

Elizabeth Hoffmann, radon induced lung cancer survivor
President of CanSAR (Cancer Survivors Against Radon) www.cansar.org

This testimony concerns the U.S. Environmental Protection Agency, Indoor Radon and Toxins Program and concerns the following budget categories: **Radon Program (FY 2013 PB: \$2.2M, FY 2012 Enacted: \$4.1M, FY 2013 Change: -\$1.9M)**, a disinvestment of \$1.9 million eliminates oversight for the State Indoor Radon Grants **Radon Categorical Grants (FY 2013 PB: \$0.0M, FY 2012 Enacted: \$8.0M, FY 2013 Change: -\$8.0M)**

My name is Elizabeth Hoffmann. I have never smoked nor have I been around second-hand smoke, but I have lung cancer. My home of over 22 years tested at twice the action level for radon (8.6 Pico-curies). I first tested our home at age 37, after half my left lung was removed along with a 5cm malignant mass.

I had never heard of radon. After my diagnosis, my cousin who is a registered nurse asked if we ever tested our home for radon. The answer at that time was no. The question was, ‘What’s Radon?’”

My journey began in September of 2003. I went to my General Practitioner because I had a dry persistent cough (I just thought my allergies were acting up) and an intermittent pain below my left shoulder blade. Luckily, he ordered a chest X-Ray which showed the 5cm mass in my lower left lobe. The same month, I underwent surgery, had my first series of aggressive chemo drugs followed by daily chest radiation.

August 2006 the cancer returned as fluid in my chest cavity, over 4 liters. A chest catheter was inserted so my sister-in-law could continue to drain my chest twice a week at home. I also had my second series of chemo.

September 2008 the cancer returned again, this time in my brain. Along with 11 new nodules spread between both lungs. I had Cyberknife brain radiation and my third series of chemo.

June 2011 a follow-up MRI showed at least a dozen new lesions in my brain. I underwent daily whole brain radiation. December 2011 a CT showed new growth in my left lung. I am currently under going my fourth series of chemo.

After I came home from my lung surgery I researched radon. I wanted my story, my life to count for something. So a group of us came together to put a face to the dangers of radon. We began CanSar (Cancer Survivors Against Radon). The survivors, the victims, and the family members of radon-induced lung cancer individuals including my colleagues from CanSAR that are here with me today – Barb is a lung cancer survivor; Gloria and Marlene lost their husbands to lung cancer; and, Kyle lost his dad to lung cancer and is a cancer survivor himself – are counting on

you to right the wrong that has been allowed to go on for far too long. The loss of more than 21,000 lives lost each year due to this preventable disease is no longer acceptable.

From my perspective, cutting our nation's radon program is the exact opposite of what is needed.

According to EPA's own Inspector General's 2008 report¹ ("Nearly two decades after passage of the 1988 Indoor Radon Abatement Act (IRAA), exposure to indoor radon continues to grow. Efforts to reduce exposure through mitigation or building with radon-resistant new construction have not kept pace."), the radon problem in our country is getting worse, not better. We have more buildings with toxic radon levels today than in 1988, which is when your colleagues passed the Indoor Radon Abatement Act – a law with the main goal of indoor and outdoor radon levels being the same. Twenty five years later, an American dies every 28 minutes from radon-induced lung cancer. According to a TODAY SHOW report, an estimated 70,000 classrooms² contain toxic radon levels. One of every 15 homes in our country contains toxic levels of radioactive radon gas. Does this sound like a successful voluntary program to you? Does this sound like a program that should be cut or eliminated? I sincerely hope not. The hard reality is that this is a program that's voluntary nature has proven to be ineffective. With the evident ineffectiveness of the program, why hasn't EPA taken steps to regulate? After all, the Administrator was given the authority to regulate some 25 years ago.³ How many more lives need to be taken by this preventable disease before EPA wakes up? A simple, inexpensive test is all that is required during the real estate transaction to know if a problem exists.

According to the American Association of Radon Scientists (AARST), the Fiscal Year 2012 radon budget saw \$3.8 Million in cuts to regional, school and technical support programs. In addition, 2012 saw EPA's first draft budget eliminate the only existing asset the nation possesses for a National Institute of Standards and Technology reference point for radon⁴, the chamber at the EPA Radiation and Indoor Environments National Laboratory (RIENL.). The chamber's budget was eventually reduced by over 50% for 2012. In analyzing the FY 2013 budget, AARST notes that proposed cuts will zero-line EPA's State Indoor Radon Grant (SIRG) program and eliminate EPA regional office support. At the end of the Fiscal Year 2013 budget process, we've gone from nearly \$24 million in funding just a few short years ago to less than \$10 million in funding today. Does this make sense to you?

The overall impact, according to AARST, will be the systematic elimination of our country's outreach and education efforts as they pertain to radon. A majority of our 45 state and tribal

¹ June 3, 2008 EPA Office of Inspector General's Report No. 08-P-0174.

² EPA's most current estimate, according to Dr. William Field, UIOWA, are 90,000 classrooms at risk.

³ IRRA See Chapter 15, section 2670

⁴ National Institute for Standards and Technology – this radon chamber is the only remaining government operating.

radon programs will be forced to close or eliminate their public outreach programs.⁵ Basic data collection on radon risk reduction will no longer occur. Fewer of our buildings will be tested, and when a problem is found, it will not be fixed. Consumers will no longer have a state or tribal program to protect their interests in dealing with unregulated contractors. Low income citizens will no longer receive free radon test kits or objective advice on radon risk reduction. More than 70,000 classrooms in our country with toxic levels of radon will never be identified and fixed so our children can learn in a safe environment. Our soldiers, and their families, living in military housing containing toxic levels of radon will continue to be put at risk. I mention our soldiers because after the Department of Defense made little progress in its part of the Federal Radon Action Plan⁶, and toxic levels of radon was recently found in hundreds of military homes in Okinawa, as well as in a school. But the greatest impact of all is the more than 21,000 lives that will continue to be lost each year. For those of us who are reminded each day of the importance of preventing radon-induced lung cancer, this is not acceptable.

EPA gave no warning of its proposed elimination of the SIRG program to its state and tribal partners. A common sense timeline was not discussed among the stakeholders to allow state and tribal programs to plan for the elimination of funding. This doesn't make sense. Last year, EPA announced a new initiative, the Federal Radon Action Plan, which doesn't have a funding or accountability plan. Could there be a national multi-agency radon risk reduction program without funding or accountability?⁷ This doesn't make sense, either. In fact, nothing EPA has done with preventing radon-induced lung cancer seems to make much sense. Maybe the time has come for another agency to take over the radon program. Regardless, the time has come for a real commitment from our elected officials in requiring radon risk reduction become a priority. This commitment requires your support in mandating a fully funded national regulatory program. And the return on your commitment is potentially great – more than \$2 trillion in healthcare savings⁸, as well as thousands of lives saved each year.

As someone who is reminded each day of the importance of radon risk reduction, I don't want others to experience the emotional and financial burden I've gone through. To date, the cost of my treatment has exceeded \$800 thousand dollars, and those that I love continue to bear witness to my battle with this horrible disease. Every radon-induced lung cancer survivor, or the family of those who have lost their battle, has a story to share with you. Unfortunately, our stories are all too similar. This is why, on behalf of the members of CanSAR, I specifically ask for the following:

⁵ I understand that AARST will be submitting written testimony with statements summarizing state impacts.

⁶ <http://www.epa.gov/radon/agency.html>

⁷ http://www.epa.gov/radon/pdfs/Federal_Radon_Action_Plan.pdf

⁸ An estimate since the program's inception based on the total lives saved since 1988.

1. Properly fund the EPA radon budget to FY2011 levels for a minimum period of 5 years. A fully funded national radon budget of \$24 to \$26 million dollars per year will yield a positive return on your investment. Using EPA's own numbers, the overall value of a life saved is \$7.9 million dollars. According to EPA, 687 lives were saved through testing and mitigation in 2011. This means you invested \$24 million dollars to recoup \$5.4 billion dollars. This makes sense.
2. Require EPA to regulate radon under the authority provided by your colleagues in 1988. Section 2670 of the Indoor Radon Abatement Act clearly outlines this authority. If EPA isn't the right agency to get the job done, then require the right agency to take over the program. A properly regulated national radon program will also provide a positive return on your commitment by saving thousands of lives each year. Again, this makes sense.

Please accept my request as one free from a perspective of partisan politics. I have no interest in blaming anyone for my condition. Blame does not have a place in the lives of CanSAR members. Instead, a fresh focus on addressing the radon problem in our country must begin today. You can make that happen. More than 21,000 lives lost each year to this preventable disease is no longer acceptable.

We can't do it alone. We are literally dying. We need your help to save lives.

I'd like to close with some very powerful words: Grant me the Serenity to accept the things I can not change, Courage to change the things I can and Wisdom to know the difference.

Respectfully submitted,

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¹ **June 3, 2008 EPA Office of Inspector Generals' Report No. 08-P-0174**

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