* published in November 1998.

Response: MDPH is aware of indoor air quality testing that has been conducted by the State University of New York (SUNY), EPA in conjunction with Roy F. Weston, and MA DEP. MDPH attended the presentation by SUNY researchers of the preliminary results of their study at an HRI sponsored symposium on PCB-related health issues on February 22, 2002. SUNY collected indoor air, outdoor air, and serum samples for approximately 4 residences in the Pittsfield area to try to determine a correlation between indoor air and serum PCB levels. Based on their results, they concluded that no definitive conclusions could be made about any relationship between indoor air levels and serum PCB levels. SUNY also noted that they could not complete what they had planned with this study due to a lack of funding. The Agency for Toxic Substances and Disease Registry (ATSDR) in Atlanta, Georgia, has prepared a health consultation for indoor air quality testing at parcel number J9-23-7 in April of 2000, which included data from the State University of New York study, and the EPA/Roy F. Weston report. ATSDR concluded that PCBs measured in indoor air at the residence were below levels of health concern and presented no apparent public health hazard (ATSDR 2000b).

3. **Comment:** MDPH should address the thermal oxidizer

Response: The former thermal oxidizer actually resides on the East Street Area 2 site. The history of the thermal oxidizer and an evaluation of possible health effects are addressed in the East Street Area 2 PHA. However, ambient air sampling for Newell Street Area II was conducted and evaluated for this PHA.

4. **Comment:** MDPH should collect thorough residential and employment history of people surrounding the site.

Response: MDPH conducted the 1997 Housatonic River Area PCB Exposure Assessment Study, which is mentioned in the conclusion section of this PHA. This study included administering an exposure assessment questionnaire to approximately 1,500 residents that included questions about residential and employment history, and a general comment section. MDPH continues to offer the exposure assessment questionnaire and, as warranted, serum testing as a public service to those concerned about PCB exposure opportunities. This activity involves interviewing residents about a range of exposure opportunities in the Housatonic River area. To request this assistance, residents may contact MDPH Bureau of Environmental Health Assessment, 250 Washington Street, Boston, MA, 02108 at 1-800-319-3042. In addition, MDPH convened the Expert Panel on the Health Effects of Non-

occupational Exposure to PCBs, which was initiated to help address any other specific exposure concerns of residents, and has held several public meetings at which residents could voice their concerns. MDPH plans to hold future public meeting(s) related to the summary public health assessment for the GE sites at which residents can also voice their concerns. MDPH is also completing an occupational feasibility study to determine the feasibility of conducting a health study of former GE workers. This is the type of study that would consider worker opportunities for exposure (e.g., via direct contact with PCB oils) and possible associations with health effects (e.g., concerns). The public health assessments or health consultations for the GE site review environmental data to determine general residential exposure concerns. It is not possible to determine past worker exposures within the GE facilities themselves (e.g., handling of materials containing PCBs) based on available data, although they do consider opportunities for exposure to contaminants found in outdoor air, soil, or surface water bodies (including biota) for all potentially affected populations, including workers.

5. **Comment:** MDPH should conduct serum testing of people surrounding the Newell Street Area II site including congener specific analysis.

Response: MDPH continues to offer an exposure assessment survey developed by MDPH for the Housatonic River Area, and, as warranted, serum testing as a public service to those concerned about PCB exposure in the Housatonic River Area, including people in the vicinity of the Newell Street Area II site. To request this assistance, residents may contact MDPH Bureau of Environmental Health Assessment 250 Washington Street, Boston, MA, 02018 at 1-800-319-3042 or 1-617-624-5757. In the 1997 Housatonic River Area Exposure Assessment Study, MDPH used CDC packed gas chromatography analysis methods that identified total PCBs in serum as most closely resembling Aroclor 1260. The Expert Panel on the Heath Effects of Non-occupational Exposure to PCBs agreed that this method can ascertain differences in the degree of exposure and is good for exposure assessment purposes. Congener specific analysis can be helpful for research studies that focus on linking a particular health outcome or biological response to PCB exposures. Results of the 1997 Housatonic River Area Exposure Assessment Study, which included serum testing results for 148 people, indicated that PCB levels were generally within the background range reported for the non-occupationally exposed population in the U.S. However, serum PCB levels tended to be higher in older residents of the Housatonic River Area who were frequent and/or long-term fish eaters or who reported opportunities

for occupational exposure. In addition, there was some indication that other activities (e.g., fiddlehead fern consumption, gardening) may have contributed slightly to serum PCB levels.

6. **Comment:** MDPH should assess past exposure of children playing among barrels full of waste on the GE lots adjacent to Sackett Street.

Response: It should be noted that 42 surface soil samples were taken in this area in 1995 with a maximum detection of 25,500 ppm. This may indicate that barrels were stored there in the past. Adult and child trespasser opportunities for exposures to PCBs in surface soil were added to and assessed and discussed in the Discussion section of this public health assessment. MDPH addressed the possibility that barrels full of waste may have been stored on the Sackett Street lot by adding the following text to the background section and to completed surface soil pathway in the pathway analysis section:

Background Section B, Site Description and History on page 4:
"It has been reported by residents that GE used to store barrels of waste in the vegetated WMECO lot along Sackett Street in the past, and that it was accessible to trespassers in the past.**"**

Pathway Analysis Section on page 10:
"However, past trespassing in this wooded lot along Sackett Street has been reported. Trespassers may have been exposed to PCBs through incidental ingestion of contaminated soil or skin absorption of PCBs through direct contact with PCB contaminated soil, particularly near and among barrels containing wastes that were reported by community residents as being stored there in the past."

7. **Comment:** MDPH should take into account multiple exposure pathways (i.e., soil exposures at multiple sites, and eating fish from the Housatonic River).

Response: Each site was evaluated separately in order to assess health concerns specific to a particular site. For those sites with multiple exposure pathways, these exposure opportunities were taken into account in developing the conclusions for that individual site. However, MDPH is working on putting together an executive summary for all the public health assessments combined, including the Housatonic River, that will summarize overall health concerns for the entire GE site that will include an evaluation of health concerns related to all applicable exposure opportunities and

available health (e.g., cancer incidence) and biomonitoring information.

Background

8. **Comment:** The consent decree for remediation actions to EPA and MA DEP performance standards (i.e., average of < 2 ppm PCBs in residential soils) should be emphasized in all PHAs.

Response: MDPH has mentioned in the background section that there is an agreement between EPA and GE for various clean-up actions. This has been elaborated on and expanded in the text of the Background section under section A, Purpose and Health Issues by adding the following on page 2:

"In October 2000, a court-ordered consent decree was signed by EPA and GE, and it was agreed that GE would perform remediation actions to U.S. Environmental Protection Agency (EPA) and Massachusetts Department of Environmental Protection (MDEP) performance standards (e.g., an average of less than 10 parts per million (ppm) PCBs in recreational surface soils, and an average of less than 2 ppm PCBs in residential surface soils). However, remediation does not eliminate past exposures and exposures occurring at parts of the site that have not yet been remediated."

Discussion

9. **Comment:** The serum PCB background level should be revised to 0.9 to 1.5 ppb.

Response: On page 12 of the Newell Street Area II PHA, MDPH noted that background serum PCB levels were within the reported background range for non-occupationally exposed individuals (ATSDR 2000a). The Expert Panel on the Health Effects of Non-Occupational Exposure to Polychlorinated Biphenyls (PCBs) states "that the information that now exists suggests that the range is probably lower than 4 – 8 ppb, but that comparisons are difficult due to differences in the age of various study populations and whether or not they eat fish. Some recent studies have found background serum PCB levels for women of reproductive age around 2 ppb, while other researchers have observed levels around 6 ppb for elderly people who do not eat much fish." In addition the Panel concluded that overall "[b]ecause of complications [i.e., methods, detection limits, differences in exposure scenarios] direct

comparisons between studies are difficult. However, the available data indicate that serum PCB levels for the non-occupationally exposed populations from MDPH's Exposure Assessment Study are generally similar to the background exposure levels reported in recent studies" (MDPH 2000).

The 2000 ATSDR Toxicological Profile for PCBs states, "Since the 1970s, researchers have noticed a decrease in PCB concentrations in human blood serum. In a study of 1,631 individuals from 1978 to 1979 living in the United States, the mean PCB concentration in human blood serum was 6.4 ng/mL [ppb]. Currently, mean serum PCB levels range from 0.9 to 1.5 ng/mL [ppb] in individuals who do not have a diet high in fish, especially fish from the Great Lakes" (ATSDR 2000a). The 2000 ATSDR Toxicological profile also presents a table of all reported background mean serum PCB levels from 1979 to 1996, which range from 0.9 – 15 ppb with a decline over time (ATSDR 2000a). MDPH believes that the data show that serum PCB levels are declining and that the MDPH 1997 Housatonic River Area Exposure Assessment Study results are generally consistent with background exposure levels. However, MDPH notes that serum PCB levels tended to be higher in older residents of the Housatonic River Area who were frequent and/or long-term fish eaters or who reported opportunities for occupational exposure. In addition, there was some indication that other activities (e.g., fiddlehead fern consumption, gardening) may have contributed slightly to serum PCB levels.

10. **Comment:** The CREG is too conservative to use as a comparison value for PCBs and MDPH should use the 2-ppm EPA action level as a comparison value.

Response: MDPH has a cooperative agreement with the US ATSDR to conduct PHAs in Massachusetts. ATSDR has published health based comparison values to screen for possible health effects from exposure to a particular contaminant. A comparison value does not indicate that health effects occur at that particular level. This is explained in the Environmental Contamination and Other Hazards under section A, On-Site Contamination, in paragraphs two and three. Comparison values are used to determine if a particular contaminant needs to be further evaluated for possible health effects that may or may not occur given the potential opportunities for exposure at the site. Regulatory action levels are set by environmental regulatory agencies for clean-up/remediation purposes and are not typically used by health agencies to evaluate

possible health concerns based on site-specific exposure opportunities.

11. **Comment:** The exposure factors used in the risk calculations are too conservative and should be more realistic and clarified at least in the appendix.

Response: MDPH has used exposure factors reasonable for this area in evaluating site-specific information. MPDH used more conservative exposure factors than typically used because in Pittsfield, many people reportedly grew up playing near GE sites, have had jobs at GE as teenagers, and could have gone on to work at GE as adults and worked there throughout there working lifetime, because GE was the major Pittsfield employer. Hence, MDPH has used exposure factors consistent with the community-based history and discussions with individuals who reported such a history of contact with the GE sites.

12. **Comment:** MDPH should reference studies that assess the possible link between PCBs and cancer or non-cancer health effects that found no credible links to cancer or other serious health effects (i.e., *A Weight-of-Evidence Review of the Potential Human Cancer Effects of PCBs*, and *Non-Cancer-Effects of PCBs – A Comprehensive Review of Literature*).

Response: MDPH has relied on the ATSDR Toxicological Profile for PCBs (ATSDR 2000) and other scientifically peer-reviewed documents that discuss cancer and non-cancer health effects of PCBs. For example, PCBs are currently considered a probable human carcinogen by EPA, and the International Agency for Research on Cancer currently classifies PCBs as probable human carcinogens based on sufficient evidence in animals and limited evidence in humans as presented in the Discussion Section under section A, Chemical-Specific Toxicity Information, in this public health assessment. Also, discussed in this section of the public health assessment are the ATSDR derivations of Minimal Risk Levels (MRLs) for non-cancer health effects. In addition, the summary report of the Expert Panel on the Health Effects of Non-Occupational Exposure to PCBs convened by MDPH stated: "While the panel cited some conflicting human studies, overall, the panel members agreed that the evidence is clear that PCBs are a definitive carcinogen in animals. In humans, the evidence with regard to cancer is suggestive, but inconclusive," and stated "PCBs are thought to behave as tumor promoters in susceptible tissues. Therefore, the carcinogenic effects of PCBs are likely to be influenced by other carcinogens or toxins that may be present."

Large epidemiological studies of GE workers were included in the Expert Panel's considerations. The Expert Panel also "agreed that there appears to be some developmental effects (e.g., subtle cognitive deficits) associated with exposures to PCB," and stated, "The current research suggests that prenatal exposures to fetuses at near background levels of PCBs may subtly affect the mental development of children." These sources are referenced in the public health assessments.

13. **Comment:** MDPH should use a revised higher MRL of 0.0002 mg/kg/d for PCBs developed by AMEC Earth and Environmental, Inc. in their study, *Development of a Revised Reference Dose for Polychlorinated Biphenyls (Aroclor 1254) Based on Empirical Data*.

Response: MDPH through its Cooperative Agreement with ATSDR will continue to use the ATSDR chronic MRL of 0.00002 mg/kg/d as derived and supported in the toxicological profile for PCBs, which was scientifically peer reviewed and put out for a public comment period prior to adoption (ATSDR, 2000a). EPA's reference dose (Rfd) for chronic exposure is also 0.00002 mg/kg/d (EPA IRIS, 2002).

14. **Comment:** Page 20 of the Lyman Street PHA states average soil PCB concentrations were used in risk calculations, while the equation states the maximum value was used, which is it for the Lyman Street PHA as well as the other PHAs.

Response: Both maximum and average PCB concentrations were used in the risk calculations. Separate calculations were done for hotspot locations as well. The risk calculations have been reviewed by MDPH and references to them in the public health assessments have been clarified.

Conclusions

15. **Comment:** No Public Health Hazard for the future should be declared because the site will be cleaned up according to EPA and MA DEP performance standards.

Response: MDPH cannot make conclusions contingent upon actions that have not been completed yet. There are also opportunities for future exposures that are not possible to define at this time (e.g., pavement on the site is torn up or a building on the site is demolished). However, it is expected that once the activities in the

consent decree are fully implemented the likelihood that future exposures could be of public health concern should be considerably reduced or eliminated.

16. **Comment:** Health risk evaluations should be qualified by the fact that serum levels in the area were generally found to be in the background range for non-occupationally exposed people.

Response: MDPH has added the following text to the Discussion section on page 18:

"Furthermore, the MDPH's 1997 Exposure Assessment Study concluded that serum levels of the non-occupationally exposed participants from communities surrounding the Housatonic River including Pittsfield were generally within background levels. The Expert Panel on the Health Effects of Non-Occupational Exposure to PCBs agreed that the available data indicate that serum PCB-levels for non-occupationally exposed populations from MDPH's Exposure Assessment Study are generally similar to the background exposure levels in recent studies (MDPH 2000). However, MDPH notes that serum PCB levels tended to be higher in older residents of the Housatonic River Area who were frequent and/or long-term fish eaters or who reported opportunities for occupational exposure. In addition, there was some indication that other activities (e.g., fiddlehead fern consumption, gardening) may have contributed slightly to serum PCB levels."

17. **Comment:** The MDPH Cancer Incidence Report findings that any elevations in cancer had no statistically significant link to the GE site should be reiterated in all the conclusion sections.

Response: MDPH has added the following to the text of the Discussion section on pages 18 and 19:

"The MDPH 2002 Assessment of Cancer Incidence Health Consultation showed that, for the majority of cancer types evaluated, residents of the Housatonic River Area did not experience excessive rates of cancer incidence during the period 1982-1994. For most primary cancer types evaluated, the incidence occurred at or below expected rates, concentrations of cancer cases appeared to reflect the population density, and, when reviewed in relation to the GE sites, the pattern of cancer incidence did not suggest that these sites played a primary role in this development. While Pittsfield did experience more cancer elevations than the other communities; and the pattern of some cancer types showed elevations that were statistically significantly higher than expected

in certain areas or during certain time periods, no pattern among those census tracts with statistically significant elevations was observed. Specifically, although two of the three census tracts in Pittsfield adjacent to the GE site experienced statistically significant elevations in cancers of the bladder, breast, and NHL, a pattern suggesting that a common environmental exposure pathway played a primary role in these census tracts was not observed nor were cases distributed more toward the vicinity of the GE sites. It is important to note, however, that it is impossible to determine whether exposure to GE site contaminants may have played a role in any individual cancer diagnosis. Further review of the available risk factor and occupational information suggested that workplace exposures and smoking may have been potential factors in the development of some individuals' cancers (e.g., bladder cancer). However, the pattern of cancer in this area does not suggest that environmental factors played a primary role in the increased rates in this area (MDPH 2002a).

As noted earlier in this public health assessment, more recent cancer incidence data for the period 1995–1999 shows that for Pittsfield as a whole, no cancer type was statistically significantly elevated. Although bladder cancer among males for Pittsfield as a whole was statistically significantly elevated during 1982 – 1994 (MDPH 2002a), this cancer type occurred less often than expected among males during 1995 – 1999 (28 cases observed vs. approximately 36 cases expected) (MDPH 2002b)."

Appendix B:
Public Health Assessments vs. Risk Assessments

Public health assessments and risk assessments both investigate the impact or potential impact of hazardous substances at a specific site on public health. However, the two types of assessment differ in their goals and focus. Quantitative risk assessments are geared largely toward arriving at numeric estimates of the risk posed to a population by the hazardous substances found on a site. These calculations use statistical and biological models based on dose-response data from animal toxicologic studies and (if available) human epidemiological studies. Risk assessments estimate the public health risk posed by a site, and their conclusions can be used to establish allowable contamination levels, or to establish clean-up levels and select remedial measures to be taken at the site.

Public health assessments are intended to determine the past, current or future public health implications of a specific site, but focus more than risk assessments do on the health concerns of the specific community. Public health assessments are based on environmental characterization information (including information on environmental contamination and exposure pathways), community health concerns associated with the site, and community-specific health outcome data. They make recommendations for actions needed to protect public health (which may include the development and issuing of health advisories), and they identify populations in need of further health actions or studies.

Appendix C:
ATSDR Glossary of Environmental Health Terms

The Agency for Toxic Substances and Disease Registry (ATSDR) is a federal public health agency with headquarters in Atlanta, Georgia, and 10 regional offices in the United States. ATSDR's mission is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and diseases related to toxic substances. ATSDR is not a regulatory agency, unlike the U.S. Environmental Protection Agency (EPA), which is the federal agency that develops and enforces environmental laws to protect the environment and human health.

This glossary defines words used by ATSDR in communications with the public. It is not a complete dictionary of environmental health terms. If you have questions or comments, call ATSDR's toll-free telephone number, 1-888-42-ATSDR (1-888-422-8737).

Absorption
The process of taking in. For a person or animal, absorption is the process of a substance getting into the body through the eyes, skin, stomach, intestines, or lungs.

Acute
Occurring over a short time [compare with **chronic**].

Acute exposure
Contact with a substance that occurs once or for only a short time (up to 14 days) [compare with **intermediate duration exposure** and **chronic exposure]**.

Additive effect
A biologic response to exposure to multiple substances that equals the sum of responses of all the individual substances added together [compare with **antagonistic effect** and **synergistic effect]**.

Adverse health effect
A change in body function or cell structure that might lead to disease or health problems.

Aerobic
Requiring oxygen [compare with **anaerobic**].

Ambient
Surrounding (for example, *ambient* air).

Anaerobic
Requiring the absence of oxygen [compare with **aerobic**].

Analyte
A substance measured in the laboratory. A chemical for which a sample (such as water, air, or blood) is tested in a laboratory. For example, if the analyte is mercury, the laboratory test will determine the amount of mercury in the sample.

Analytic epidemiologic study
A study that evaluates the association between exposure to hazardous substances and disease by testing scientific hypotheses.

Antagonistic effect
A biologic response to exposure to multiple substances that is **less** than would be expected if the known effects of the individual substances were added together [compare with **additive effect** and **synergistic effect**].

Background level
An average or expected amount of a substance or radioactive material in a specific environment, or typical amounts of substances that occur naturally in an environment.

Biodegradation
Decomposition or breakdown of a substance through the action of microorganisms (such as bacteria or fungi) or other natural physical processes (such as sunlight).

Biologic indicators of exposure study
A study that uses (a) **biomedical testing** or (b) the measurement of a substance [an **analyte**], its **metabolite**, or another marker of exposure in human body fluids or tissues to confirm human exposure to a hazardous substance [also see **exposure investigation**].

Biologic monitoring
Measuring hazardous substances in biologic materials (such as blood, hair, urine, or breath) to determine whether exposure has occurred. A blood test for lead is an example of biologic monitoring.

Biologic uptake
The transfer of substances from the environment to plants, animals, and humans.

Biomedical testing
Testing of persons to find out whether a change in a body function might have occurred because of exposure to a hazardous substance.

Biota
Plants and animals in an environment. Some of these plants and animals might be sources of food, clothing, or medicines for people.

Body burden
The total amount of a substance in the body. Some substances build up in the body because they are stored in fat or bone or because they leave the body very slowly.

CAP
See **Community Assistance Panel**.

Cancer
Any one of a group of diseases that occurs when cells in the body become abnormal and grow or multiply out of control.

Cancer risk
A theoretical risk of for getting cancer if exposed to a substance every day for 70 years (a lifetime exposure). The true risk might be lower.

Carcinogen
A substance that causes cancer.

Case study
A medical or epidemiologic evaluation of one person or a small group of people to gather information about specific health conditions and past exposures.

Case-control study
A study that compares exposures of people who have a disease or condition (cases) with people who do not have the disease or condition (controls). Exposures that are more common among the cases may be considered as possible risk factors for the disease.

CAS registry number
A unique number assigned to a substance or mixture by the American Chemical Society Abstracts Service.

Central nervous system
The part of the nervous system that consists of the brain and the spinal cord.

CERCLA [see **Comprehensive Environmental Response, Compensation, and Liability Act of 1980**]

Chronic
Occurring over a long time (more than 1 year) [compare with **acute**].

Chronic exposure
Contact with a substance that occurs over a long time (more than 1 year) [compare with **acute exposure** and **intermediate duration exposure**].

Cluster investigation
A review of an unusual number, real or perceived, of health events (for example, reports of cancer) grouped together in time and location. Cluster investigations are designed to confirm case reports; determine whether they represent an unusual disease occurrence; and, if possible, explore possible causes and contributing environmental factors.

Community Assistance Panel (CAP)
A group of people, from a community and from health and environmental agencies, who work with ATSDR to resolve issues and problems related to hazardous substances in the community. CAP members work with ATSDR to gather and review community health concerns, provide information on how people might have been or might now be exposed to hazardous substances, and inform ATSDR on ways to involve the community in its activities.

Comparison value (CV)
Calculated concentration of a substance in air, water, food, or soil that is unlikely to cause harmful (adverse) health effects in exposed people. The CV is used as a screening level during the public health assessment process. Substances found in amounts greater than their CVs might be selected for further evaluation in the public health assessment process.

Completed exposure pathway [see **exposure pathway**].

Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA)
CERCLA, also known as **Superfund**, is the federal law that concerns the removal or cleanup of hazardous substances in the environment and at hazardous waste sites. ATSDR, which was created by CERCLA, is responsible for assessing health issues and supporting public health activities related to hazardous waste sites or other environmental releases of hazardous substances.

Concentration
The amount of a substance present in a certain amount of soil, water, air, food, blood, hair, urine, breath, or any other media.

Contaminant
A substance that is either present in an environment where it does not belong or is present at levels that might cause harmful (adverse) health effects.

Delayed health effect
A disease or injury that happens as a result of exposures that might have occurred in the past.

Dermal
Referring to the skin. For example, dermal absorption means passing through the skin.

Dermal contact
Contact with (touching) the skin [see **route of exposure**].

Descriptive epidemiology
The study of the amount and distribution of a disease in a specified population by person, place, and time.

Detection limit
The lowest concentration of a chemical that can reliably be distinguished from a zero concentration.

Disease prevention
Measures used to prevent a disease or reduce its severity.

Disease registry
A system of ongoing registration of all cases of a particular disease or health condition in a defined population.

DOD
United States Department of Defense.

DOE
United States Department of Energy.

Dose (for chemicals that are not radioactive)
The amount of a substance to which a person is exposed over some time period. Dose is a measurement of exposure. Dose is often expressed as milligram (amount) per kilogram (a measure of body weight) per day (a measure of time) when people eat or drink contaminated water, food, or soil. In general, the greater the dose, the greater the likelihood of an effect. An "exposure dose" is how much of a substance is encountered in the environment. An "absorbed dose" is the amount of a substance that actually got into the body through the eyes, skin, stomach, intestines, or lungs.

Dose (for radioactive chemicals)
The radiation dose is the amount of energy from radiation that is actually absorbed by the body. This is not the same as measurements of the amount of radiation in the environment.

Dose-response relationship
The relationship between the amount of exposure [**dose**] to a substance and the resulting changes in body function or health (response).

Environmental media
Soil, water, air, **biota** (plants and animals), or any other parts of the environment that can contain contaminants.

Environmental media and transport mechanism
Environmental media include water, air, soil, and **biota** (plants and animals). Transport mechanisms move contaminants from the source to points where human exposure can occur. The **environmental media and transport mechanism** is the second part of an **exposure pathway**.

EPA
United States Environmental Protection Agency.

Epidemiologic surveillance
The ongoing, systematic collection, analysis, and interpretation of health data. This activity also involves timely dissemination of the data and use for public health programs.

Epidemiology
The study of the distribution and determinants of disease or health status in a population; the study of the occurrence and causes of health effects in humans.

Exposure
Contact with a substance by swallowing, breathing, or touching the skin or eyes. Exposure may be short-term [**acute exposure**], of intermediate duration, or long-term [**chronic exposure**].

Exposure assessment
The process of finding out how people come into contact with a hazardous substance, how often and for how long they are in contact with the substance, and how much of the substance they are in contact with.

Exposure-dose reconstruction
A method of estimating the amount of people's past exposure to hazardous substances. Computer and approximation methods are used when past information is limited, not available, or missing.

Exposure investigation
The collection and analysis of site-specific information and biologic tests (when appropriate) to determine whether people have been exposed to hazardous substances.

Exposure pathway
The route a substance takes from its source (where it began) to its end point (where it ends), and how people can come into contact with (or get exposed to) it. An exposure pathway has five parts: a **source of contamination** (such as an abandoned business); an **environmental media and transport mechanism** (such as movement through groundwater); a **point of exposure** (such as a private well); a **route of exposure** (eating, drinking, breathing, or touching), and a **receptor population** (people potentially or actually exposed). When all five parts are present, the exposure pathway is termed a **completed exposure pathway**.

Exposure registry
A system of ongoing followup of people who have had documented environmental exposures.

Feasibility study
A study by EPA to determine the best way to clean up environmental contamination. A number of factors are considered, including health risk, costs, and what methods will work well.

Geographic information system (GIS)
A mapping system that uses computers to collect, store, manipulate, analyze, and display data. For example, GIS can show the concentration of a contaminant within a community in relation to points of reference such as streets and homes.

Grand rounds
Training sessions for physicians and other health care providers about health topics.

Groundwater
Water beneath the earth's surface in the spaces between soil particles and between rock surfaces [compare with **surface water**].

Half-life ($t_{½}$)
The time it takes for half the original amount of a substance to disappear. In the environment, the half-life is the time it takes for half the original amount of a substance to disappear when it is changed to another chemical by bacteria, fungi, sunlight, or other chemical processes. In the human body, the half-life is the time it takes for half the original amount of the substance to disappear, either by being changed to another substance or by leaving the body. In the case of radioactive material, the half life is the amount of time necessary for one half the initial number of radioactive atoms to change or transform into another atom (that is normally not radioactive). After two half lives, 25% of the original number of radioactive atoms remain.

Hazard
A source of potential harm from past, current, or future exposures.

Hazardous Substance Release and Health Effects Database (HazDat)
The scientific and administrative database system developed by ATSDR to manage data collection, retrieval, and analysis of site-specific information on hazardous substances, community health concerns, and public health activities.

Hazardous waste
Potentially harmful substances that have been released or discarded into the environment.

Health consultation
A review of available information or collection of new data to respond to a specific health question or request for information about a potential environmental hazard. Health consultations are focused on a specific exposure issue. Health consultations are therefore more limited than a public health assessment, which reviews the exposure potential of each pathway and chemical [compare with **public health assessment**].

Health education
Programs designed with a community to help it know about health risks and how to reduce these risks.

Health investigation
The collection and evaluation of information about the health of community residents. This information is used to describe or count the occurrence of a disease, symptom, or clinical measure and to estimate the possible association between the occurrence and exposure to hazardous substances.

Health promotion
The process of enabling people to increase control over, and to improve, their health.

Health statistics review
The analysis of existing health information (i.e., from death certificates, birth defects registries, and cancer registries) to determine if there is excess disease in a specific population, geographic area, and time period. A health statistics review is a descriptive epidemiologic study.

Indeterminate public health hazard
The category used in ATSDR's public health assessment documents when a professional judgment about the level of health hazard cannot be made because information critical to such a decision is lacking.

Incidence
The number of new cases of disease in a defined population over a specific time period [contrast with **prevalence**].

Ingestion
The act of swallowing something through eating, drinking, or mouthing objects. A hazardous substance can enter the body this way [see **route of exposure**].

Inhalation
The act of breathing. A hazardous substance can enter the body this way [see **route of exposure**].

Intermediate duration exposure
Contact with a substance that occurs for more than 14 days and less than a year [compare with **acute exposure** and **chronic exposure**].

In vitro
In an artificial environment outside a living organism or body. For example, some toxicity testing is done on cell cultures or slices of tissue grown in the laboratory, rather than on a living animal [compare with **in vivo**].

In vivo
Within a living organism or body. For example, some toxicity testing is done on whole animals, such as rats or mice [compare with **in vitro**].

Lowest-observed-adverse-effect level (LOAEL)
The lowest tested dose of a substance that has been reported to cause harmful (adverse) health effects in people or animals.

Medical monitoring
A set of medical tests and physical exams specifically designed to evaluate whether an individual's exposure could negatively affect that person's health.

Metabolism
The conversion or breakdown of a substance from one form to another by a living organism.

Metabolite
Any product of **metabolism**.

mg/kg
Milligram per kilogram.

mg/cm^2
Milligram per square centimeter (of a surface).

mg/m^3
Milligram per cubic meter; a measure of the concentration of a chemical in a known volume (a cubic meter) of air, soil, or water.

Migration
Moving from one location to another.

Minimal risk level (MRL)
An ATSDR estimate of daily human exposure to a hazardous substance at or below which that substance is unlikely to pose a measurable risk of harmful (adverse), noncancerous effects. MRLs are calculated for a route of exposure (inhalation or oral) over a specified time period (acute, intermediate, or chronic). MRLs should not be used as predictors of harmful (adverse) health effects [see **reference dose**].

Morbidity
State of being ill or diseased. Morbidity is the occurrence of a disease or condition that alters health and quality of life.

Mortality
Death. Usually the cause (a specific disease, condition, or injury) is stated.

Mutagen
A substance that causes **mutations** (genetic damage).

Mutation
A change (damage) to the DNA, genes, or chromosomes of living organisms.

National Priorities List for Uncontrolled Hazardous Waste Sites (National Priorities List or NPL)
EPA's list of the most serious uncontrolled or abandoned hazardous waste sites in the United States. The NPL is updated on a regular basis.

No apparent public health hazard
A category used in ATSDR's public health assessments for sites where human exposure to contaminated media might be occurring, might have occurred in the past, or might occur in the future, but where the exposure is not expected to cause any harmful health effects.

No-observed-adverse-effect level (NOAEL)
The highest tested dose of a substance that has been reported to have no harmful (adverse) health effects on people or animals.

No public health hazard
A category used in ATSDR's public health assessment documents for sites where people have never and will never come into contact with harmful amounts of site-related substances.

NPL [see **National Priorities List for Uncontrolled Hazardous Waste Sites]**

Physiologically based pharmacokinetic model (PBPK model)
A computer model that describes what happens to a chemical in the body. This model describes how the chemical gets into the body, where it goes in the body, how it is changed by the body, and how it leaves the body.

Pica
A craving to eat nonfood items, such as dirt, paint chips, and clay. Some children exhibit pica-related behavior.

Plume
A volume of a substance that moves from its source to places farther away from the source. Plumes can be described by the volume of air or water they occupy and the direction they move. For example, a plume can be a column of smoke from a chimney or a substance moving with groundwater.

Point of exposure
The place where someone can come into contact with a substance present in the environment [see **exposure pathway**].

Population
A group or number of people living within a specified area or sharing similar characteristics (such as occupation or age).

Potentially responsible party (PRP)
A company, government, or person legally responsible for cleaning up the pollution at a hazardous waste site under Superfund. There may be more than one PRP for a particular site.

ppb
Parts per billion.

ppm
Parts per million.

Prevalence
The number of existing disease cases in a defined population during a specific time period [contrast with **incidence**].

Prevalence survey
The measure of the current level of disease(s) or symptoms and exposures through a questionnaire that collects self-reported information from a defined population.

Prevention
Actions that reduce exposure or other risks, keep people from getting sick, or keep disease from getting worse.

Public comment period
An opportunity for the public to comment on agency findings or proposed activities contained in draft reports or documents. The public comment period is a limited time period during which comments will be accepted.

Public availability session
An informal, drop-by meeting at which community members can meet one-on-one with ATSDR staff members to discuss health and site-related concerns.

Public health action
A list of steps to protect public health.

Public health advisory
A statement made by ATSDR to EPA or a state regulatory agency that a release of hazardous substances poses an immediate threat to human health. The advisory includes recommended measures to reduce exposure and reduce the threat to human health.

Public health assessment (PHA)
An ATSDR document that examines hazardous substances, health outcomes, and community concerns at a hazardous waste site to determine whether people could be harmed from coming into contact with those substances. The PHA also lists actions that need to be taken to protect public health [compare with **health consultation**].

Public health hazard
A category used in ATSDR's public health assessments for sites that pose a public health hazard because of long-term exposures (greater than 1 year) to sufficiently high levels of hazardous substances or **radionuclides** that could result in harmful health effects.

Public health hazard categories
Public health hazard categories are statements about whether people could be harmed by conditions present at the site in the past, present, or future. One or more hazard categories might be appropriate for each site. The five public health hazard categories are **no public health hazard, no apparent public health hazard**, **indeterminate public health hazard**, **public health hazard**, and **urgent public health hazard**.

Public health statement
The first chapter of an ATSDR **toxicological profile**. The public health statement is a summary written in words that are easy to understand. The public health statement explains how people might be exposed to a specific substance and describes the known health effects of that substance.

Public meeting
A public forum with community members for communication about a site.

Radioisotope
An unstable or radioactive isotope (form) of an element that can change into another element by giving off radiation.

Radionuclide
Any radioactive isotope (form) of any element.

RCRA [See **Resource Conservation and Recovery Act (1976, 1984)**]

Receptor population
People who could come into contact with hazardous substances [see **exposure pathway**].

Reference dose (RfD)
An EPA estimate, with uncertainty or safety factors built in, of the daily lifetime dose of a substance that is unlikely to cause harm in humans.

Registry
A systematic collection of information on persons exposed to a specific substance or having specific diseases [see **exposure registry** and **disease registry**].

Remedial Investigation
The CERCLA process of determining the type and extent of hazardous material contamination at a site.

Resource Conservation and Recovery Act (1976, 1984) (RCRA)
This Act regulates management and disposal of hazardous wastes currently generated, treated, stored, disposed of, or distributed.

RFA
RCRA Facility Assessment. An assessment required by RCRA to identify potential and actual releases of hazardous chemicals.

RfD
See **reference dose**.

Risk
The probability that something will cause injury or harm.

Risk reduction
Actions that can decrease the likelihood that individuals, groups, or communities will experience disease or other health conditions.

Risk communication
The exchange of information to increase understanding of health risks.

Route of exposure
The way people come into contact with a hazardous substance. Three routes of exposure are breathing [**inhalation**], eating or drinking [**ingestion**], or contact with the skin [**dermal contact**].

Safety factor [see **uncertainty factor]**

SARA [see **Superfund Amendments and Reauthorization Act**]

Sample
A portion or piece of a whole. A selected subset of a population or subset of whatever is being studied. For example, in a study of people the sample is a number of people chosen from a larger population [see **population**]. An environmental sample (for

example, a small amount of soil or water) might be collected to measure contamination in the environment at a specific location.

Sample size
The number of units chosen from a population or environment.

Solvent
A liquid capable of dissolving or dispersing another substance (for example, acetone or mineral spirits).

Source of contamination
The place where a hazardous substance comes from, such as a landfill, waste pond, incinerator, storage tank, or drum. A source of contamination is the first part of an **exposure pathway**.

Special populations
People who might be more sensitive or susceptible to exposure to hazardous substances because of factors such as age, occupation, sex, or behaviors (for example, cigarette smoking). Children, pregnant women, and older people are often considered special populations.

Stakeholder
A person, group, or community who has an interest in activities at a hazardous waste site.

Statistics
A branch of mathematics that deals with collecting, reviewing, summarizing, and interpreting data or information. Statistics are used to determine whether differences between study groups are meaningful.

Substance
A chemical.

Substance-specific applied research
A program of research designed to fill important data needs for specific hazardous substances identified in ATSDR's **toxicological profiles**. Filling these data needs would allow more accurate assessment of human risks from specific substances contaminating the environment. This research might include human studies or laboratory experiments to determine health effects resulting from exposure to a given hazardous substance.

Superfund Amendments and Reauthorization Act (SARA)
In 1986, SARA amended CERCLA and expanded the health-related responsibilities of ATSDR. CERCLA and SARA direct ATSDR to look into the health effects from substance exposures at hazardous waste sites and to perform activities including health education, health studies, surveillance, health consultations, and toxicological profiles.

Surface water
Water on the surface of the earth, such as in lakes, rivers, streams, ponds, and springs [compare with **groundwater**].

Surveillance [see **epidemiologic surveillance**]

Survey
A systematic collection of information or data. A survey can be conducted to collect information from a group of people or from the environment. Surveys of a group of people can be conducted by telephone, by mail, or in person. Some surveys are done by interviewing a group of people [see **prevalence survey**].

Synergistic effect
A biologic response to multiple substances where one substance worsens the effect of another substance. The combined effect of the substances acting together is greater than the sum of the effects of the substances acting by themselves [see **additive effect** and **antagonistic effect**].

Teratogen
A substance that causes defects in development between conception and birth. A teratogen is a substance that causes a structural or functional birth defect.

Toxic agent
Chemical or physical (for example, radiation, heat, cold, microwaves) agents which, under certain circumstances of exposure, can cause harmful effects to living organisms.

Toxicological profile
An ATSDR document that examines, summarizes, and interprets information about a hazardous substance to determine harmful levels of exposure and associated health effects. A toxicological profile also identifies significant gaps in knowledge on the substance and describes areas where further research is needed.

Toxicology
The study of the harmful effects of substances on humans or animals.

Tumor
An abnormal mass of tissue that results from excessive cell division that is uncontrolled and progressive. Tumors perform no useful body function. Tumors can be either benign (not cancer) or malignant (cancer).

Uncertainty factor
Mathematical adjustments for reasons of safety when knowledge is incomplete. For example, factors used in the calculation of doses that are not harmful (adverse) to people. These factors are applied to the lowest-observed-adverse-effect-level (LOAEL) or the no-observed-adverse-effect-level (NOAEL) to derive a minimal risk level (MRL).

Uncertainty factors are used to account for variations in people's sensitivity, for differences between animals and humans, and for differences between a LOAEL and a NOAEL. Scientists use uncertainty factors when they have some, but not all, the information from animal or human studies to decide whether an exposure will cause harm to people [also sometimes called a **safety factor**].

Urgent public health hazard
A category used in ATSDR's public health assessments for sites where short-term exposures (less than 1 year) to hazardous substances or conditions could result in harmful health effects that require rapid intervention.

Volatile organic compounds (VOCs)
Organic compounds that evaporate readily into the air. VOCs include substances such as benzene, toluene, methylene chloride, and methyl chloroform.

Other glossaries and dictionaries:
Environmental Protection Agency
http://www.epa.gov/OCEPAterms/
National Center for Environmental Health (CDC)
http://www.cdc.gov/nceh/dls/report/glossary.htm
National Library of Medicine
http://www.nlm.nih.gov/medlineplus/dictionaries.html

Appendix D:
Explanation of a Standardized Incidence Ratio (SIR)

In order to evaluate cancer incidence, a statistic known as a standardized incidence ratio (SIR) was calculated for each cancer type. An SIR is an estimate of the occurrence of cancer in a population relative to what might be expected if the population had the same cancer experience as some larger comparison population designated as "normal" or average. Usually, the state as a whole is selected to be the comparison population. Using the state of Massachusetts as a comparison population provides a stable population base for the calculation of incidence rates. As a result of the instability of incidence rates based on small numbers of cases, SIRs were not calculated when fewer than five cases were observed.

Specifically, an SIR is the ratio of the observed number of cancer cases to the expected number of cases multiplied by 100. An SIR of 100 indicates that the number of cancer cases observed in the population evaluated is equal to the number of cancer cases expected in the comparison or "normal" population. An SIR greater than 100 indicates that more cancer cases occurred than expected and an SIR less than 100 indicates that fewer cancer cases occurred than expected. Accordingly, an SIR of 150 is interpreted of 50% more cases than the expected number; an SIR of 90 indicates 10% fewer cases than expected.

Caution should be exercised, however, when interpreting an SIR. The interpretation of an SIR depends on both the size and the stability of the SIR. Two SIRs can have the same size but not the same stability. For example, a SIR of 150 based on four expected cases and six observed cases indicates a 50% excess in cancer, but the excess is actually only two cases. Conversely, an SIR of 150 based on 400 expected cases and 600 observed cases represents the same 50% excess in cancer, but because the SIR is based upon a greater number of cases, the estimate is more stable. It is very unlikely that 200 excess cases of cancer would occur by chance alone.

Source: Massachusetts Department of Public Health, Bureau of Environmental Health Assessment (December 1998)

Appendix E:

INFORMATION BOOKLET

for

THE FINAL REPORT ON THE HOUSATONIC RIVER AREA PCB EXPOSURE ASSESSMENT

and

RELATED HEALTH ISSUES

prepared by
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF ENVIRONMENTAL HEALTH ASSESSMENT

September 1997

QUESTIONS AND ANSWERS

1. **Q. Why was the "Housatonic River Area PCB Exposure Assessment" conducted?**

   A. The assessment was conducted to identify the frequency of different activities that might lead to opportunities for PCB exposure, and to determine, through the use of blood testing, how various activities may have contributed to higher serum PCB levels among HRA residents.

2. **Q. What is meant by the "Housatonic River Area" (or "HRA")?**

   A. The Housatonic River Area or HRA comprises eight communities in Berkshire County, Massachusetts: Dalton, Great Barrington, Lanesborough, Lee, Lenox, Pittsfield, Sheffield, and Stockbridge.

3. **Q. What are PCBs?**

   A. PCBs or polychlorinated biphenyls are man-made, odorless chemicals. They do not evaporate and do not dissolve easily in water. In the HRA, PCBs were largely used in the manufacture of electrical transformers.

4. **Q. How did PCBs get into the Housatonic River and the surrounding communities?**

   A. PCBs were used in the manufacture of electrical and associated products in Pittsfield from 1932 to 1972, and they reached the Housatonic River in large quantities. This contamination was first discovered in the 1970s, in fish and sediments in lakes along the Housatonic. Extensive environmental sampling has revealed widespread contamination of Housatonic River sediments, floodplain soil, fish and other biota. Very recently, some residential properties were found to be contaminated with PCBs due to contaminated fills.

5. **Q. Who conducted the study?**

   A. The Housatonic River Area PCB Exposure Assessment was conducted by the Massachusetts Department of Public Health (MDPH), Bureau of Environmental Health Assessment, with support from the Massachusetts Department of Environmental Protection and the federal Agency for Toxic Substances and Disease Registry. The MDPH received input from local citizens or citizens' groups (e.g. Housatonic River Initiative), especially during the study design and protocol development. The MDPH also formed the Housatonic River Area Advisory Committee for Health Studies and MDPH staff held periodic meetings with committee members to report status and get feed back on the conduct of the study.

6. Q. How were participants chosen for the Exposure Prevalence Study?

A. In the Exposure Prevalence Study, 800 households were randomly chosen from among all those located within one-half mile of the Housatonic River in the following eight communities: Dalton, Great Barrington, Lanesborough, Lee, Lenox, Pittsfield, Sheffield, and Stockbridge. Four hundred of those households were from Pittsfield, and four hundred were from the other seven communities.

7. Q. How were participants chosen for the Volunteer Study?

A. In the Volunteer Study, subjects were recruited by means of a Public Service Announcement in local newspapers and radio stations, and through a mass mailing to interested parties. The Volunteer Study allowed those residents who were concerned about PCB exposure, but who were not selected to participate in the Exposure Prevalence Study, to be scheduled for a blood test. MDPH arranged to administer questionnaires to the volunteers in person at three walk-in sites: the Great Barrington Senior Center, the Tri-town Health Department in Lee, and the Berkshire Athenaeum in Pittsfield. The questionnaire administered to the volunteers was the same as the one used in the Exposure Prevalence Study.

8. Q. How were opportunities for exposure to PCBs assessed?

A. A household screening questionnaire was administered to the 800 households. A representative of each household answered questions for all the members of his or her family. After the questionnaires were completed, the responses of every household member were weighted, with those activities more likely to lead to greater potential for PCB exposure weighted more heavily. Thus, those with the greatest potential for PCB exposure would receive the highest weights or scores.

9. Q. How were respondents selected to participate in blood testing?

A. In the Exposure Prevalence Study, individuals with the highest potential exposure to PCBs based on screening questionnaire scores were offered the opportunity for a blood test. Results of blood tests allowed MDPH to determine whether those individuals who were suspected to have had greater opportunities for exposure to PCBs did in fact have higher levels than those with lesser opportunities for exposure. All respondents in the Volunteer Study were offered blood testing.

10. Q. What was the range of serum PCB levels found in the Exposure Prevalence and Volunteer Studies?

A. Sixty-nine residents who participated in the Exposure Prevalence Study had serum PCB levels as follows:

Concentrations of PCBs in Parts Per Billion (ppb)	Number of Individuals
0-4	43
5-9	18
10-14	6
15-20	1
over 20	1

Seventy-nine residents who participated in the Volunteer Study had serum PCB levels shown as follows:

Concentrations of PCBs in Parts Per Billion (ppb)	Number of Individuals
0-4	32
5-9	25
10-14	15
15-20	2
over 20	5

The average serum PCB level in the Exposure Prevalence Study among non-occupationally exposed participants was 4.49 ppb, and in the Volunteer Study, the average was 5.77 ppb. These levels were generally within the normal background range for non-occupationally exposed individuals.

11. Q. Was occupational exposure related to serum PCB levels?

A. Yes. Among all participants who had blood testing, those who had had opportunities for occupational exposure had higher serum PCB levels than the rest.

12. Q. Was age related to serum PCB levels?

A. Yes. Age was found to be the prominent predictor of serum PCB level.

13. Q. Do most people in the United States have PCBs in their bodies?

A. PCBs have been measured in human blood, fatty tissue, and breast milk throughout the country. Ninety-five percent of the U.S. population have serum levels of less than 20 ppb. Ninety-nine percent of the U.S. population have serum levels of less than 30 ppb. The national average for serum PCB level in persons non-occupationally exposed is between 4 and 8 ppb. The greatest on-going source of public exposure to PCBs is from food, particularly fish.

14. Q. Is there anything I can do to reduce PCB levels in my blood?

A. Currently, there is no treatment available to lower PCB blood levels. However, if an individual was exposed, PCB levels will decrease over time once exposure to PCBs has been reduced.

15. Q. Is it safe to eat fish from the Housatonic River and its tributaries?

A. No. In 1982, the MDPH restricted fish, frog, and turtle consumption in the Housatonic River and its tributaries. Because of continued evidence of PCB contamination, it is expected that PCB levels in these species still remain elevated.

Both the Exposure Prevalence Study and the Volunteer Study showed that study participants who had higher frequency and duration of contaminated fish consumption had higher serum PCB levels. Due to health effects that have been suggested as potentially related to PCB exposure, the MDPH maintains that the current ban on these activities in or near the river remain in effect.

16. Q. Is it safe to eat fish from restaurants, supermarkets, and local markets in the Housatonic River Area?

A. Yes. In general, fish caught in marine open and bay waters is the source of most commercial catches in New England and is not affected by PCB contamination from local and freshwater areas. State and federal health regulatory officials regulate fish sold for the commercial markets.

17. Q. Was consumption of fiddlehead ferns associated with higher serum PCB levels?

A. Individuals who reported greater frequency and duration of fiddlehead fern consumption had slightly higher serum PCB levels.

18. Q. If my only exposure to PCBs is through soil contact, should I be concerned?

A. Previous studies conducted by MDPH have not shown that exposure through soil contact alone has resulted in appreciable increases in serum PCB levels. MDPH continues to consider consumption of contaminated fish to be the most significant non-occupational exposure concern. However, due to the recent discovery of widespread residential PCB contamination, MDPH is coordinating a separate study of residents who may be concerned about exposure.

19. Q. If PCBs have been discovered in soils on my property, what can I do about getting my health concerns addressed or my blood tested?

A. MDPH has established a toll free hot-line to advise local area residents about any health related concerns or questions they may have. The exposure assessment questionnaire will be provided to all residents who wish to have their opportunities for exposure evaluated and a blood test taken. The hot-line number is 1-800-240-4266.

20. Q. What health effects are caused by exposure to PCBs?

A. PCBs are not very acutely toxic. Large amounts of PCBs are necessary to produce acute effects. These effects can include skin lesions or irritations, fatigue, and hyperpigmentation (increased pigmentation) of the skin and nails. Chronic effects occur after weeks or years of exposure or long after initial exposure to PCBs. A number of studies have suggested that these effects include immune system suppression, liver damage, neurological effects, and possibly cancer.

21. Q. What happens to PCBs in your body?

A. Once PCBs enter the body they are first distributed in the liver and muscles and then are stored in fatty tissues. PCBs can be stored in fat tissue for years. Also, breast milk may concentrate PCBs because of its fat content. The PCBs can then be transferred to children through breastfeeding.

22. Q. Are cancer rates elevated in the HRA?

A. According to the most recent data from the Massachusetts Cancer Registry, cancer rates during 1982-1986 and 1987-1992 for the eight communities (i.e., Dalton, Great Barrington, Lanesborough, Lee, Lenox, Pittsfield, Sheffield, and Stockbridge) showed that, with the exception of bladder cancer in Pittsfield males during the 1982-1986 period, no statistically significant elevation was noted.

23. Q. Do PCBs cause reproductive effects?

A. Studies have reported that infants born to mothers who were environmentally or occupationally exposed to PCBs had decreases in birth weight, gestational age, and neonatal performance. However, the strength of the association with PCBs is unclear. PCBs have been shown to cause these and other reproductive effects in a variety of mammalian species.

24. Q. Are there any problems with reproductive outcomes for the HRA?

A. According to 1990-1994 birth data from the MDPH Registry of Vital Records and Statistics, infant mortality and the proportion of low birth weight in the HRA were similar to those of the state averages.

Appendix F:
Commonwealth of Massachusetts
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Expert Panel on the Health Effects of Non-Occupational Exposure to Polychlorinated Biphenyls (PCBs)

Questions and Answers

1. Q. Why was an expert panel convened?

A. Because of continuing concerns relative to the health effects of PCBs among Pittsfield area residents, the Secretary of the Executive Office of Health and Human Services (EOHHS) called for a review of this topic by a panel of independent experts. It was hoped that this panel would establish consensus on the available health information where possible, reflect the range of scientific opinion, and report on the current state of the science and directions of current research.

2. Q. Who was on the expert panel?

A. The panel comprised 11 nationally and internationally recognized experts on the health effects of PCBs from a wide range of disciplines, including toxicology, epidemiology, public health, and analytical chemistry.

3. Q. How and why were the panelists selected?

A. The Secretary of EOHHS invited the public to nominate potential panel members who had expertise in one of the following disciplines: toxicology; epidemiology; environmental exposure assessment; laboratory science; medicine (including cancer and reproductive outcomes); environmental fate and transport; and organic chemistry. The public comment period for submission of nominations ran from August 2nd to August 21st, 1998. Nearly 40 individuals were nominated representing a variety of disciplines. In selecting the final 11 panelists, the Secretary made every effort to have a panel of individuals with the diversity of technical disciplines noted above and who were nominated by a variety of publicly interested parties.

4. Q. What topics did the panel discuss? How were these topics selected?

A. The role of the panel was to review, assess, and summarize the most up-to-date published and ongoing research on PCBs and public health, with special emphasis on:

- The latest information on typical levels in the U.S. of PCBs in blood serum and the public health significance of these levels;
- The adverse health outcomes associated with exposure to PCBs;
- The thoroughness of information on ways humans can be exposed to PCBs (such as via air, water, soil, food);
- The interactions between PCBs and other chemicals.

EOHHS compiled a preliminary list of questions for the panel based on the experiences of the Massachusetts Department of Public Health (MDPH) with PCB contamination in the Houstonic River Area and throughout the Commonwealth. Furthermore, EOHHS and the chairman of the panel held a public meeting in Pittsfield on the eve of the panel meeting to solicit additional questions and comments from the public in Berkshire County.

5. Q. What were the findings of the expert panel with respect to typical background levels of PCBs in blood serum?

A. The panel agreed that the information on typical background serum PCB levels for non-occupationally exposed people in the Toxicological Profile for PCBs[1] (i.e., 4-8 ppb) is not current. In addition, the panel concluded that the information that now exists suggests that the range is probably lower than 4-8 ppb, but that comparisons are difficult due to differences in the age of various study populations and whether or not they eat fish. Some recent studies have found background serum PCB levels for women of reproductive age around 2 ppb, while other researchers have observed levels around 6 ppb for elderly people who do not eat much fish. The recent studies provide valuable data points that must be shared within the context of all relevant factors. For example, studies have consistently shown that serum PCB levels increase with age and are correlated to factors such as fish consumption and exposures to PCBs at work.

The varied analytical and statistical methods used by different researchers often make comparisons between studies difficult or impossible. Therefore, the panel strongly recommended that an individual's serum PCB level be evaluated by comparisons to the distribution of levels within the local and other comparable populations, considering age, fish consumption habits, and occupational exposures.

6. Q. How do the serum PCB levels from residents of the Housatonic River Area compare to the current estimates of typical background levels for non-occupationally exposed individuals?

A. When comparing serum PCB levels between different studies, it is important to match populations with similar ages and opportunities for exposures to PCBs (e.g., occupation, fish consumption habits). Analytical and statistical methods (e.g., chromatographic and detection methods, detection limits, target congeners, treatment of non-detected samples) can also vary among studies, further complicating comparisons. Nevertheless, if the appropriate factors are considered, the serum PCB levels measured in recent studies may provide useful comparison data for the results from the Housatonic River Area.

7. Q. How do the serum PCB levels from residents of the Housatonic River Area compare to the population in the study from The Netherlands?

A. In a recent study from The Netherlands, 415 women of reproductive age (i.e., mid-20s to

[1] Toxicological Profile for Polychlorinated Biphenyls, Draft for Public Comment, Agency for Toxic Substances and Disease Registry, Atlanta, Georgia, December 1998.

mid-30s) were found to have median serum PCB levels around 2 ppb. Because of the analytical methods used in this study, this result may actually correspond to approximately 4 ppb of total serum PCBs as measured for MDPH's Exposure Assessment Study. This could be predicted with greater certainty if some samples are analyzed by both techniques. In contrast, non-occupationally exposed residents of the Housatonic River Area between 18 and 34 years old (n=8) had median serum PCB concentrations less than 2 ppb.

8. Q. How do the serum PCB levels from residents of the Housatonic River Area compare to people over 50 years old who do not each much fish?

A. A recently published study reportedly found that 180 people over 50 years old who do not eat much fish (i.e., less than 6 pounds per year) had serum PCB levels around 6 ppb. The median serum PCB levels for non-occupationally exposed, older (i.e., 50 years and older, including those greater than 70) participants in MDPH's Exposure Assessment Study were 3.70 (n=19) and 5.90 (n=12) ppb for the Exposure Prevalence and Volunteer phases, respectively.

9. Q. How do the serum PCB levels from residents of the Housatonic River Area compare to the population in the Great Lakes study?

A. A mixed-age population in the Great Lakes region who did not consume sport-caught fish had geometric mean (i.e., approximately median) serum PCB levels of 1.5 and 0.9 ppb for males (n=57) and females (n=42), respectively. For a similar population in the Housatonic River Area (i.e., non-occupationally exposed participants, 18-64 years old, who either never ate fish or ate only store-bought fish), the median serum PCB levels were 3.30 (n=10) and 1.66 (n=8) ppb in the Exposure Prevalence and Volunteer phases, respectively. Direct comparisons between these studies are hampered by the fact that the method detection limit for MDPH's Exposure Assessment Study (2 ppb) was greater than the median levels measured in the Great Lakes study.

10. Q. How do the serum PCB levels from residents of the Housatonic River Area compare to the populations in the New York breast disease studies?

A. Two studies of women with benign breast disease in the New York area reported average concentrations of serum PCBs of 2.15 (n=173) and 4.06 (n=19) ppb. The average serum PCB concentrations for non-occupationally exposed participants in MDPH's Exposure Assessment Study were slightly higher than this range, 4.49 (n=52) and 5.77 (n=53) ppb for the Exposure Prevalence and Volunteer phases, respectively. This may be because the women in the New York studies were on average about 10 years younger than the participants in MDPH's Exposure Assessment Study. Furthermore, the method detection limit for the larger of the New York studies (0.5 ppb) was four times lower than the detection limit for MDPH's Exposure Assessment Study (2 ppb).

11. Q. Overall, how do the serum PCB levels from residents of the Housatonic River Area compare to the populations in these recent studies?

A. Because of the complications discussed earlier, direct comparisons between studies are difficult. However, the available data indicate that serum PCB levels for the non-occupationally exposed population from MDPH's Exposure Assessment Study are generally similar to the background exposure levels reported in recent studies.

12. Q. What were the findings of the expert panel with respect to adverse health outcomes associated with PCB exposures?

A. While the panel cited some conflicting human studies, overall the panel members agreed that the evidence is clear that PCBs are a definite carcinogen in animals. In humans, the evidence with regard to cancer is suggestive but inconclusive.

Most of the panel agreed that there appears to be some developmental effects (e.g., subtle cognitive deficits) associated with exposure to PCBs. Developmental effects observed in animal studies have also been seen in humans. However, frank neurotoxic effects such as seizure disorders have not been seen. Many agreed that the most susceptible population to these effects seems to be fetuses *in utero*.

There is some suggestive, but not conclusive, evidence from animal and human studies that exposures to PCBs can affect the immune system. Dermal effects (e.g., chloracne) have been observed in workers who were exposed to PCBs on the job.

13. Q. What were the findings of the expert panel with respect to the public health implications of serum PCB levels near background levels?

A. The current research suggests that prenatal exposures to fetuses at near background levels of PCBs may subtly affect the mental development of children. Immunological and hormonal effects have also been seen following prenatal exposure, in addition to the neurological effects. Recent studies in The Netherlands observed that children born to mothers with greater than 3 ppb of serum PCBs scored slightly lower on tests of cognitive abilities than children whose mothers had serum PCB levels less than 1.5 ppb. While statistically significant for the study population, the panel agreed that these effects were probably not noticeable on an individual basis. Moreover, because of the analytical methods used in this study, the serum PCB measurements represent approximately one-half the total serum PCBs and, hence, should be doubled to be comparable to the test results from MDPH's Exposure Assessment Study.

Importantly, this same study also found that children who were breast fed scored better on cognitive tests than children who were fed formula, despite additional exposures to PCBs and dioxins in breast milk. This finding reinforces the beneficial properties of breast feeding and highlights that exposures to PCBs *in utero* are likely of greatest concern.

14. Q. Should I be concerned about the cognitive development of my children?

A. The results of recent studies from The Netherlands raise legitimate concerns about developmental effects as a result of near background exposures to PCBs for fetuses *in utero*. However, the cognitive effects observed are slight and many panelists felt they were not biologically significant on an individual basis. Furthermore, the panel felt that other factors that affect a child's aptitude for learning (e.g., parental involvement with the child's education, good nutrition, supportive family environment) probably play a much larger role than background PCB exposures. Nevertheless, these findings provide more justification for continuing to clean up PCB contamination to reduce opportunities for exposure as much as possible.

15. Q. What were the findings of the expert panel with respect to exposure routes for non-occupationally exposed populations?

A. The panel agreed that exposures to PCBs are possible through multiple routes (e.g., air, water, soil, and food), however, the vast majority of exposure typically occurs through eating food of animal origin (e.g., fish, meat, dairy).

16. Q. How can people avoid important opportunities for exposure to PCBs?

A. Observing fish consumption advisories and eating a healthy diet that is low in fatty foods is the most effective way to reduce overall exposures to PCBs. However, because even small exposures add incrementally to overall body burden, it is important to reduce exposures via all routes.

Because the bioavailability of PCBs in air, water, and soil is uncertain, the expert panel endorsed serum PCB tests as the best available measure of actual exposure for individuals who are concerned about their exposures to PCBs.

17. Q. What were the findings of the expert panel with respect to interactions between PCBs and other chemicals?

A. PCBs are thought to behave as tumor promoters in susceptible tissues. Therefore, the carcinogenic effects of PCBs are likely to be influenced by other carcinogens or toxins that may be present. It is hoped that ongoing research will reveal more about the toxicity of mixtures of PCBs and other chemicals in the future.

18. Q. The focus in the Housatonic River Area Exposure Assessment Study was on individuals living near the river. Is there a need for the MDPH to examine the PCB serum levels of a population further away from the river?

A: The Housatonic River Area Exposure Assessment Study was purposely aimed to select individuals with highest opportunity for exposure, therefore the focus was on individuals living near the river or engaging in a variety of activities that may increase their opportunities for exposure to PCBs (e.g., fish consumption, recreational activities near the

river, gardening, construction activities, fiddlehead fern consumption). Since these people were largely found to have levels near typical background ranges, individuals living further away from the river would not be expected to have higher PCB levels.

19. Q. Will MDPH evaluate all the adverse health outcomes that have been associated with PCB exposures?

A. In addition to a large number of public health assessments, MDPH is conducting an analysis of cancer incidence from 1982 to 1994 in the Housatonic River Area using data from the Massachusetts Cancer Registry. For this project, the cancers most strongly associated with PCB exposures will be evaluated (i.e., liver cancer, breast cancer, non-Hodgkin's lymphoma, Hodgkin's disease, thyroid cancer, and bladder cancer). If environmental data indicate significant opportunities for exposure to other carcinogens (e.g., PCBs and smoking as co-carcinogens), or if the literature and further discussions with appropriate experts identifies additional cancers of concern (e.g., brain, testicular, lung cancer), the list of cancers under review may be expanded. The expert panel agreed that MDPH's approach for the health assessment and other public health activities, along with the continued clean-up efforts, were adequate measures to be taken at this time.

MDPH is also conducting a pilot study assessing the relationship between environmental exposures to PCBs and DDE and new diagnoses of breast cancer.

20. Q. What can I do if I am concerned about my exposures to PCBs?

A. MDPH has established a toll free hotline to advise local area residents about any health related concerns or questions they may have. An exposure assessment questionnaire has been and will continue to be provided to all residents who wish to have their opportunities for exposure evaluated and a blood test taken. The hotline number is (800) 240-4266.

21. Q. Where can I get additional information?

A. For information on the expert panel or MDPH health studies in the Housatonic River Area, contact the Bureau of Environmental Health Assessment of MDPH at (617) 624-5757 or (800) 240-4266.

Certification

The Public Health Assessment for Newell Street Area II was prepared by the Massachusetts Department of Health under a cooperative agreement with the federal Agency for Toxic Substances and Disease Registry (ATSDR). It is in accordance with approved methodology and procedures existing at the time the public health assessment was initiated.

Gail Godfrey
Technical Project Officer
Superfund Site Assessment Branch (SSAB)
Division of Health Assesment and Consulttion (DHAC)
ATSDR

The Division of Public Health Assessment and Consultation (DHAC), ATSDR, has reviewed this public health assessment and concurs with its findings.

Roberta Erlwein, MPH
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