

March 19, 2004

Dr. Matthew Boulton, Chief Medical Executive
Michigan Department of Community Health
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P.O. Box 30195
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Dear Dr. Boulton:

This letter is being provided as an opportunity to provide input to the proposed Michigan Dioxin Exposure Study as presented by Dr. David Garabrant on behalf of the University of Michigan School of Public Health. Conceptually, I support proceeding with the study and some of the reasons are described below. I will refrain from discussing specifics within the proposal because considerable detail is lacking from the presented PowerPoint presentation. I reserve the opportunity to offer further commentary once the additional detail is provided.

Dr. Garabrant is a professor of occupational medicine and epidemiology and would appear to have the necessary qualifications to conduct an exposure study. His combination of education and experience would seem to indicate he possesses the skills needed to conduct such a study. In addition, he has assembled a well-qualified multi-disciplined team capable of conducting this study.

The University of Michigan is a well-respected university of higher learning and the School of Public Health has a reputation, as one of the finest of its kind both nationally and internationally. The proposed study design suggests that the University has the capacity to conduct such a study. Additionally, there are several advantages to utilizing a Michigan-based institution over one from outside Michigan, including minimizing travel obstacles and more opportunity for face-to-face contact between the community and Dr. Garabrant's key leadership.

This exposure study has the opportunity to provide much valuable information about the dioxin exposure levels of Midland and Saginaw County residents. The opportunity to compare potentially exposed communities near the Dow facility and in the floodplain, general residents of Midland and Saginaw Counties, and another community in Michigan (control group) should offer considerable insight. Unfortunately, this study will not provide information on health effects, which we truly need if we are to make informed decisions about the public health impact of contaminated areas. However, this exposure study does move our community and state agencies one step closer to making informed decisions. Currently, critical decisions are being made primarily on soil concentrations of dioxin; decisions which have no correlation to public health threat. Improved decision making capabilities are truly needed for all parties to collectively assess relative risks and design appropriate interventions based on those risks.

In contrast to the MDCH sponsored Pilot Exposure Investigation study of 25-persons with no control group, Dr. Garabrant's approach is vastly more comprehensive. It is important to point out that MDCH is considering a more comprehensive study in the future, however no funding has been identified to the best of my knowledge, and the future of that study is nebulous at best. With adequate input from MDCH, MDEQ, and the ATSDR, possibly the Garabrant study could provide outcomes that are in parallel with the MDCH plan. With proper design, it may not be necessary to conduct the second phase of the MDCH study, particularly with uncertain funding sources.

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In addition to MDCH, MDEQ, and the ATSDR, other stakeholder groups need to have adequate input into the study proposal and design. These stakeholders include: EPA, county health officials, local government, property owners, concerned community citizens, and Dow Chemical. Dr. Garabrant seems quite amenable to receiving input and suggestions to the study design. Some may be concerned that since Dow Chemical is funding the exposure study, they might have opportunity to influence the outcome. However, as indicated in the PowerPoint presentation, "The Dow Chemical Company will have no right to edit or alter in anyway the analysis, interpretation, or reporting of the results of this research study" and that statement is reassuring.

The timeline for implementation of this Exposure Study appears unrealistic and I do not foresee the fieldwork beginning in April of 2004. The governmental review and comment period will need time for completion and the stakeholder groups will need opportunity for input on the final proposal. Collectively, we need to invest the "up-front" time so that the final product meets expectations.

I have some concern regarding the three cohort groups and in particular the "control" group from another area of Michigan. There is an interest in finding a community that looks much like Saginaw and Midland Counties. I believe identifying that community will be problematic and that in fact, there are considerable differences between Midland and Saginaw Counties. Dr. Garabrant may wish to consider two control communities, one for Midland County and one for Saginaw County.

The establishment of the "Scientific Advisory Board" and the "Community Advisory Panel" are important components of the study. Scientific oversight is needed and a selection process based on independence, relevant qualifications and scientific stature will bring needed credibility to the Scientific Advisory Board. The Community Advisory Panel is also an important component of the study design. Local public health officials should be considered as potential members of the community advisory panel as they meet the criteria described in the study design.

We are charged with the Michigan Public Health Code (Act 368 PA of 1978) to protect the health of our citizens, and much of our departmental efforts are directed toward that charge. We have a vested interest in any outcome, and that interest is our community.

Once the appropriate federal and state agencies have reviewed the detailed Exposure Study design and the stakeholder input has been assembled, I may wish to comment further. Please contact me if you have any questions or comments. Thank you for your time and continued commitment to the citizens of Midland County.

Sincerely,

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