US ERA ARCHIVE DOCUMENT





2010-12 CUE-JTH: medical monitoring

1940s-60s: Uranium Mining 1942



1950s-1990s: **Miners & Millers Studies**

Contaminated Structures

1980s-present: **UMTRA/AML**

Community health?





Other diseases? Biological reasons? Critical exposure ages?

Other contamination?

Research on

Navajo

Uranium



Legacy

Navajo Church Rock Spill land use & health?

> 1980s: Birth **Defects Study**

Uranium mining, or other exposures?



Tailings

covers

families

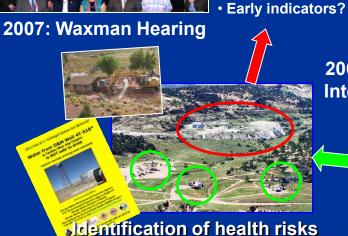




2003-2007: **CRUMP**

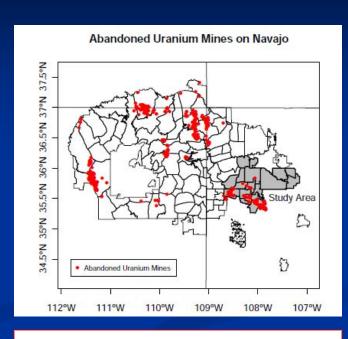
1990s-2000s: Community Actions for Environmental Health





DINEH Project Partners

- Researchers: UNM Community Environmental Health Program and Southwest Research & Information Center
- Chapters: Baca-Prewitt, Becenti, Casamero Lake, Church Rock, Coyote Canyon, Crownpoint, Iyanbito, Lake Valley, Littlewater, Mariano Lake, Nahodishgish, Ojo Encino, Pinedale, Pueblo Pintado, Smith Lake, Standing Rock, Thoreau, Torreon, White Rock, Whitehorse Lake
- Community Advisory Board: Thomas Manning, Herbert Enrico, Lynnea Smith, Ed Carlisle, Jay DeGroat
- Additional Support: NNEPA; NNDOH; USEPA Region 9; USACE; University of TX, Houston (Dr. Don Molony); many individuals and agencies



For more information:

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DINEH Project reviewed and approved by:





- Navajo Nation Human Research Review Board
- UNM Human Research Review Committee
- Peer-Reviewed by National Institute of Environmental Health Sciences of NIH
- Data presented reflect participation and support from 20 chapters of the Eastern Agency of the Navajo Nation



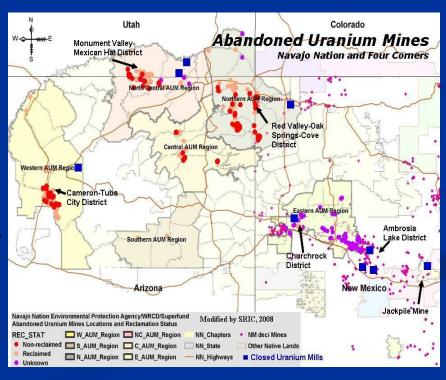
DiNEH Project History and Purpose (2000-present)

- Original Goal:
 - ENHB's Concern in 1990s: Does drinking uranium in unregulated water increase risk of kidney disease?
 - Evolved to broadly examine environmental uranium exposures and health
- Community-based participatory research
 - Build Navajo community research capacity
 - Respect culture and language
- Commitment to inform policy and improve clinical care
 - Participation in Waxman Hearing (2007), EPA Five-Year Plan
 - Collaboration with Navajo Area IHS medical monitoring program: Community Uranium Exposure-Journey To Healing

How do we estimate environmental exposures to uranium wastes?

- Lifespan exposures
- Exposure surveys:
 - 1,304 participants
 - Water use, environmental and occupational histories, health
 - Administered by Navajo field staff
- Cross-validation thru medical record reviews
- Locations of participants' homes, abandoned mines, waste piles
- Iterative analyses
- Existing environmental data, water, soils tests
- Blood and urine samples
 - 267 participants

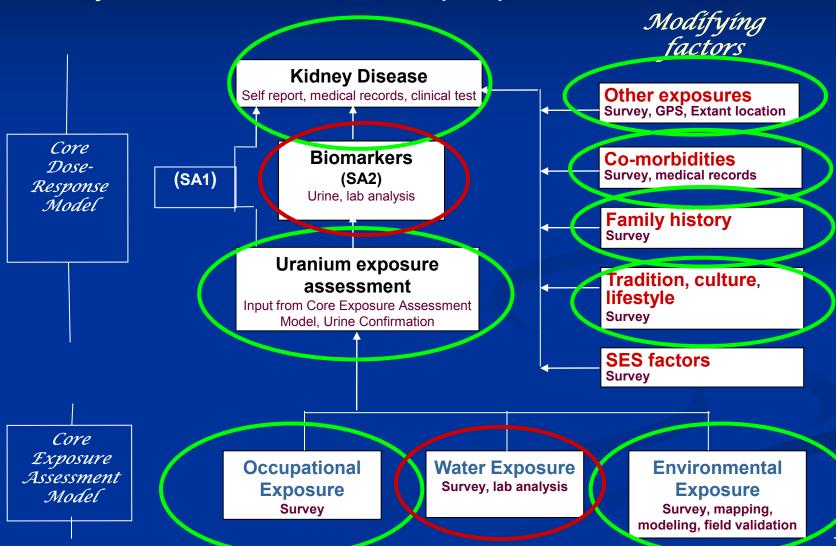




DINEH Risk Model

Sources of inputs to estimate participants' total exposure

Kidney Risk Model—Structure and Multiple Inputs



Data inputs to Glenn Stark's Bayesian statistical analysis

Self-reported exposure data:

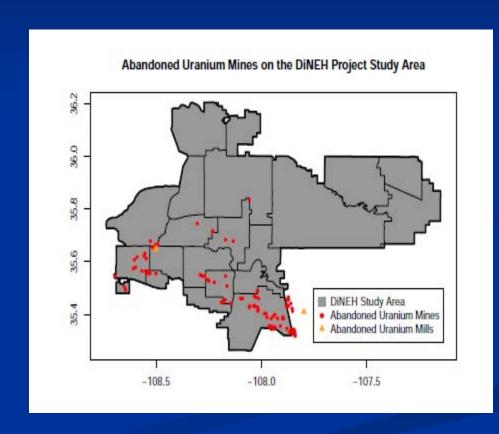
- Occupational histories
- Environmental exposures
- Health problems

Geospatial data:

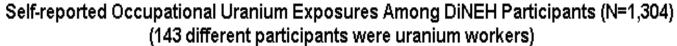
- Locations of participants' homes
- Locations of abandoned mines, mine "features"

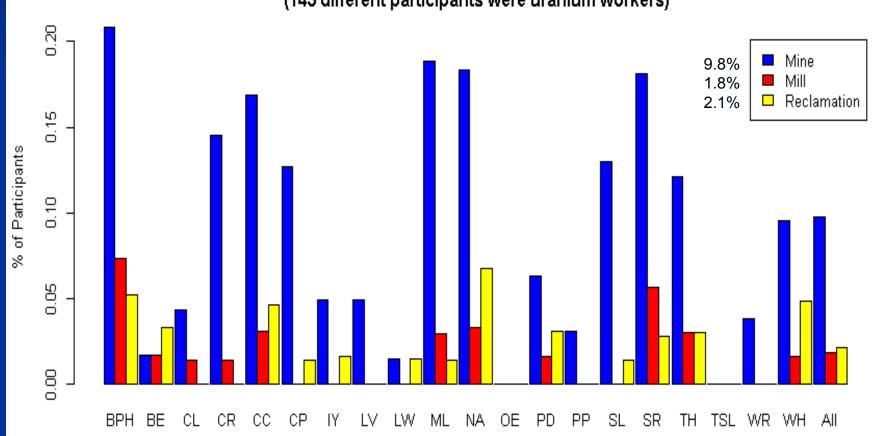
<u>Used:</u>

- Bayesian model averaging
- Conditionally specified logistic regression
- Multivariate logistic regression

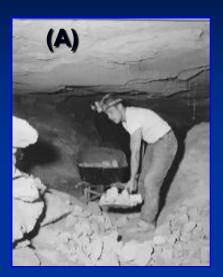


DINEH Survey Results for all Chapters: Self-reported Occupational Exposures



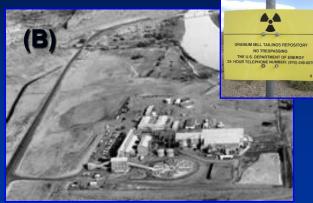


Active-mining Era Exposures Predict Increased Risk of <u>Kidney Disease</u>*

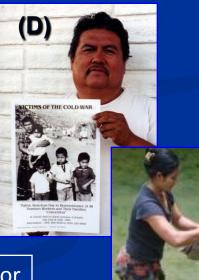


- (A) Worked in uranium mines
- (B) Worked in uranium mills
- (C) Worked in uranium waste reclamation
- (D) Lived in mining camps
- (E) Washed clothing of uranium workers







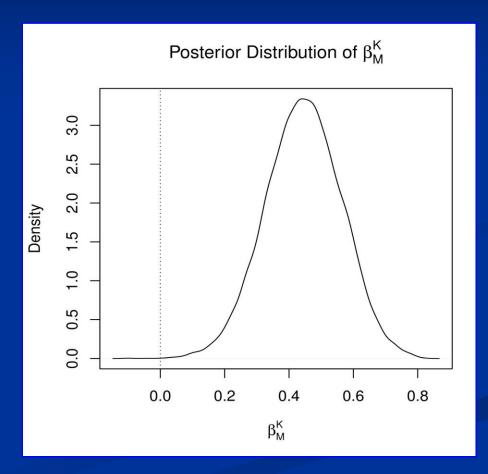


*Does not matter where you live or how far from mines you live.

(E)

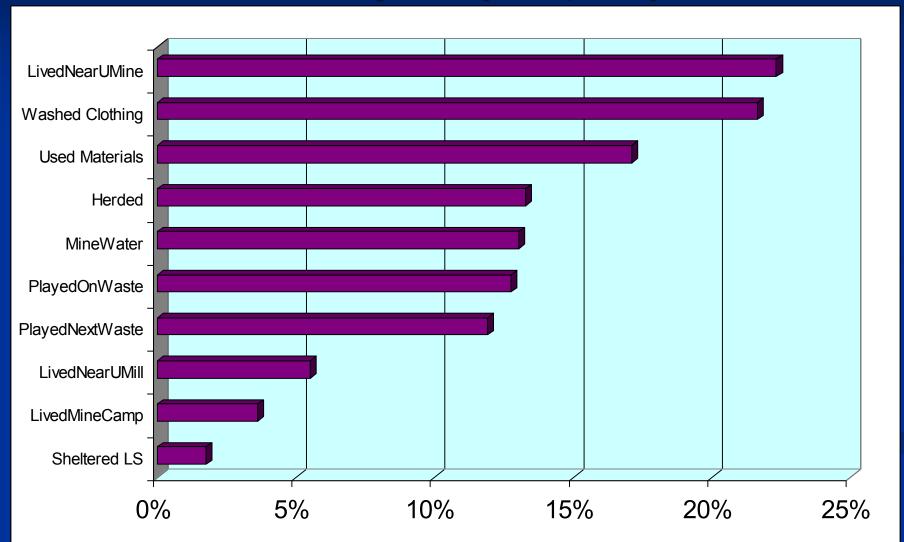
Active-mining Exposure Surrogate Associated with Kidney Disease

- Significant predictors of kidney disease include (in top 5 models):
 - Hypertension
 - Diabetes
 - Family history of kidney disease
 - Active-mining related exposure surrogate



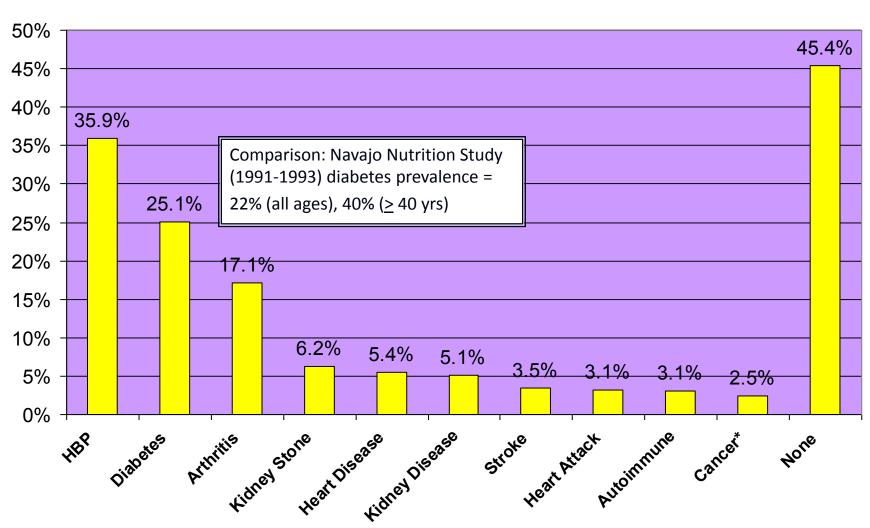
Bayesian distribution graphics and risk maps by Glenn Stark.

Self-reported Exposures to Uranium Wastes, All Chapters (N=1,304)



Prevalence of Self-Reported Health Conditions Among 1,304 DiNEH Survey Participants

(*Cancer prevalence based on 1,011 participants surveyed)



Is living near uranium wastes related to self-reported health problems?

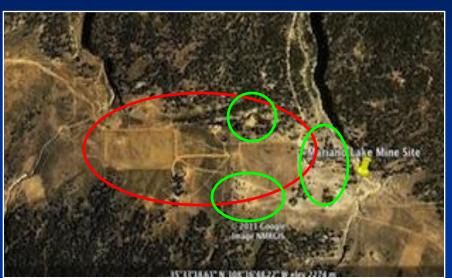
- 29% (374) participants live within 2 miles of AUM, but only 56% (210)
 were aware they lived that close
- <u>Proximity</u> inverse of the sum of distances from each participant's home to 100 uranium mine and mill features in Study Area
- Proximity by itself consistently predicts increased risk of disease





Left: Homes next to abandoned mine in Church Rock area. Above: mine waste dumps not recognizable: overgrown, unmarked

Environmental Legacy Exposures* Predict Increased Risk of High Blood Pressure and Autoimmune Disease





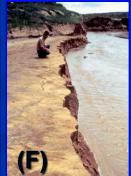
(A) Lived near abandoned mines
(B) herded livestock near mines
(C) sheltered livestock in mines
(D) played on or near mines, mills
(E) used mine materials in home
(F) drank or contacted mine water





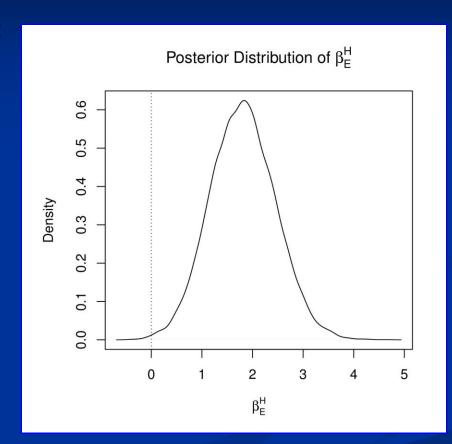




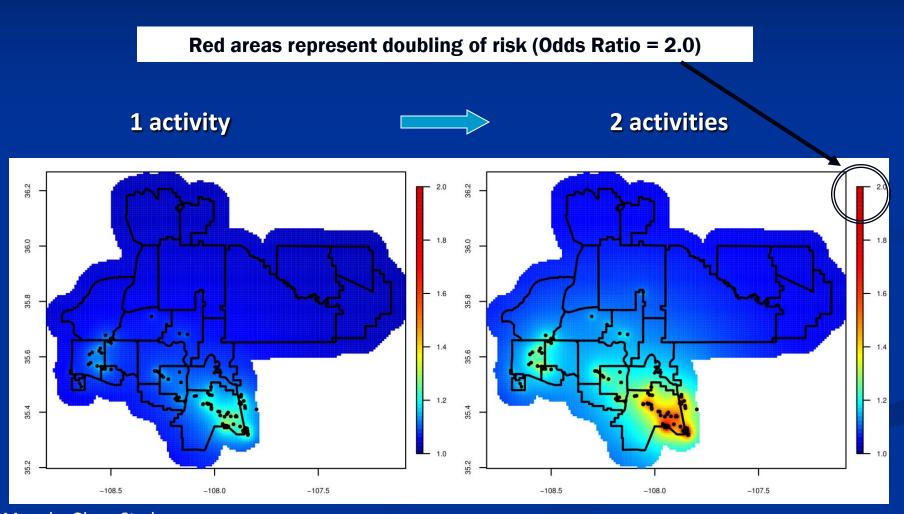


Environmental Legacy Exposure Surrogate Associated with High Blood Pressure

- Environmental Legacy Surrogate:
 - Behaviors and activities
 - Weighted by proximity to abandoned uranium mine and mill waste
- Significant predictors of hypertension include:
 - Diabetes
 - Age
 - Body mass index
 - Family history of hypertension
 - Gender
 - Kidney disease
 - Environmental legacy exposure surrogate

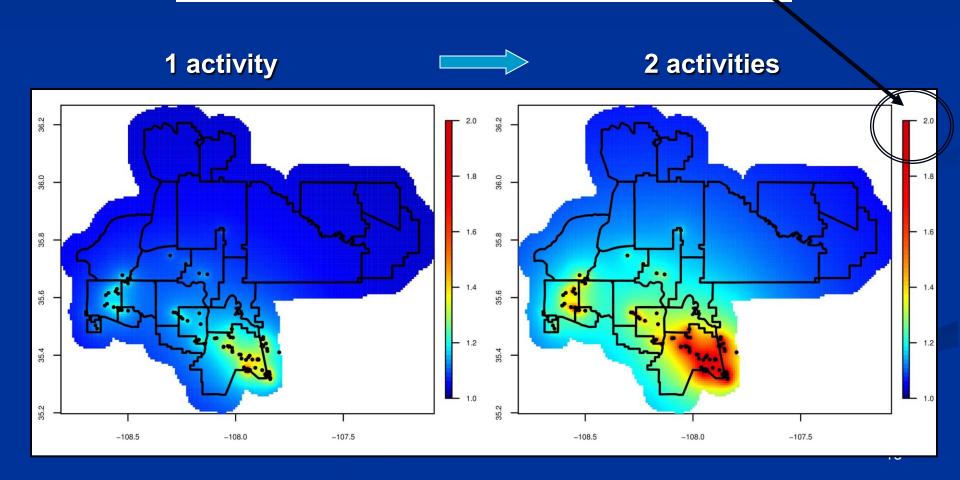


Proximity to AUMs + Environmental Legacy Exposures Increase Risk of High Blood Pressure



Proximity to AUMs + Environmental Legacy Exposures Increase Risk of Autoimmune Disease

Red areas represent doubling of risk (Odds Ratio = 2.0)

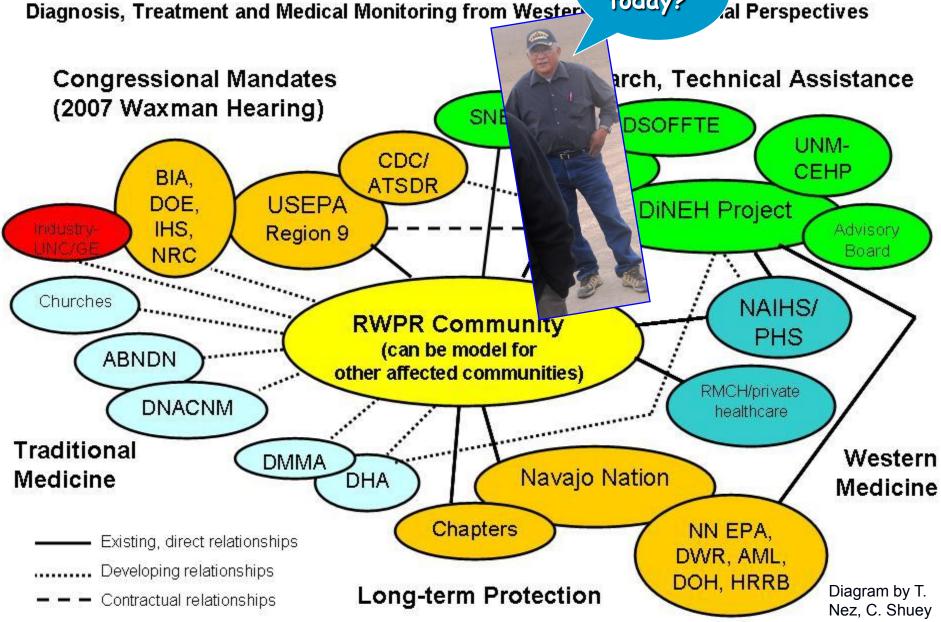


How Our Community Uses Health Study Results



Teddy Nez Red Water Pond Road Community Association

Model of Responses to Community Incerns About Health and Environmental Effe Which hat jum Legacy



Etiology of Uranium Cycle on Navajo

