

Opening Statement
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Committee on Science and Technology

Toxic Trailers: Have the Centers for Disease Control Failed to Protect Public Health?

April 1, 2008

Today's hearing touches some of the core issues lawmakers face in implementing policy based on science. As the former Chairman of the Science Committee, the Ranking Member on this Subcommittee, and the Ranking Member on the Select Committee on Global Warming, I have had more experience with this intersection than most. How do you rely on good science to make informed decisions in the public's interest?

First and foremost, good decisions require good science and good scientific recommendations. The Agency for Toxic Substances and Disease Registry (ATSDR) has failed us on this count. 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 disease related to toxic substances."

This mission is intended to serve not only lawmakers and other Federal agencies, but also individuals like today's witness, Lindsay Huckabee. Ms. Huckabee's family has experienced various health problems since moving into trailers provided by the Federal Emergency Management Agency's (FEMA). To date, too little has been communicated about what affect the formaldehyde levels in her FEMA-provided trailer have had on her family's health.

After an extensive Subcommittee investigation, it seems clear that one of the principle failings within ATSDR is its review process. I hope to hear testimony from agency officials about that review process and how it can be strengthened in the future. Regardless of the merits of an individual scientist, good science requires review and contribution from various perspectives. On at least two recent instances, ATSDR has proven incapable of sufficient review.

ATSDR recently released a report titled, *Public Health Implications of Hazardous Substances in the Twenty-Six U.S. Great Lakes Areas of Concern*. ATSDR began work on that report in 2002 and largely completed it by 2004. The study was reviewed by external peer reviewers and cleared for release by ATSDR in July, 2007. Days before its slated release, ATSDR's leadership withheld the report's release because, according to the agency, significant scientific concerns had come to their attention.

I am convinced that these concerns are legitimate. I am therefore confused as to how the report cleared ATSDR's review process. Watchdog agencies and Congressional Committees are justifiably concerned when a report on public health is pulled with minimal explanation days before its release. If this report was so fatally flawed, why were problems not uncovered during ATSDR's two years of review before the report was cleared for release?

ATSDR's initial health consultation on formaldehyde levels in FEMA trailers similarly failed the public. That consultation titled, *Formaldehyde Sampling at FEMA Temporary Housing Units*, dated February 1, 2007, concluded that:

The average concentration of formaldehyde per day in [ventilated trailers], after the fourth day of sampling and for the remainder of the study, was below the level of concern for sensitive individuals of 0.3 parts per million.

That conclusion led FEMA to believe that concentrations of formaldehyde in FEMA-provided housing units did not present a public health hazard. This was not the message the report's authors intended to convey. A competent internal review process should have determined that the consultation was potentially misleading before it was ever transmitted to FEMA.

First, competent review could have determined that there were potential problems with the report's stated "level of concern." The consultation does not discuss why it chose this level, nor does it suggest that problems could occur at much lower levels. The stated level was three times higher than the level used by several other government agencies and, according to many experts, above the level where many individuals will experience negative health effects. While the consultation's authors had a strong argument for choosing this level, the level should have been subject to some degree of internal review.

The health consultation also focused exclusively on short term effects and failed to mention the potential long-term effects of exposure to formaldehyde and the possible risk of cancer. Dr. Christopher DeRosa, then ATSDR's Director of the Division of Toxicology and Environmental Medicine, first read the release nearly a month after it was transmitted to FEMA. He pointed out some of the consultation's flaws and argued that, as written, it was "perhaps misleading."

On March 17, 2007, ATSDR wrote to Rick Preston in FEMA's Office of the General Counsel, who had originally requested the consultation, and raised these concerns. Mr. Preston did not, however, share these concerns with other officials at FEMA. For its part, ATSDR took no action to immediately revise its report nor did it raise any protests as FEMA continued to rely on the Health Consultation as evidence of the trailer's acceptability. A month and half after the report was transmitted to FEMA, the report was still flawed and the public was still uninformed.

As today's hearing will make clear, far too little is known about the effects of formaldehyde and about what levels should be considered problematic. Clearly, risk managers have to accept exposure to some level of formaldehyde. Suggestions that there is "no safe level" of formaldehyde are simply not helpful because formaldehyde is ubiquitous. Sitting in this hearing room today, we are breathing in formaldehyde. It has long been known that these levels are higher in trailers and mobile homes both because of the materials used and the relatively poor air exchange. But exactly what level is unacceptable is unclear.

A report dated February 29, 2008 from the Centers for Disease Control (CDC), titled *Interim Findings on Formaldehyde Levels in FEMA-Supplied Travel Trailers, Park Models, and Mobile Homes* provided information about formaldehyde levels in FEMA-supplied occupied travel trailers, park models, and mobile homes that were still being used as of January 2008. This report found that the average formaldehyde concentration of these units was 77 parts per billion, well above what it termed the typical U.S. background levels of 10-30 parts per billion. The range of concentrations in tested trailers was, however, extremely broad. The lowest tested trailer registering only 3 parts per billion, well below the U.S. average, and the highest concentration measured 590 parts per billion.

The Interim Report recommended fast action. Finding that its conclusions “support[ed] the need to move quickly, before weather in the region warms up, to relocate residents of the U.S. Gulf Coast region displaced by Hurricanes Katrina and Rita who still live in travel trailers, park models, and mobile homes.”

This recommendation is broad, sweeping, and authoritative, but it raises as many questions as it provides answers. Does CDC recommend relocating everyone in FEMA-provided trailers, even those in trailers with formaldehyde concentrations below the typical background norms in U.S. homes? If not, what level is the appropriate level of concern? Should Americans living in trailers and mobile homes not provided by FEMA be concerned about formaldehyde levels? Do we need wide-scale testing for formaldehyde concentrations?

The public will not be served by drastic action based on limited science. Relocating individuals who are experiencing health effects is an urgent priority, but causing a panic among individuals who are perfectly safe will only result in unnecessary expense and neglect of those actually in need. We need a clearer understanding of formaldehyde and its effects on human health before we act more broadly. As Ranking Member on the Global Warming Committee, I know too well how science, intensified under constant media exposure, can lead to paranoia that seems to require immediate, wide-scale action. As policymakers we depend on agencies to produce high quality, thoroughly reviewed science and to provide prudent, objective advice.