

**P.O. Box 593
Butte, MT 59703
(406) 723-6247
Buttectec@hotmail.com**



www.buttectec.org

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Nikia Greene
Remedial Project Manager
Environmental Protection Agency, Region 8
10 West 15th Street, Suite 3200
Helena, MT 59626

Dan Powers
Interim Health Director
Butte-Silver Bow Health Department
25 West Front Street
Butte, MT 59701

Supplemental Comments on the Draft Public Health Study Remedial Design Work Plan for the Butte Priority Soils Operable Unit

Dear Mr. Greene and Mr. Powers,

CTEC is compelled to provide comments that extend upon, but do not replace those submitted to you by CTEC on November 30, 2012. In part, we wish to recognize and support the comments that have been submitted to you by John Ray, as a general citizen (emails dated January 18 and 25, February 3 and 4, 2013), and comments from Holly Peterson to Dan Powers and Fritz Daily (email dated January 24, 2013). Also, we wish at this time to begin a thoughtful reconsideration of more a constructive path forward.

At the outset, we want to re-emphasize our overall support for the health study concept. CTEC believes such a study, if implemented correctly, holds great promise for ensuring that the Superfund program achieves results that are widely recognized as successful; that is, a community that is no longer stigmatized by the health implications relating to its mining legacy. We recognize that the commitment of completing a health study, both the short-term blood-lead study and longer-term ambitions not yet articulated, goes beyond the minimum of typical Superfund procedure. We also recognize that EPA has conducted public outreach regarding the short-term blood-lead study in ways that extend beyond the minimum of hearings and written comment response required. In particular, CTEC is thrilled at the prospects of finally having a representative on the Health Studies Citizens' Advisory Committee. We believe this is a strong first step in repositioning this study to better meet the great promise that this study holds for Superfund in Butte.

Unfortunately, as things currently stand, the approach to designing the health study falls well short of CTECs expectations. These concerns have been expressed in the prior referenced comments. We summarize them here, not to be redundant, but to provide clarity and context supporting constructive recommendations for moving forward.

- Environmental Justice (EJ): The Butte community has clear EJ concerns given its elevated poverty rate in areas most impacted. Specific concerns adequately expressed in prior comments are:
 - How the housing stock (quality, design, size, etc.) might influence exposure in ways that differ from common risk assessment assumptions?
 - How potentially lower health status among low income people increases susceptibility?
 - Potential synergistic effects of exposure to multiple contaminants.
 - How this and future health studies will avoid inadvertent discrimination against low-income residents?
 - In what ways are those most affected, i.e. low income people, directly involved in the health studies?
- Openness, Objectivity and Validity: Drawing in part from potential inadvertent biases related to EJ, we have expressed a number of concerns pertaining to scientific objectivity and validity. These concerns draw from an overall lack of open inclusion in the study design that is needed to ensure that multiple perspectives on the problem are addressed. Prior comments along these lines include:
 - Clarifying commitments on study scope beyond the current blood lead study.
 - Improved contextualization and expression of the study question(s) for the current proposed blood-lead study.
 - Clarifying the difference between the blood lead exposure study and broader health study objectives that are expected to be more epidemiological in nature.
 - The ability for Atlantic Richfield and their consultant, Environ, to conduct a study with unbiased use of prior collected data, and to draw conclusions that might be critical of their work to date. Without trust, or processes that stakeholders agree can operate independent of trust, the chances of achieving objective and widely recognized conclusions are greatly diminished.
- Methodology: Many concerns have been expressed about the methodology for the current blood lead study and future studies:
 - Clarifying the limitations associated with current blood lead data, including elevated detection limit concerns, other data quality limitations, representation (particularly for low income neighborhoods), and statistical power to evaluate significant differences on a neighborhood and/or community wide basis.
 - Addressing risk from exposure to chemicals other than lead, and considering possible affects of combined exposure.
 - Release and use of existing urinary arsenic data.
 - Methods for addressing disease incidence and mortality in ways that are more constructive than has been achieved through the kind of “dueling expert” approach that has been thus far fostered though the health study process.

While a written response to all prior comments submitted is expected, CTEC does not believe that this kind of back-and-forth will be adequate to resolve all our concerns. Moving forward, CTECs direct involvement with the Citizens’ Advisory Committee provides the possibility of achieving a huge step forward in addressing our concerns. However, as achieving more common understanding will take time, we request the following short-term changes to planned work:

- Re-assess the schedule and process for conducting the blood lead study. There are too many concerns about the objectives, validity and methodology for the current blood lead study to

expect quick and easy resolution. Any attempt at a response to comments with a final study plan, followed within a few short months by a draft study is likely to lead to an ongoing “dueling experts” approach and lack of agreement on study conclusions. This will not achieve the objective of enabling Butte citizens to achieve understanding of any remaining community health needs, as it applies to lead exposure in this case. CTEC recommends that we move to a phased approach that begins by framing up the broader objectives of the health study (over the long term) versus short-term objectives (of the blood lead study), clarifying relevant EJ questions and response methods, and then proceed in step-wise fashion to evaluate the blood lead data. For example, we might first address data quality and representation concerns before addressing other study questions. While perhaps slower, we believe this approach will result in less written comment and response, less redoing of work, and more community involvement leading to improved common understanding. So while slower, it need not be any more costly than the current approach and stands a much better chance of achieving overall goals.

- Apply state-of-the-art process expertise for conducting the remainder of the health study. This health study involves technical complexity, disparate stakeholder interests, and social controversy that is at least partially rooted in risk perception influences. EPA has established programs that provide state-of-the-art expertise and procedures to meet exactly these kinds of challenges. EPA’s Alternative Dispute Resolution program (http://www.epa.gov/adr/cprc_adratepa.html) is a prime example. We recommend that the study team give full consideration to the use of these resources to meet the longer-term aspirations of the health study.

Respectfully,



John Ray
President
CTEC Board of Directors

Cc: *Sara Sparks, EPA*
Julie DalSoglio, EPA
Joe Vranka, EPA
John Ray, CTEC

Prepared by Steve Ackerlund with review and input from CTEC.