

US EPA ARCHIVE DOCUMENT

# STAKEHOLDERS MEETING

June 27, 2000  
7:00 to 9:00  
1250 Fairwood Avenue

Attendees: *Marcel J. Casavant, MD, Phil Hyde, Diana Brady, Barb Nixon, Lynn Kelly, Miguel Deltoral, Rob Elias, Kim Mortensen, Carolyn O'Neal, Kirk Leifheit, Deborah Gray, Sean Hubert, Ken Button, Melissa Tilton, Patricia Marida, Art Strauss Dan Chatfield*

Meeting Convened: Facilitator, Dr. Kim Mortensen, convened the meeting at 7:12.

The first order of business was to establish and agree on ground rules for the meeting, agreeing that the purpose of the project was the safety and health of children. The rules established were as follows: 1) Preserve dignity and respect of all; 2) Everyone has a voice; 3) Courteous to speakers; 4) Can disagree, but do not get personal. There was a consensus and the meeting began.

Outline:

- 1) Introduction to the City of Columbus Community XL Project by Lynn Kelly, P.E., Deputy Administrator/Supply, Columbus Division of Water; & Gary Garver, M.P.A., Director, Columbus Childhood Lead Poisoning Prevention Program.
- 2) Robert Elias, Ph.D., National Center for Environmental Assessment, U.S. EPA, explanation of the Comparative Benefit Analysis of the Columbus XL Proposal.
- 3) Introduction to draft of a Final Project Agreement for the Columbus XL Project, Miguel Deltoral, Safe Drinking Water Branch Regulations Manager, U.S. EPA Region 5.

Each presentation was made and after the question was posed as to where we go from here, the meeting was open for a questions and answers session.

Question: (Art Strauss)

Regarding the federal blood lead level of 10 ug/dL vs 15ug/dL - what is the difference or acceptable level?

Answer: (Garver)

10ug/dL is CDC recommended level of concern. At 15ug/dL you can see a significant impact on child development. There are studies which indicate an impact at 5 ug/dL. 25ug/dL used to be a target level. The program does attempt to reach those children at the 10 to 14ug/dL level through educational materials sent to the parents.

Question: (Pat Marida)

Felt that five years instead of fifteen years should be the deadline for implementation to reduce lead. City should make this issue more of a priority. Speaker then compared the new Arena and the money overrides, money spent.

Answer: (Gary Garver)

Proposal is meant to be an on-going project. We will begin implementation immediately upon agreement. Program has access to HUD dollars, but they come with strings, in other words they are not easily spent. Sometimes HUD dollars cannot be used. XL allows us to do more over a longer time. The three hundred thousand dollars per year provided by the agreement would allow a more flexible preventive approach to be taken.

(Lynn Kelly)

Under the Lead and Copper Rule (LCR), a system would need to test and possibly replace 7% of the total number of lead service lines in the City per year for as long as the City exceeds the action level.

At that rate, it would take the city 14 years to replace the lead service lines.

(Garver)

A child would need to drink a very significant amount of water to equal the effects of lead based paint. Furthermore, it would have to be from water that sat in pipes overnight to get any significant amount of lead.

Question: (Strauss)

What is the safe lead level?

Answer:

(Dr. Casavant)

Dr. Casavant responded by stating that there is no safe level of lead. Five ug/dL is probably significant to a child. Resources to get to 0 (the preferred amount), are too costly. It is hard to get excited about the current water lead levels. (The vast majority of results from the City's current lead in water sampling are below 1 ug/L.)

(Garver)

If we raise public awareness, it will help reduce lead levels.

(Ken Button)

A lead public education brochure is sent in water bills every year.

(Garver)

Pam and Diana are going into communities and building trust. A reduction in blood leads is seen every year. New resources will help reach the needy kids.

Question: (Marida)

What about medicaid screening?

Answer: (Garver)

In the first one or two years of life, 30% of medicaid children are screened in the State. This is above the national average. Medicaid physicians should be screening kids. We will be investigating to see why physicians are not screening.

Garver then mentioned groups his office is currently working with. These include the State of Ohio, public service announcements, remodelers, do-it-yourselfers, etc. Kim Mortensen suggested that others could become involved. It was also suggested that the city web site has data available with types of elements, tracking and reporting.

Marcel mentioned that the Poison Center has a huge deficit, and wondered if this money would make the program bigger and stronger. Garver mentioned that he is down two staff members, and the XL money is essential to the future of the lead program.

(Lynn Kelly)

Under the XL agreement, the City of Columbus will do everything up to replacing the lead lines. There are two monitoring checks and they actually do lead service line sampling. In a sampling of 2042 homes sampled only six samples exceeded the 15 ppb action level. Three of the six sites that exceeded 15 ppb were resampled and all three retested sites were below the method detection limit (i.e. 1 ppb). At \$3,000 a pop, lines must still be done within three years even with XL.

(Ken Button)

In a home testing, 72.9% of homes tested less than 1 ppb water lead, only 19 homes had lead

service lines from the street into the house.

(Dr. Cassavant)

Lead service lines are more prevalent in older homes in the central parts of Columbus. This data needs to be factored in. Parental education will reduce blood lead by 50%. There was some feeling that public education was not helpful. However, others felt that parental education would reduce childhood lead by 50%. Others felt that total community awareness through schools, neighborhoods, etc. would be almost 100% effective. Parents could be educated to understand that by flushing the first gallon from the lines each morning, the lead accumulation from lying in pipes overnight would be eliminated. (Example when a child is taught to wash his hands at two - he will still wash at 35-a learned process which becomes automatic.)

(Marida)

Felt that parental education intervention was not effective. Some cannot afford soap. Most at risk children live in older homes at poverty level. More needs to be done for shabby homes or they need to be torn down.

(Garver)

Under HUD - Section 8. Requirements are a verified lead safe environment - this is a very successful program. However, property maintenance is the biggest issue.

(Brady)

Stated that her program provides a bar of soap to every kid whose lead they have drawn. They have had great success with education. Volunteers little by little are getting into neighborhoods. Education is the best thing we currently have. If XL does not come to our program - there will be no lead program.

(Strauss)

Asked Diana if they need more nurses - her reply was "of course."

(Marida)

Chemistry of water - what disinfectant used? Did Columbus add something to the water that actually raised the lead levels. - What about using carbon filters.

(Ken Button)

Chlorine

(Deltoral and Kelly)

Carbon filters are too expensive and nothing has been added to water that would raise the lead levels.

(Marida)

What does US EPA think? Is there a model plan?

(Deltoral)

Use the best available technology. US EPA has an oversight role, the Ohio EPA administers the plan.

(Mortensen)

Options are considered along with political feasibility -tradeoffs must be made. Some treatments (carbon filters) could drive the price of water up to \$1,000 per year per household for drinking water.

Garver then stated that everyone had the opportunity to review the draft proposal and to speak. A core group could be formed to work together and come out with a product or a conference call

could be set up. Strauss assured the committee that he could get a group of participants to take part in a conference call. Garver felt he and Deltoral could review the comments and come up with a decision.

#### FORUM TIME/COMMUNITY VOICE

If the public has no comments - the committee will develop their own.

Strauss felt their numbers were small and more time was needed. The project is hard to convey to others. Garver then mentioned that 70 people had been contacted from across the board areas, and he does not know how to involve others. Garver would be willing to do a mailing.

Mortensen favored a conference call. Deltoral requested a contact list to mail a fact sheet.

Strauss felt people are interested, but meeting is not at a time they can attend. Deltoral then suggested offering the document on a web site for a 30 day review. A draft of the agreement could also be sent for review. Deltoral mentioned that it was listed as a Federal Register Publication and published nationally for everyone who expressed an interest to review. Garver stated that he would be willing to discuss the project with anyone, but the project was moving forward.

National Conference Line. EPA could get whatever is needed in conference lines. Participants could be notified to call in on a certain date. This would probably happen after the revised date of release on July 21<sup>st</sup>. Public comment period would end on August 21, so something needs to be scheduled before then. Garver requested that Marida and Strauss poll their folks and let him know a time when a number of folks could participate in a conference call. Marida felt this would be more convenient for their folks. Garver gave them 10 days to come up with a list of folks wanting to participate. Deltoral would like their e-mail addresses to send draft information.

The meeting was adjourned by Kim Mortensen at 9:05.