

# Trail Area Health & Environment Committee



## MINUTES

**Meeting: Tuesday, February 2, 2016 7:00pm  
City of Trail – Committee Room**

---

### **Committee Members in Attendance:**

Mike Martin, Chair, City of Trail  
Marylynn Rakuson, Community Member  
Sonia Tavares, Community Member  
Dawn Tomlin, Interior Health

Diane Langman, Councillor, Village of Warfield  
Mark Tinholt, Teck Trail Operations  
Jeannine Stefani, Interior Health

### **Others in Attendance:**

Bruce Enns, SNC-Lavalin Inc.  
Liz Anderson, SNC-Lavalin Inc.  
Maria Gonzalez, Teck Chile

Ruth Beck, Program Manager  
Thompson Hickey, Teck Trail Operations  
Chris D'Odorico, Teck Trail Operations

### **MEETING MINUTES: Dated Tuesday, November 24, 2015**

No errors or omissions noted. Minutes adopted.

### **PRESENTATIONS, REPORTS, DISCUSSIONS & RECOMMENDATIONS:**

#### **Reports & Issues Arising:**

##### ***Consultation Working Group:***

Ruth presented the update. The Consultation Working Group Hiring Sub-Committee has selected Francis Maika of VOX Communications. Ruth noted that the decision to select VOX was unanimous. Francis starts tomorrow (February 3<sup>rd</sup>), meeting with Ruth and Mark to review details needed for VOX to propose a work plan, timeline and budget for Phase 1, the Scope Development Phase of the consultation.

As previously noted, the public consultation will be carried out from the day after Labour Day (Tuesday, September 6<sup>th</sup>) to the end of October, 2016.

The upcoming Winter Workshop (Wednesday, February 24<sup>th</sup>) is the opportunity for the THEC to provide input into the design of the consultation. The workshop will include a primer on Human Health Risks; a brief introduction to a proposed process for program refinements over the next 5 years (including a proposal for an Indoor Dust Study to be conducted in summer, 2016); and the rest of the evening will be run by Francis and relate to the consultation. The draft agenda for the workshop is included in tonight's meeting package.

##### ***Sustainable Governance Working Group:***

Ruth shared that the first meeting of the Sustainable Governance Working Group recently took place and was very productive. Diane shared that she originally felt overwhelmed when she joined the Trail Area Health & Environment Committee (THEC), but was happy to be able to voice her thoughts and concerns in the smaller Working Group setting. Marylynn added that she felt it was a good venue to start with a smaller group that is less intimidating and overwhelming. Mike thanked Diane for speaking up: voicing her concern got the Committee to sit back and look at how it was functioning and to evolve a template of sustainable governance; especially the ability to effectively introduce new members to the Committee. Ruth echoed Mike's comments and added that great suggestions came out of the meeting, from using name tags at Committee meetings to establishing a Community and Family Working Group.

**Recommendation to the THEC:** Ruth brought forward the recommendation that the Sustainable Governance Working Group be morphed into the Community and Family Working Group. Furthermore, that the THEC Chair (or his designate) also chair the Community and Family Working Group.

The new Community & Family Working Group will provide direction and guidance for Ruth on communications, support creation of a glossary and reduction in the use of acronyms, advise on community outreach, provide a springboard for new members and interested parties, and organize a tour of Teck for members. Marylynn commented that families and the issue of lead are the driving force of the program; the Community and Family Working Group is a good addition.

**MOTION** to approve the transition of the Sustainable Governance Working Group to the Community and Family Working Group and to have the new working group chaired by the THEC Chair or Chair-designate was put forward by Mark; Marylynn seconded. Motion carried.

Sonia commented that the Community and Family Working Group could address expectant family outreach, Success by 6 as well. Dawn added that Interior Health is getting a list of parents for a prenatal registry through the Healthy From The Start Program.

Ruth added that the role of the Executive Committee was also discussed; it was agreed that going forward, issues and topics will be discussed primarily at THEC meetings.

Marylynn noted that the agenda for the Winter Workshop contains unexplained acronyms.

**ACTION:** Ruth to revise the agenda with acronyms explained or omitted altogether.

The Community and Family Working Group will next meet in April.

**ACTION:** Liz to add Mike, Lisa, Jeannine, and Sonia to the Community & Family Working Group distribution list.

**ACTION:** Ruth to send out possible dates for the next meeting to the working group members.

**Presentation:**

**2015 Home & Garden Annual Report; attached.**

Bruce presented the report.

**ACTION:** Liz to email the correct version of the presentation to the THEC.

Mike asked if there is a theme as to why families decline Healthy Home visits. Bruce replied that there are a variety of reasons including reluctance to have strangers in their home, families having moved out of the program area, and simply not replying to outreach from the Home & Garden team.

Mike asked about radon results. The Program Office isn't privy to the results of radon tests as they go directly to the home owner. The key message regarding radon is that all houses should be tested. The majority of people who came in for radon kits after the November article in the Trail Times appeared to be senior citizens; it was suggested that next year for Radon Aware Month, the profile could be raised among the younger demographic by having a social media blitz.

Bruce and Ruth shared information about the upcoming Lead Safe Renovation video launch on April 15, 2016. The videos cover different aspects of renovation where lead can be stirred up and how to be 'lead safe'. Bruce offered kudos to Andrea and Ruth for their efforts. Ruth added that a preview of one or more of the videos can be shown at the next THEC meeting. She also highlighted that the videos feature local families. For the launch, we will try and arrange for displays and places where the public can view the videos.

Chris asked if the backlog of soil assessments has been cleared up. Mike asked if we could include the numbers for projected 2016 remediations and yard improvements when we send out the correct PowerPoint presentation of the 2015 annual report.

Bruce clarified that we have performed long-term analysis on gardens and the data show that there is a slow recontamination, but not fast enough to stop performing remediations. Mark added that this will be reviewed during the Winter Workshop.

**Community Check-In:** Nothing raised.

### **Program Updates and Business Arising:**

**Air Quality:** *report attached*

Mark presented the Air Quality update. He pointed out that the Total Suspended Particulate (TSP) Lead graph has a new blue line to delineate the Butler Park annual average. The average for lead in community air in 2015 was  $0.31\mu\text{g}/\text{m}^3$ ; the lowest annual average we've seen since the 2005 shutdown.

Discussion turned to the new pedestrian bridge construction. Mark pointed out that it's important to promote good dust control, but lead concentrations in the soil there are much lower than concentrations in fugitive dust off of the smelter site. Mike added that it's a good point (dust control) to raise with the construction crew, and that most of the ground work will be completed by end of February.

Returning to the presentation, Mark shared that the annual average of arsenic in air is the same as last year:  $0.0109\mu\text{g}/\text{m}^3$ . This is the same as last year and is very close to the 2018 target of  $0.0100\mu\text{g}/\text{m}^3$ . The Fugitive Dust Reduction Program (FDRP) will also lower arsenic in air. Mike commented that he knows there's been a tremendous amount of work put into driving these numbers down.

Mark added that the Air Quality Technical Working Group has not met since the last THEC meeting and thus, there are no minutes to share.

Mark introduced Thompson Hickey, General Manager of Teck Trail. Thompson shared that Teck is before the courts regarding effluent discharges from past years. He was unable to comment further on the issue as it is before the courts; the judge is expected to make a judgement on February 29, 2016. Thompson clarified that this issue is related to effluent discharges into the Columbia River and water management practices; it doesn't diminish efforts with regards to environmental stewardship. Mike mentioned the Globe & Mail had published an article about Teck going before the courts. He also mentioned that he was interviewed by the Trail Times and we can expect an article in tomorrow's newspaper that will present a more balanced view of Trail.

**ACTION:** Liz to request a copy of the Trail Times article from Sandy Lucchini.

Mike added that he is scheduled to be interviewed by Chris Walker on CBC radio, specifically related to Teck's issue before the courts. He believes he'll be asked to speak on behalf of the community as he can't comment directly on what's before the courts. Despite what's currently happening, Mike has seen tremendous gains over the last years and is impressed by the improvements Trail has seen. Sonia echoed Mike's sentiment.

Mark shared that there has been an enquiry about lead in the water in Trail following the ongoing issues in Flint, Michigan. Dr. Lamphear's comments about Trail on CBC The Current were less than positive. The Lead Task Force sampled lead in water in Trail homes and found it to be within drinking water guidelines. Also, the City continually samples the water from their sources and the water quality is well within guidelines for lead and all other metals/concerns etc. Ruth proposed that we could provide some information on our thep.ca website and she could provide draft wording. We can include details for CARO Labs for those who want to have their own water tested. Jeannine asked where the City samples their water; at the source, at a certain point along the delivery pipes, or at the end where it enters the home? In Flint, they tested at the source, but the lead is in the pipes between the source and the home. The water from their new source has a higher pH which causes lead to leach from the pipes and into the drinking water. Mark brought up Gord DeRosa's comments regarding the fact that the source for Trail's drinking water is different from when it was tested by the Lead Task Force and he proposed that we do some follow up testing to ensure the results are comparable to the 1989 samples. Discussion continued.

Mike agreed with Jeannine's line of questioning: he had already asked for the City's water status and was assured that the results are below detectable limits for lead. He's not sure about what the water quality is after it has moved through City pipelines. It would be advisable to check water quality at more locations. Both Mark and Chris confirmed that Flint (which has no lead smelter) is not a comparable situation to Trail, regardless. Mark added that if needed or helpful, it might not be hard for the Home & Garden program to collect some water samples from homes of Healthy Families Healthy Homes families. It may warrant further discussion. Marylynn and Dawn commented that we see children's blood lead levels coincide with lead in the air: if there had been significant levels of lead in the new water source we would have seen a change in the blood leads of children, but we did not.

**ACTION:** Ruth to update the website with the information regarding lead and water. She will include contact info for the City of Trail and contact info for CARO Labs.

Mark shared that there was recently an article in the Spokane newspaper regarding the lead sampling that happened recently in Northport, Washington. They had offered blood lead testing and the results were highly elevated, however, it turns out they were performing capillary testing which is susceptible to contamination. Dawn Tomlin was able to provide information to officials in Washington regarding Interior Health's learnings from its experiences with capillary sampling and its successful effort to move back to venous sampling. Mark added that they are retesting with venous samples in Washington and so far all children have come back with results under 5µg/dL and all adults were under 10 µg/dL. Mark also informed the group that more soil sampling is planned (500 properties were invited to participate). There is a public meeting in Northport on February 24<sup>th</sup>.

**Family Health:** *report attached*

Jeannine presented the report: it centered primarily on outreach and the upcoming Winter 2016 Blood Lead Level Clinics. She clarified that the participation rate for blood lead clinics is at 75% (of the children we know about). For the 25% that don't participate, some are because they forgot their appointment and are a no-show, some are not interested, others don't feel concerned that their child is at risk, or some parents have participated in a Healthy Family visit and feel satisfied with that. Thompson commented that 75% is a great percentage, especially for a voluntary program.

**Home & Garden:**

As the Home & Garden team presented the 2015 Annual Report, there was no further report provided.

Ruth shared some wonderful words of appreciation for Cindy Hall from a well regarded and experienced community service provider, Ann Godderis. Ann sent an email to Ruth praising Cindy's work, calling her "a social worker in the best sense of the term". Ann spoke with Ruth a couple weeks later and reiterated the praise. Cindy is a true asset to our program.

**Executive Report:**

Ruth passed along the news (from Dr. Ames) that Dr. Bars Dimmock passed away recently. He was a member of the Lead Task Force and contributed to the program.

**ACTION:** Ruth to include an addendum in the THEP Document and note credit to Dr. Dimmock (also Graham Kenyon and Dr. Hertzman).

Mike provided an update on the Wide Area Remediation Plan (WARP). Recently Mike provided an update to City Council on the issues and concerns around the WARP and the need to designate a Wide Area Site (WAS). It's a complex matter that's been going on for approximately 8 years. Council hosted a meeting that included representatives from Teck as well as Craig Adams and Dieter Bogs (a Ministry of Environment participant was unable to attend due to poor weather). The meeting reviewed the issue at hand and came up with some action items; one of which is to include the THEC on what is occurring. The WARP/WAS topic will be discussed in more depth at the Winter Workshop. Frances Maika will draft a document with the pros and cons of the WAS versus staying with the status quo. Mark and Ruth will forward existing documentation to Frances. As issues arise, the committee will be kept in the loop. Mike clarified that the WARP doesn't change our program; it just formalizes a part of it.

Ruth proposed April 12, 2016 as the next THEC meeting date and offered to propose dates for the rest of the 2016 THEC meetings with the caveat that they would be subject to change as the meeting dates approach and conflicts possibly arise.

**ACTION:** Ruth to send out a Doodle poll proposing THEC meeting dates for the rest of 2016.

**NEXT MEETING: Tuesday, April 12, 2016**



## HOME & GARDEN 2015 Annual Summary

Summary to the THEC  
February, 2016



## Outline

- **H&G Staff**
- **Healthy Homes**
- **Outreach Activities**
  - THEP
  - Community Program Office
- **Home Renovation Support Program**
- **Lead Safe Renovation Videos**
- **Radon Kits**
- **Soils Program**
  - Assessment
  - Remediation
- **Upcoming for 2016**





Bruce Enns



Andrea McCormick



Cindy Hall



Catherine Juelfs

## H&G Team



Liz Anderson



## Healthy Homes

- **85 Healthy Homes Visits completed in 2015 for families identified in 2015 or earlier**
  - 5 have declined visits
- **79 'new' families identified in 2015**
  - 62 have received visits
  - 17 are being scheduled or have had visits in 2016
- **Wait times for HH Visits have been continuously improving and were down to ~35 days in 2015**

Healthy Homes Visits Service Wait Days *	2012	2013	2014	2015
	312	114	42	35

\* Initial contact to HH visit



## Healthy Homes

- 132 follow-up actions
- Material supports



HFHH Support Provided to Families	
Dust Buster Kits	77
Yard and Garden Kits	63
Household Vacuums	68
Sandboxes	33
Yard Improvement	25
Paint Screening	8



## Community Outreach

### ENGAGEMENT ACTIVITIES

- **THEP and Community Events**  
e.g. Trail Downtown Market
- **Presentations**  
e.g. Lower Columbia Perinatal Committee
- **Community Collaboration Participant**  
e.g. Greater Trail Success By 6 Community Round Table





## Community Outreach

### How have families found us?

- ‘Referrals’ from Interior Health continue to be the most common way that families connect with the Home and Garden program
  - Blood lead clinic connections are down (because we’ve already connected with most families that attend clinics)
  - Public Health and Baby Clinic connections have increased
- Word-of-mouth is also still important



## Community Outreach

### How have families found us?

Event Name	2012	2013	2014	2015
Ages and Stages			1	
Building Beautiful Babies		3	2	4
Expectant Parent Event	3	8	1	
Home and Garden Days		1	1	
IH Blood Lead Clinic	154	82	10	6
IH Baby Clinic			4	14
IH Public Health		7	14	28
Newsletter			1	3
Other			1	5
Pre-natal Class			3	1
Prenatal Services Faire		3		
Ready Set Learn		1	1	
Teddy Bear Picnic			2	1
Walk-in or phone-in	1	13	1	5
Walmart			2	
Word-of-mouth	1	15	25	12

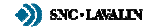
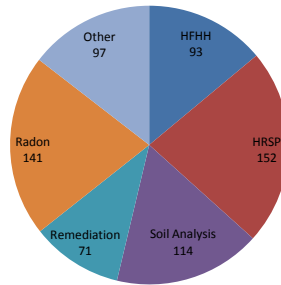
42 families were connected to H&G from IH



# Community Program Office

The Community Program Office logged 692 interactions with the public in 2015!

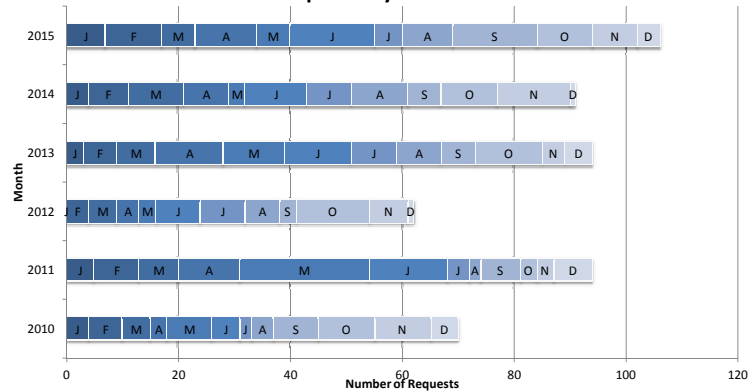
CPO Interactions in 2015



# Home Renovation Support Program (HRSP)

We had a record year for HRSP with over 100 requests

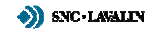
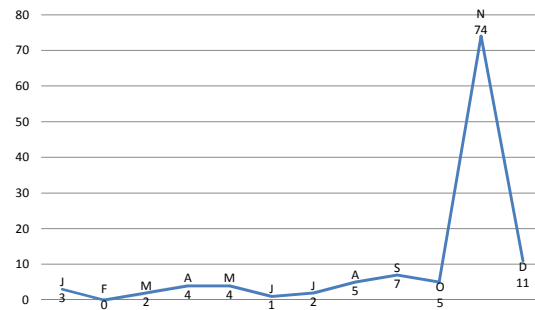
HRSP Requests by Month and Year



## Radon Kits: Interesting Observation

74 Radon detection kits flew out the door in Radon Awareness Month (November)

Radon Detection Kits Given Out in 2015



## Lead Safe Renovation Video Series





## Soils Program



## Yard Soil Assessment

- **45 Healthy Homes properties were sampled in 2015**
  - None of these exceeded the Yard Remediation Action Level of 4000 ppm lead
  - 25 qualified for Yard Improvement Work
  - Average wait time for Healthy Homes soil assessment is 41 days
- **20 other (non-HH) residential properties were sampled**
  - Only 1 exceeded the Yard Remediation Action Level
  - Average wait time for non-HH soil assessment averaged 107 days



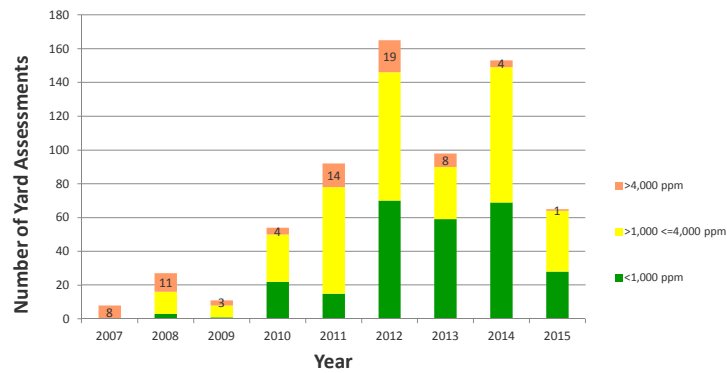
# Yard Soil Assessment

Type	Number of Properties Sampled	Results	Percentage of Yards Sampled	Average Service 'Wait Time' (days)
Healthy Homes Yards	45	0 above remediation threshold (>4,000 ppm lead)	0%	41
		25 qualified for yard improvement (i.e. repairing bare soil)	55.6%	
Other Yards	20	1 (>4,000 ppm lead)	5%	107*

\* Not including backlogged sampling, which averaged twice as long



# Yard Soil Assessment



## Garden Soil Assessment

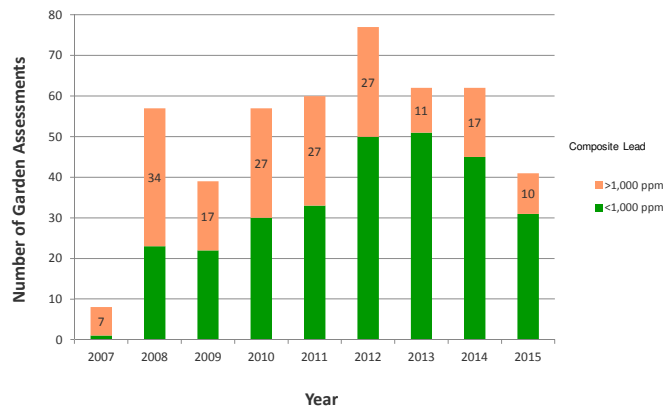
- 41 vegetable gardens were sampled in 2015
  - 10 of these exceeded the Vegetable Garden Remediation Action Level of 1000 ppm lead
  - Average wait time for Vegetable Garden soil assessment is 58 days

Type	Number of Gardens Sampled	Number Above Action Levels	% Above Action Level	Average Service 'Wait Time' (days)*
Vegetable Gardens	41	10 garden qualified for remediation (>1,000 ppm lead)	24.4%	58

\* From consent to sampling, for "Garden Only" sampling



## Garden Soil Assessment

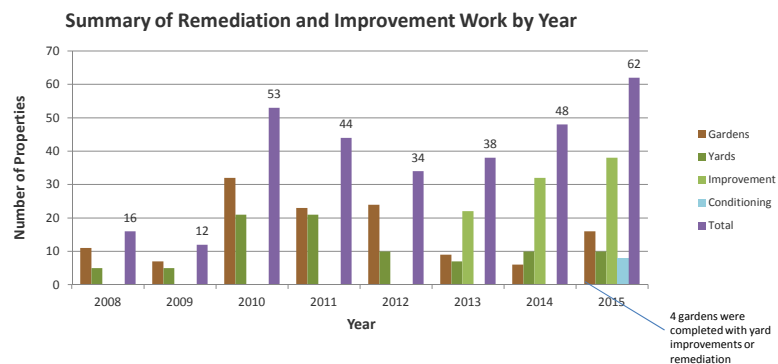


## Yard Improvement & Remediation

- Increased remediation and yard improvement work again in 2015
- A total of 62 properties received work
  - 16 vegetable gardens remediated
  - 10 yards were remediated
  - 38 yards received yard improvement work
  - 1 yard received partial remediation and partial improvement
  - 8 properties received yard conditioning
- Typically 4-6 weeks between signed consent and completion of work



## Yard Improvement & Remediation

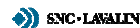


Remediation timing involves the consideration of many factors including property/family circumstances, mobilization, weather and others, and consent is typically not signed until we are certain that it will happen within the current season. Time from a signed consent to remediation/improvement completion in 2015 was typically 4-6 weeks.



## Healthy Home Improvement & Remediation

- Remediation and Improvement Work has been completed for all but 1 properties which exceeded Action Levels and were assessed before 2015
- In 2015, 25 HH properties were determined to need improvement work, and 5 need vegetable garden remediation
  - Improvement work for 11 of these has already been completed
  - Remaining work is pending for 2016



## Healthy Home Improvement & Remediation

### Prioritization of Properties

Type of Work	Completed 2015:	From Assessment Year:				
		2015	2014	2013	2012	2011 or earlier
Yard Improvement <sup>+</sup>	45	11	15	4	5	10
Garden Remediation	6 <sup>^</sup>	0 <sup>*</sup>	4	1	-	1
Yard Remediation	3	-	3	-	-	-

<sup>\*</sup>5 HH gardens are pending remediation in spring 2016

<sup>+</sup>Includes yard conditioning

<sup>^</sup>Includes 2 gardens that were completed with yard improvement work





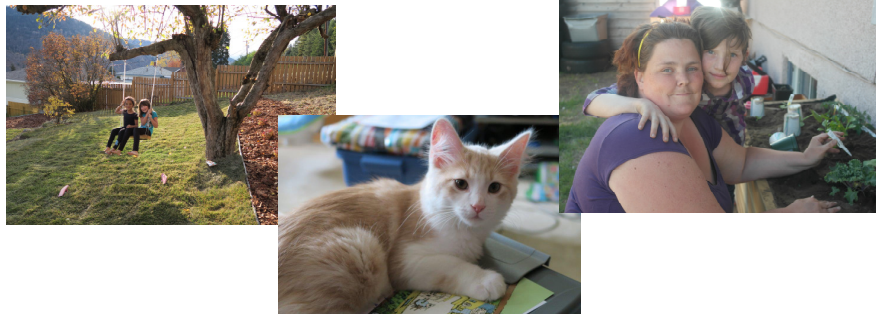
## Healthy Home Improvement & Remediation

- 39 properties currently on the list for 2016 work
- 5 have initial plans and cost estimates prepared
- 34 in preliminary stages
- This is prior to including any work that may result from soil assessments done in 2016
- Families with young children have high priority



## Upcoming in 2016

- Lead Safe Renovation Video Series
- Easy Peezy Washroom
- THEP 2016 Public Consultation
- Dust Study (to be determined)





February 2, 2016

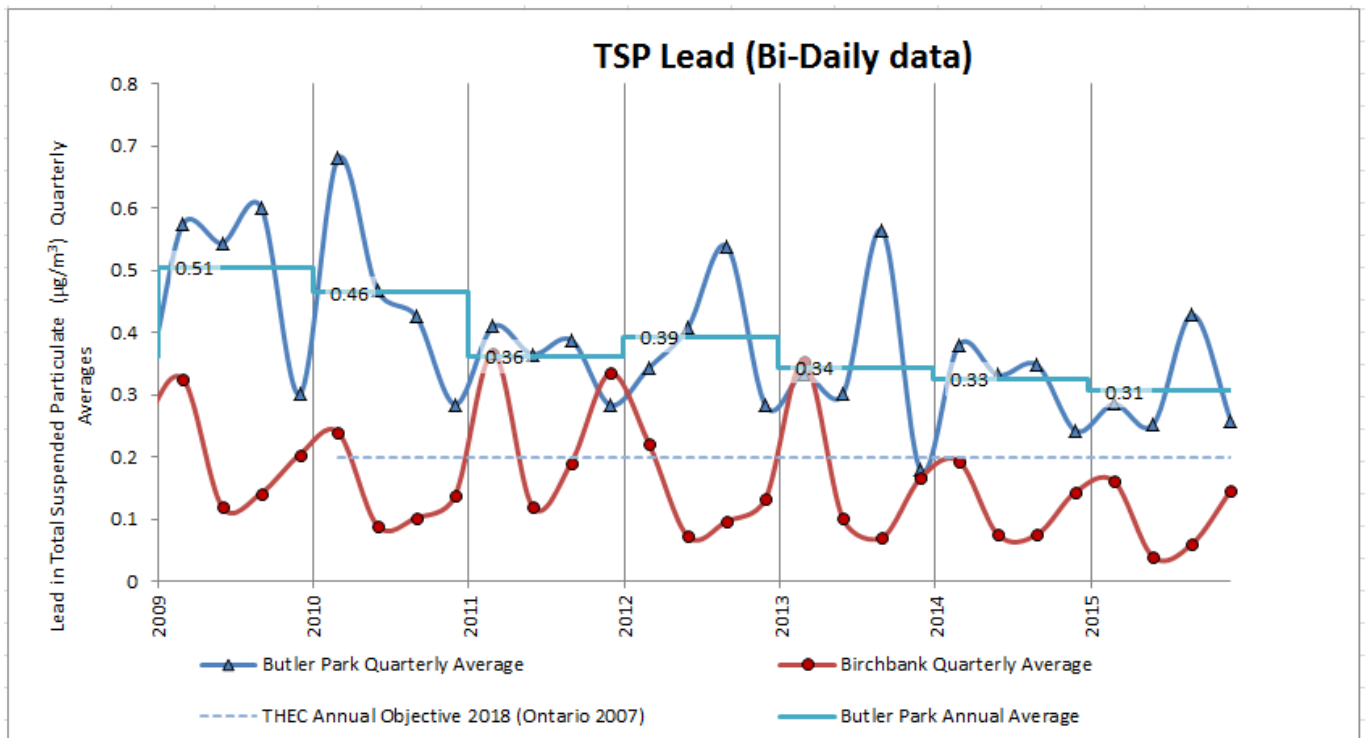
## RECENT HIGHLIGHTS

### 1. Lead in Air:

- The overall average for lead in air for 2015 was the lowest since the 2005 shutdown year.
- This was despite the fact that the average for July, August, September was higher than some years. This was associated with the record hot dry weather.

#### Details:

The chart shows quarterly averages for Lead in air (measured in Total Suspended Particulate) for Butler Park (dark blue), Birchbank (red), as well as the annual average for Butler Park (light blue), in comparison to the 2018 THEC Air Quality Objective (dashed line). Quarterly averages for Lead in ambient air are expected to have some variability due to season, weather, predominant wind direction and operational variance. For Butler Park, despite the average for Q3 2015 being  $0.42 \mu\text{g}/\text{m}^3$  (which reflects the record hot dry weather in July and August), the overall annual average for 2015 ( $0.31 \mu\text{g}/\text{m}^3$ ) was the lowest since the 2005 shutdown year.

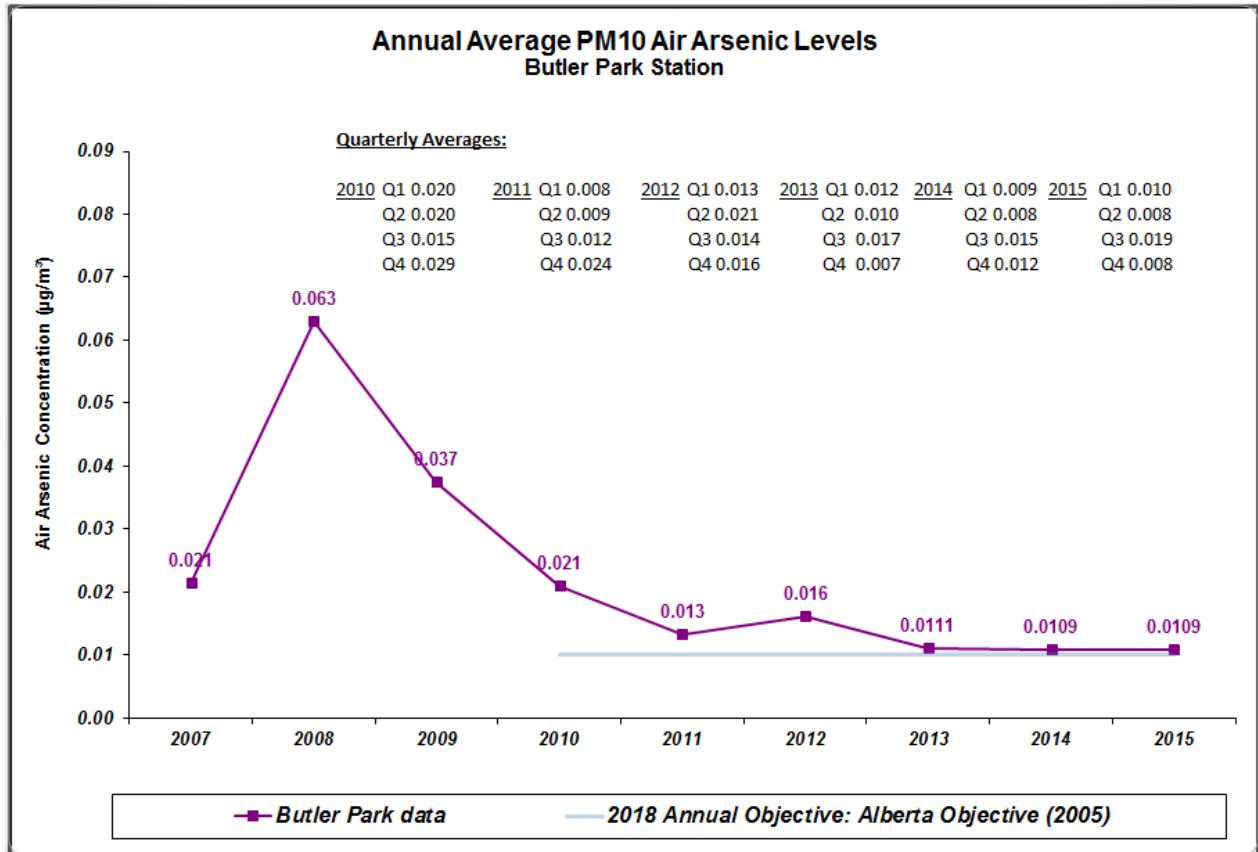


2. Arsenic in Air:

- The annual average for arsenic in air continues to be almost equal to the 2018 goal.

Details:

The chart shows the annual average for Arsenic in air (measured as inhalable PM<sub>10</sub> fraction ) for Butler Park (purple) in comparison to the 2018 THEC Air Quality Objective (blue line). Improvements between 2008 and 2011 appear to be the result of maintenance of the Continuous Drossing Furnace and Refinery Scrubber Stack. The 2015 annual average was 0.0109 µg/m<sup>3</sup> despite the hot dry weather in July and August 2015.



3. The Air Quality Technical Working Group has not met since the last meeting due to seasonal holidays etc.

ISSUES FOR DISCUSSION

None brought forward.

# 'False positives' cloud blood lead level results

By LORRAINE MARIE  
Special to the S-E

**NORTHPORT** - The status of blood lead levels in the Northport area still remains a mystery, even after a free screening in the community in last fall.

The Northeast Tri-County Health District (NETCHD), with the loan of state Department of Health equipment, conducted the pinprick testing.

Turnout for the event exceeded expectations. The population in the area lives just south of one of the world's largest lead smelters, which was established in 1896. The town also had its own smelter until 1922.

Results of the testing procedure, which were regarded as "preliminary," showed a "higher than expected" number of people with elevated levels of lead in the blood.

## 'Most accurate'

For those with higher readings -- 5 mcg/dl or above for children and 10 mcg/dl for adults--the local health district emphasized that confirmatory testing using the venous blood examination process should be pursued.

The venous method is "the most accurate," according to both the NETCHD and the Centers for Disease Control (CDC).

"To date, approximately one-third of those individuals have completed the confirmation testing," the health district said in a news release. And of those tested with the venous method, the health district has received no notifications stating that any of the confirmed results were above the 5 mcg/dl or 10 mcg/dl marks.

The Center for Disease Control claims there is no safe blood lead level. For children in particular, lead is a neurotoxin that can impact developing brains.

Agency opinions about what levels of lead pose a threat vary. Oregon's public health website says "blood lead levels as low as 2 mcg/dl may not cause

distinctive symptoms, but are associated with decreased intelligence and slower neurobehavioral development in the form of cognitive and language deficits. Many other effects can begin to accumulate at these low blood levels. Recent studies suggest that lead absorption is harmful at any concentration and that no safe level of lead exposure exists."

How has lack of confirmatory testing created doubts about what might be influencing health in the Northport area? The health district says it is not uncommon for environmental contamination, especially in areas where lead may be endemic in the environment, to yield

false positives.

The CDC provides clarity about false positives: one can have a pinprick blood level test and a venous test simultaneously, and a variation will occur in the results of both tests. They further explain that a number of studies have shown uncertain results from the pinprick blood lead level (BLL) collection process, as opposed the venous method.

## For decades

The process is further confounded by the fact that BLL can increase quickly after a lead exposure, but then equilibrium is reached when the body

stores the lead in "bone compartments." The lead can remain in bone for decades. According to the Oregon public health website, once in the bones, under certain circumstances the lead can leave and re-enter the blood supply and organs. That can occur when bones are broken, during pregnancy, when breastfeeding and "during advancing age."

If there is a long-term lead exposure, the CDC says the BLL takes longer to show a decline.

While it may be tempting for agencies to declare lead exposure a non-issue, based on BLL testing so far, that could be a mistake, according to Hilary Ohm,

continued on page 2

## 'False positives'

continued from page 1

Treasurer and decades-long member of Citizens for a Clean Columbia.

CCC has pushed for reductions in contaminants from the smelter.

"We sure don't want to find ourselves inadvertently overlooking lead problems and finding ourselves in a situation similar to what's been happening in Flint, Michigan," Ohm commented.

Lead contamination in Flint was suspected when the city switched water suppliers two years ago. Citizens adamantly claimed the new water was inferior, but government officials dismissed concerns. A pediatrician accessed BLL reports on children and demonstrated an unmistakable hike after the new water was utilized. A number of state Dept. of Environmental Quality officials resigned, as did the city's Public Works director. (Given the extent of willful disregard for people's health, along with a multi-level cover-up, there is even a call to arrest the governor for his role in events.)

Flint's new water source was found to be highly corrosive to the city's lead pipes, and will cost \$1.5 billion for repairs. Even General Motors had quit using the water since it rusted machinery. When the water was finally tested independently, it showed lead levels 900 times the EPA limit.

Ironically, the water switch was intended to save the city \$5 million. When Virginia Tech investigated, they said the situation could have been remedied for as little as \$100 a day.

And now costs could mount: a class action law-

suit has been filed regarding health damages from lead poisoning, autoimmune disorders, skin lesions, and brain fog. Other expenses include special education, mental health, juvenile justice and social services all linked to the lead exposure, all linked to "deliberate indifference to constitutional rights." Since manifestations of health problems due to lead exposure can be slow to appear, tallying health costs is an uncertain process.

The events in Flint, Ohm points out, indicate that "addressing contamination issues sooner than later is cost-effective, and the right thing to do, where health is concerned."

## Remediation

What would CCC like to see for the well-being of Northport area residents?

The organization is pleased with soil remediation efforts (7720 T. of contaminated soils have been removed and replaced with high-grade non-contaminated soil, with the smelter footing the \$5 million bill). That project was the result of soil sampling that found elevated levels of lead and arsenic between the Canadian border and Northport. Contamination was almost triple that of the state standard of 250 ppm for lead, averaging 700 ppm, with one site showing 1936 ppm.

Since false positives might also indicate false negatives for BLLs, Ohm said CCC would like to see BLL testing on a regular basis, preferably the venous test, and performed away from the area to avoid questions about

local environmental contamination altering test results.

The CDC recommends BLL tests be performed on all children ages one and two, and on those ages 3 to 6 who have not previously been screened. Some health districts encourage BLL tests start at 6 to 9 months in high-risk areas, and then occur every six months under age two.

Another item on CCC's wish list is air monitoring for the area, to determine if there could be air-borne exposures from lead and other smelter toxins.

While some government websites claim nothing can be done once lead is in the body, not all agree.

The FDA has approved of chelation therapy using EDTA and DMSA, which is used to address toxicity from lead, mercury, arsenic, uranium, plutonium and other toxins. Experienced professional care is advised due to chelation hazards that can include dehydration, low blood calcium, kidney harm, and allergic reactions. Faulty administration of chelation therapy is linked to cancer risks, neurodevelopmental disorders and death.

Tips on diet for influencing health where there is lead exposure come from the Minnesota Dept. of Health: avoid meals high in fats and oils since they help the body absorb lead; eat calcium-rich foods to aid in absorbing less lead; eat foods with Vitamin C; be aware of possible lead exposure hunters may encounter in wild game.

The best-known strategies for reducing blood lead via consumption: wash hands frequently; wash produce; avoid folk remedies (some of which have high lead levels); avoid Chinese candies

that can have lead; avoid lead plumbing; assess exposures to lead-based paints (pre-1978, which can be consumed); and practice housekeeping that reduces dust levels, which can include lead particles.

The NETCHD emphasized that exposure prevention and early identification of lead sources is the best approach for avoiding harm from lead. They encourage those who have had the preliminary BLL testing that indicated concerns to pursue venous testing.

## Soil testing

The health district stands ready to help identify how lead exposures can be minimized.

The EPA is continuing efforts to identify and remediate contamination in the Northport area. While 14 properties received remediation in the Residential Soil Sampling Area in 2015, more were eligible, but property owners did not pursue the opportunity. They can still ask for soil testing by contacting EPA Project Manager Laura Buelow at 800-424-4372.

As well, 2016 plans include soil sampling in the area south of Northport on down to China Bend.

Hazards of lead exposure include: damage to developing brains, miscarriage, loss of appetite, loss of recently acquired skills, drowsiness, irritability, headache, lack of energy, constipation, stomach cramps, abdominal pain, vomiting, high blood pressure, joint and muscle pain, reproductive issues, decline in mental function and sleep problems.

## FAMILY HEALTH REPORT

---



February 2, 2016

### RECENT HIGHLIGHTS

1. February 15<sup>th</sup> and 16<sup>th</sup>, 2016 blood lead clinics
  2. Healthy Family Visits
  3. Community Outreach
- 

### ADDITIONAL DETAILS

1. February 15<sup>th</sup> and 16<sup>th</sup>, 2016 blood lead clinics
  - 54 children invited
  - 32 children that have turned 6 months old since the Fall clinic
  - 22 children that were case management from the Fall clinic
2. Healthy Family Visits
  - 76 done 2015
  - 18 since last THEC meeting November 24/2015
  - 5 more visits scheduled
3. Community Outreach
  - Attended local pregnancy outreach program on December 8<sup>th</sup>, January 12<sup>th</sup> and continue about once a month.
  - Presented with Cindy at the Lower Columbia Perinatal Committee on December 9<sup>th</sup>.
  - Presented with Cindy at Prenatal Classes on December 10<sup>th</sup>. Future Prenatal classes to attend are February 18<sup>th</sup>, April 11<sup>th</sup> and June 9<sup>th</sup>.