



Contract No.: EP-W-13-015
Task Order No.: 3 OSRTI – Multi Regions
Technical Directive No.: R3 #3 BoRit Asbestos

Location: BoRit Asbestos Superfund Site
Ambler, Pennsylvania
Meeting Location: Upper Dublin Township Building, 801 Loch Alsh Avenue, Fort Washington,
Pennsylvania
Date: April 1, 2015

Welcome and Announcements

Co-Chair Bob Adams called the meeting to order at 6:40 p.m. The Community Advisory Group (CAG) members welcomed Mr. Gary Stank, representing Mercer Hill Village, as a new member to the CAG.

Mr. Bob Adams called for additions or corrections to the February meeting minutes. Mr. Andrew Salvatore noted that he had submitted changes to the minutes, approximately a week ago, but they were not adopted. Mr. Salvatore should correspond with Mr. Gordon Chase to make additions or corrections to the minutes.

Mr. Bob Adams called for additions to the meeting agenda. No changes were made.

A community member in the audience requested a microphone for the speakers; however, none was available.

Presentations

Ms. Diane Morgan offered additional welcome remarks and introduced the night's speakers.

First speaker - Diane Blackburn-Zambetti, Director of Policy & Prevention, Mesothelioma Applied Research Foundation

Ms. Diane Blackburn-Zambetti briefly discussed her background in nursing and noted that her father had been a mesothelioma patient, which ultimately led to her work in cancer prevention education. Her presentation focused on asbestos and on individuals' health. Topics covered in the presentation included asbestos basics, how asbestos can affect an individual, noncancerous and malignant diseases associated with asbestos exposure, and what to do to stay healthy. She wanted to provide information so that individuals can make proactive rather than reactive decisions. She also wanted to "calm the chaos" involved when one hears the word 'asbestos', and to begin to have asbestos-related diseases on the same level of awareness and attention as other diseases, such as breast cancer.

Ms. Diane Blackburn-Zambetti discussed basic anatomy associated with asbestos-related diseases, including the lungs, which are surrounded by a protective coating known as the pleura, the heart, which takes oxygenated blood from the lungs and circulates it throughout the body, and the gastrointestinal (GI) tract, which is associated with digestion.

Ms. Diane Blackburn-Zambetti asked the audience what they know about asbestos. Responses from the audience included: "deadly," "airborne," "causes cancer," "invisible" and "legal."

She also noted that asbestos is strong, fireproof, odorless, acid resistant and a great insulator. There are also six types of asbestos, all of which have their own shape and size: chrysotile, amosite, crocidolite, tremolite, actinolite and anthophyllite. She also noted that asbestos-related diseases often have a long latency period, meaning one can be exposed to asbestos several decades before symptoms actually appear or a disease is diagnosed. She offered the example that a person exposed at 10 years of age might not get sick until he/she is 50 years old.

Ms. Diane Blackburn-Zambetti noted that asbestos is often found during demolition of old buildings, built before 1980. Plumbers, pipefitters, sheet metal workers, boiler makers, insulators, ironworkers and construction workers are some of the individuals that could be exposed to asbestos on the job. In a home setting, heating, ventilation, and air conditioning (HVAC) systems, floor tile, pipe insulation, siding, roofing and pipes might also contain asbestos.

Ms. Diane Blackburn-Zambetti then discussed some of the diseases associated with asbestos exposure. These included asbestosis, a breathing disorder caused by inhaling asbestos fibers. Prolonged accumulation can cause scarring of lung tissue and shortness of breath. Symptoms range from mild to severe and do not appear for many years after exposure. Symptoms could also include chest pain and a dry hacking cough. Asbestosis is non-malignant but it can affect quality of life. She stressed to the audience that if an individual experiences any of these symptoms, that individual should not ignore the symptoms. Instead, visit a doctor, and tell the doctor about any asbestos exposures.

She also discussed pleural plaque, which is a buildup or thickening of the lining of the lung. Pleural plaque is non-malignant. An individual may not have symptoms or one may have possible shortness of breath, spotty changes that appear as spots or streaks on an x-ray, or spots of fibrosis. Symptoms could also include shortness of breath, chest tightness, rib pain/pressure, dry hacking cough, pleural effusion development, or a rubbing feeling when you breathe. Again, Ms. Diane Blackburn-Zambetti stressed that these are not symptoms to ignore.

She then moved on to discuss mesothelioma and asked the audience what they know about the disease. Audience responses included: “deadly,” “no cure,” “rare” and “lawsuit.” Ms. Diane Blackburn-Zambetti stated that her hope is that, with education, lawsuit is not one of the first thoughts that come to mind when asked about mesothelioma.

CAG member Mr. Gordon Chase provided some statistics from the American Cancer Society to better define “rare.” He noted that, based on information from the American Cancer Society, 1.6 million cancer cases are diagnosed each year and mesothelioma accounts for less than 0.2 percent of that number. He noted that approximately 1 in 500 cancer cases are mesothelioma.

Ms. Diane Blackburn-Zambetti noted that the predominant cause of mesothelioma is asbestos exposure.

A community member in the audience noted that the 1 in 500 number is impressive, but the community member asked how that number would change if one is living in an area with significant asbestos exposure.

Dr. Keith Cengel, the next scheduled speaker, responded that tracking information for rare diseases does not always originate from the most reliable sources. He noted that some areas are probably significantly underrepresented in terms of tracking. Also, he noted that some diseases, which perhaps are undiagnosed mesothelioma, may have been tracked only as lung cancer of unknown origin.

CAG member Mr. Gordon Chase offered some additional perspective for the number of cases of mesothelioma. He stated that while this area has 2.7 times the mesothelioma rate (according to the Centers for Disease Control and Prevention [CDC]), individuals are far more likely to get other types of cancer such as breast cancer for women and prostate cancer for men¹. Mr Chase also stated that five times as many people are murdered every year in the United States than die from mesothelioma. He noted that mesothelioma is not included on the list of the top ten cancers in the United States.

A community member in the audience stated that statistics are meaningless if you are living with the disease. Also, there was discussion that if you live near an asbestos site, you are more likely to be exposed. Another audience member asked if surgical treatment is possible to remove the buildup in the lungs. Dr. Keith Cengel responded that surgery is possible, but usually the buildup in the lungs is a marker of bigger, worse problems associated with the disease.

Mr. Bob Adams interjected a call to order to return the discussion back to Ms. Diane Blackburn-Zambetti. Ms. Diane Blackburn-Zambetti then addressed the types of mesothelioma. One of the most common types is pleural mesothelioma, which affects the lungs. It is rare, hard to diagnose, and the symptoms may be mistaken for something else. A second type of mesothelioma is peritoneal mesothelioma, which affects the abdominal cavity. Symptoms of this type of mesothelioma include gas, pain, bloating, nausea, vomiting, sweats and weight loss.

A community member in the audience asked if asbestos could be ingested. Ms. Diane Blackburn-Zambetti answered yes.

Ms. Diane Blackburn-Zambetti then discussed prevention and early detection of asbestos-related diseases. She stressed that individuals should enroll in wellness programs, get yearly physicals, insist on chest x-rays and low dose computerized tomography (CT) scans if there are occupational exposure concerns, get symptoms checked by a doctor, get a second opinion, keep current with vaccines, and stop smoking and/or chewing.

Her final remarks stressed that an individual is his/her own best advocate. One should stop, look, and think about his/her situation and surroundings, and consider the possibility of asbestos unless proven otherwise. Ms. Diane Blackburn-Zambetti's presentation concluded at 7:20 p.m.

Second speaker – Dr. Keith Cengel, Radiation Oncology, University of Pennsylvania (UPenn) Perelman School of Medicine

Dr. Keith Cengel briefly discussed his background as a radiation oncologist, radiation biologist, cancer researcher and cancer survivor. He opened with a discussion of cancer in general and noted that mesothelioma is cancer, a fact that often surprises people.

He stated that cancer is a cell where the normal process for that cell, which is usually a very distinct function, has gone wrong. The cell has picked up “bad code,” which basically means that the cell might survive when it is not supposed to, grow when it is not supposed to, may push things out of its way, and may spread.

¹ A CAG member provided the following additional statistics after the meeting. There are over 220,000 cases of female breast cancer per year with over 40,000 deaths and 209,000 cases of prostate cancer with 28,000 deaths (Source CDC 2011 statistics, latest available). Mesothelioma cases/deaths per year are approximately 3,000 (Source: American Cancer Society).

Dr. Keith Cengel then addressed how a toxin can cause cancer. An exposure to a toxic substance is needed. He noted that smoking causes a 12-fold increase in the chances of getting cancer. He also noted that the asbestos lag time is about 40 to 50 years from the time of exposure, which is very unusual.

Dr. Keith Cengel then clarified why everyone does not get sick. Dr. Keith Cengel indicated that there may be a genetic link, specific to mesothelioma, to explain why some exposures result in the disease and others do not. He offered the example of the diagnosis of mesothelioma for a wife that washes her husband's clothes but the lack of a similar diagnosis for the husband, who may have been exposed to asbestos at his job. Geneticists at UPenn were involved in the discovery that people who carry a mutation in a gene called BAP1 are susceptible to developing mesothelioma. Mr. Bob Adams asked if genetic testing may be possible in the future. Dr. Keith Cengel responded that it is something being investigated.

Dr. Keith Cengel then discussed the two types of symptoms, local (related to the area of involvement) and systemic (related to immune activation). Examples of systemic symptoms include fatigue and poor appetite.

As far as screening for the disease, Dr. Keith Cengel noted that blood tests are not very effective as a stand-alone option. Additionally, whole body CT scans, positron emission tomography (PET) scans, and magnetic resonance imaging (MRI) have not been effective except in rare cases, but at the same time, CT is probably the best option available right now. Its accuracy is better than it was 15-20 years ago. While some individuals are worried about radiation from the scan, Dr. Keith Cengel does not believe CT scans cause cancer due to the low-level radiation exposure. He noted that it is often seen as dangerous because we do not know how to quantify the exposure. Diagnosing mesothelioma is often difficult because the symptoms are common to other illnesses. Dr. Keith Cengel stressed that an individual needs to be his/her own advocate. A community member in the audience, whose husband died from mesothelioma, stressed the importance of seeing a specialist, and of informing the doctors of any exposures to asbestos.

Dr. Keith Cengel briefly touched on other toxins, including petrochemicals (benzene, vinyl chloride) and arsenic. CAG member Ms. Sharon McCormick commented that several of the chemicals, including arsenic, are associated with the industries in the area.

A community member in the audience inquired about the best time to get a CT scan, considering the 30 to 40 year lag period. Dr. Keith Cengel responded that one should look out for symptoms before such a scan.

Dr. Keith Cengel indicated that treatment for mesothelioma can include surgery (open, traditional or minimally invasive), chemotherapy, radiotherapy, photodynamic therapy and immunologic therapy. There may be progress on the horizon, such as pre-clinical research, but now, the median survival rate from initial diagnosis is about 41 months.

Third speaker – Mr. Richard Pepino, UPenn Coordinator of Academically Based Community Service (ABCS) courses, Dept. of Earth and Environmental Services

Mr. Richard Pepino provided a brief explanation of his background (formerly worked for EPA) as well as ABCS. ABCS is UPenn program that integrates service with research, teaching and learning. The program works with communities that might be experiencing a problem, such as in a school with high incidents of lead poisoning or asthma.

One of the projects the program is currently working on, through a grant awarded to the Center of Excellence in Environmental Toxicology, is taking a holistic look at asbestos, including mesothelioma. Mr. Richard Pepino's team looks at medical, environmental and community research in a series of six study projects. In one project, Mr. Richard Pepino indicated that they are conducting exploratory research, looking at possible biomarkers, which may show up early in pathology at the onset of the diseases. Research is being conducted for better diagnosis and treatment, and to determine if there is a genetic predisposition for the disease. He also noted that they are taking a look at risk assessment as well. He indicated that the BoRit site was listed as a Superfund site when EPA's risk assessment gave it a score of 28.5. Mr. Richard Pepino noted that not all risk is the same. Not all populations are the same. A generic population was used to score the site, but Mr. Richard Pepino indicated that the program research will better forecast the risks by evaluating the population that lived there and that still remains there. Currently, there is a disease registry dating back to the 1930s. Mr. Richard Pepino invited some of his team to speak further about their research.

Ms. Lisa Jacobs and others on the team provided a brief summary of their research, conducted through UPenn's Resources for Education and Action in Community Health (REACH) in Ambler project. The project is a partnership with UPenn and the Chemical Heritage Foundation.

Part of the project included development of an online repository of Ambler's environmental health and history. A website (Reachambler.chemheritage.org) was recently launched to provide information on the project, including oral history clips, historic images, and maps of important places in Ambler's history.

Ms. Jacobs also noted that Ambler's Act II Playhouse will be putting on a play, based on some of the oral history research, on April 25, 2015, at 8 p.m.

Presentations ended at approximately 8:10 p.m.

CAG Meeting Discussions – Responses from the Pennsylvania Department of Environmental Protection (PADEP)

Mr. Pat Patterson from the PADEP responded to CAG member questions regarding the proposed construction on the Bast parcel. The first questions addressed were originally posed by CAG member Ms. Diane Morgan via email to PADEP. CAG member Mr. Gordon Chase noted that CAG protocol requires members to submit questions on behalf of the CAG to the co-chairs for review and asked whether these questions were circulated to other CAG members, but they had not been. He noted that he would like to know the questions asked as there may be other CAG members interested. The issue regarding circulation of questions among CAG members was not resolved.

Mr. Pat Patterson summarized Ms. Diane Morgan's first question regarding whether there could be a release of harmful toxins into the air at the Bast parcel. The original comment also requested that a toxicologist from PADEP attend the meeting. Mr. Pat Patterson responded that PADEP's accepted method of remediation is pathway elimination. With this method, there would be no toxins to access. The soil cover, parking lot and building at the Bast parcel would act as barriers to prevent any contact with contaminants.

Ms. Diane Morgan's second question asked if the proposed method of remediation is in the public's best interest. Also, she asked what PADEP is doing to reduce the volume, toxicity and mobility of the waste to meet the cleanup standard. Mr. Pat Patterson of PADEP responded that in the case of PADEP's Act 2 cleanup program, the key is to eliminate the pathway to contamination. This does not

mean contamination needs to be removed from the site. Capping will ensure the contamination does not spread and migrate anywhere else.

CAG member Ms. Sharon McCormick questioned whether PADEP thinks the contamination needs to be reduced in volume, toxicity and mobility. Mr. Pat Patterson noted that there are other risks associated with moving the contamination. Sometimes an assessment determines that it is better to leave the contamination in place and cap it, thereby eliminating the pathway to contamination.

The third question posed to PADEP addressed potential liability for the Borough of Ambler at the Bast parcel and what would happen if the parcel did not sell. Mr. Pat Patterson indicated that this is not an issue for PADEP. It is an issue for the Borough to consider. He stated that, under the Act 2 program, if attainment standards are met, any subsequent property owner has a pathway to relief of liability. Liability protections run with the land after the selected standard is met and maintained. There was additional discussion about the liability insurance for the Borough of Ambler. Ms. Sharon McCormick asked why the Borough of Ambler needs to be named as an insured. Mr. Pat Patterson indicated that that was a question for an attorney and he would get the answer. He noted that if the cleanup standards are met and maintained, PADEP absolves owners of liability.

Mr. Pat Patterson stated that the fourth question sent via email asked when the piles were last visited and tested. Mr. Pat Patterson stated that PADEP performs periodic inspections of the asbestos sites. He also stated that additional testing was not necessary because they already know that the properties contain asbestos.

Mr. Pat Patterson also addressed another question regarding residential construction on an asbestos waste disposal site. The initial inquiry made a point that residential construction had not been done yet in Pennsylvania. A CAG member noted that EPA had previously told them that it had not been done yet. To Mr. Pat Patterson's knowledge, it had been done before but he was not sure of the site. He said PADEP will check with EPA. He also mentioned that he did know of a mall site that had been developed under the same standards.

Mr. Andrew Salvadore asked if five feet of fill will be put on top of the site, and he noted that there were existing buildings there that had been even deeper. He asked if the property would be fenced. He also asked where the fence would be located and if it would offer five feet of protection.

Mr. Pat Patterson did not know the answer to the question but noted that he would ask. He did not want to speculate because it may depend on development of the site. Mr. Pat Patterson also noted that there will be an easement around the property, with a road that will be hardcapped to cover the surface and any asbestos it may contain.

Ms. Sharon McCormick asked why only the soils pathway was considered at the Bast site, when other pathways such as air and water were considered at the BoRit site and other Ambler piles. She asked if the groundwater pathway was considered.

Mr. Pat Patterson indicated that it was his understanding that groundwater does not feed the public drinking water. Ms. Sharon McCormick responded that groundwater does feed the creek and it can go everywhere.

Mr. Pat Patterson indicated that he did not believe asbestos had been identified in groundwater. Ms. Sharon McCormick responded that it had been documented in the 2006 Langlin report. She noted that this question had been originally submitted after the February meeting and she is requesting an answer.

A CAG member stated that it was an Act 2 release from liability. Mr. Bob Adams said it is also used as an effort to avoid nuisance lawsuits. Ms. Sharon McCormick stated that she does not want to accept a liability on behalf of the Borough of Ambler.

Ms. Sharon McCormick then asked about the status of ruptured tanks on the Frumin parcel. She stated that information concerning ruptured toluene tanks was included in prior reports. The tanks reportedly have been leaking since 2004. She asked if the tanks were still leaking.

Mr. Pat Patterson stated that he does not know if the tanks are still there; however, the testing that has been done shows that contamination apparently has been contained and is not a danger to the creek.

Ms. Sharon McCormick stated that she does not believe it has been cleaned up. She asked how the contamination could be contained. She also asked if PADEP is doing anything off-property to determine the extent of contamination. Mr. Pat Patterson stated that he would need to find out the answer.

It was suggested that any further questions be asked via email because of time constraints. Ms. Diane Morgan stated that the questions for PADEP can be put on the agenda for the next meeting. PADEP can either respond at the next meeting or respond via email and the responses could be sent to the group.

Mr. Gordon Chase spoke to the community members in the audience and stated that the cleanup for the Bast project has been submitted to PADEP and approved. The site will be cleaned up according to the Act 2 protocols. It meets the protocols of the State and Ambler Borough Council.

Mr. Charlie Charlesworth, sitting in the audience, stated that he is the alternate CAG member for the Ambler Environmental Advisory Council. He noted that he has a background in environmental consulting and proceeded to talk about some of the characteristics of asbestos. He believed that the best course of action for addressing asbestos contamination is to cap it, preventing exposure and further disturbance. He also stated that if a 5-foot cap is installed, asbestos is not likely to move with groundwater. Ms. Sharon McCormick interjected and stated that microscopic fibers can be found in groundwater. She also questioned how the proposed cap, which will include some digging and grading, will not disturb the asbestos.

At that time, the discussion was tabled due to time constraints.

All those individuals without voting privileges for the CAG left the room.

The time was approximately 8:40 p.m.

The next CAG meeting is scheduled for June 3, 2015.

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Community Advisory Group Meeting Notes - April 1, 2015
BoRit Asbestos Superfund Site

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