Message

From: Steve Ackerlund [steve.ackerlund@bresnan.net]
Sent: 4/5/2019 8:25:45 PM
To: Greene, Nikia [Greene.Nikia@epa.gov]
Subject: RE: 3/26/19 Health Study Working Group

Nice – about 30 percent overlap in our notes, so I added in quite a bit.

Steve Ackerlund
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From: Greene, Nikia [mailto:Greene.Nikia@epa.gov]
Sent: Thursday, April 4, 2019 10:37 AM
To: Steve Ackerlund <steve.ackerlund@bresnan.net>
Subject: FW: 3/26/19 Health Study Working Group

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From: Storrar, Chapin S. <storrarcs@cdmsmith.com>
Sent: Thursday, April 04, 2019 10:32 AM
To: Greene, Nikia <Greene.Nikia@epa.gov>
Subject: 3/26/19 Health Study Working Group

Nikia,
Steve Ackerlund had asked for my notes from the health study working group meeting. They are below if you'd like to send them to him. Thanks.
Chapin

3/26/19 Health Study Working Group

Tuesday, March 26, 2019
12:33 PM

Attendees: Hassler, Warner, Anderson, Steve Ackerlund, Joe Griffin, Roz (Ramboll), Cynthia (Ramboll), Greene, Partidge, Wardell, Storrar, BobA, Bill McGregor, Margie (?), Karen Sullivan, John Ray, Dave Hutchins

- Meeting with Dr. Katie Hailer
  - Nikia: EPA met with Katie Hailer and invited her to be part of the work group
  - Charlie: offered collaboration with EPA as much as she wants
    - She was open to some collaboration
    - Helpful if EPA and Dr. Hailer are collecting similar data to allow for comparison
    - Will also see if EPA can provide some support with lab analysis or other things as possible

- Karen: Nikia is presenting to BSB commissioners, but likely they will want more information about Greeley Neighborhood
    - Nikia: Main study area is north and west of town, but will be filling data gaps in the Blacktail/Basin Creeks area, Greeley, and the Flats
- Dave: Thought the meeting was very productive and helpful for moving forward

- Second RMAP Health Study Plan
    - Presentation of report TOC
    - Public health statement at beginning of document has been added to state things in plain language
    - Steve suggests that there are still work that could be done that are outside the scope of Superfund
        - Feels this is key to addressing some community concerns
        - Still something that needs to be thought through
    - Dave Hutchins: Still concerned with CDC blood lead level recommendations
        - Bill: Wants everyone to see this as a 30-yr process and not discrete snapshots every 5 years
        - Charlie: We are still seeing blood lead levels decreasing in Butte
        - EPA nationally has not moved from using the 10 ug/dL
    - Review of past exposure/biomonitoring studies
        - Univ of Cincinnati - Butte 1990 blood lead data
        - ATSDR - Butte 2000 blood lead and urine arsenic data
        - First RMAP study - Butte 2002-2012 blood lead data
        - Hailer et al. study - Butte blood and hair 2015 data, multiple metals
        - Review of other relevant literature
            - Bill suggests using McDermott study
        - Steve: Suggests that we recognize these studies but has concern about the unpublished letter to the editor drafted by the group
        - Roz: If we don't challenge the article then we are endorsing the results
        - Bill: Need to be talking to the community
        - Nikia: We are trying not to be biased, but it is our job to review these studies - national/local etc.
            - Let's get the community input on whether we should write the letter to the editor
        - Dave: Dissents with CTEC on this issue, but can write some critiques he has on the article
        - Dave: Is the lit review relevant only to the 4 primary metals?
            - Roz: Really focused on the metals covered under RMAP
            - Charlie: FYR is when we would look into new studies/tox numbers on other contaminants or synergism
            - Next FYR due 2021 - will begin next year
    - Disease rate studies
        - Several study references...
        - Steve: Concerned about reviewing all the studies in one combined review, and don't want be critical of all the studies because it will appear that sides are being taking or are shutting down arguments that work group doesn't agree with
            - Roz: Important we do the review because it's required of the study for RMAP
            - Not intended to be critical, there may be good studies and data that just aren't applicable to the Butte study and therefore the data has limitations as it applies to this report
            - If we don't know what the limitations are, we won't know how to move forward and collect the "right" data in future
        - Steve: In the future, we may need to do smaller focus groups to present data to the community
    - Biomonitoring Study:
        - Make sure it is clear that the study area is identified as "RMAP Study Area and Population" and not "BPSOU Study Area..."
        - Dave Hutchins: Concerned that there has been good community outreach on arsenic and metals other than lead
        - Eric: Of all the RMAP properties that have been visited - Only 58 houses found with arsenic above 250 mg/kg in yard soil - nearly all located near railroad corridor

- Dave: Why not looking in attic dust?
- Charlie: Incomplete exposure pathway from arsenic in attic to living space
- Joe: Arsenic seems to be the perennial question.
  - Are there guidelines for urinary arsenic?
  - BobA: RMAP plan says to do urinary arsenic based on environmental conditions
    - Eric: Have not ever done any urinary arsenic
  - Roz: Blood lead is a powerful tool - can measure children's blood and then go look for sources. But arsenic in urine has huge variability - and biggest exposures due to food
    - Unless you have really high levels, urinary arsenic is not a good risk test for individuals
    - Can be used on a wide scale basis to look at populations
- Steve: Most people live their lives experientially and so it is difficult to describe to them that metals in their yard that are above background, but below action levels, is not a health risk - will take significant communication effort
- Nikia: RMAP program looks at lead, arsenic, and mercury - we need to make the point up front that the arsenic and mercury are not big issues compared to the lead
- Charlie: Theoretically, if children's exposure to lead from yard soils is decreasing and their blood lead is decreasing, their exposure to arsenic is decreasing too because lead and arsenic are generally co-mingled in soils.
  - Roz: This applies to all metals in mine waste exposure in soils - lead is a proxy
- Dave: Understand the limitations and costs of urinary arsenic studies, but as a community member who wasn't able to get a urinary arsenic test it made him mad
  - Charlie: Perhaps an outcome of all of this is urinary arsenic testing on demand if people are concerned they have been exposed - Bill: per the RMAP is it required (Chapin note: Only if environmental conditions show high level arsenic)
  - Steve: Sees the next 3 months as teeing up things such as this for further review and information within the community
- Nikia: Agree we need to have this long term commitment to communicating with community
  - Report is due in July, so we need to get Roz and Charlie's description of urinary arsenic in the report - we need the basic science in the report.
  - Maybe we also have the questions that come up regularly addressed with a link to a fact sheet
- Joe: Want to see some definitive recommendations so it doesn't look like we are kicking the cacn down the road
- Luke: Arsenic is a nebulous subject within the community - people understand lead better from everyday life, but not arsenic
  - Should try to avoid the community feeling like they can't get tested if they want to
  - But need to be very careful with how the analysis is done and analyzed

- Butte Blood Lead Study:
  - Summary statistics and trends
  - Neighborhood comparison
  - Refinement of database

Review of Blood Lead Data:

- Presentation by Cynthia (Ramboll) - see slides
- Average of about 200 samples per year from 2002 to 2012 for 12-60 month age range
- Average 350-375 samples per year from 2012-2017 in 12-60 mo. Age range
- Interestingly, adult participation dropped from 135 in 2012 to 2 in 2017 - unsure of the reason
- 2019 report - 76% of data is below the limit of detection (3.33 ug/dL)
- Blood lead results above 5 ug/dL have fallen from about 50% of samples in 2002 to 5-10% in 2017
- Will add the total count of samples above 5 ug/dL to the chart and may revise to numbers above 3.33 ug/dL

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