

Meeting #20
May 21, 2014
MEETING SUMMARY

Meeting Attendees

Community Working Group members present:

George Martin – JF Ranch
Lynn Martin – JF Ranch
Nancy Vogler – LOST Trail
Roy Chavez - Concerned Citizens and Retired Miners
Pam Rabago – Superior Chamber of Commerce
Bill Vogler – Superior Copper Alliance
Steven Byrd – Superior Junior-Senior High School
Dominic Perea – Superior Junior-Senior High School
Evelyn Vargas – Cobre Valley Medical Center
Mark Siegwarth – Boyce Thompson Arboretum
Bruce Wittig – Queen Valley Water Board
Cecil Fendley – Queen Valley Water Board
Fred Gaudet – Arizona Trail Association

Community Working Group members not present:

Martin Navarrette – Superior Little League
Pam Bennett - Queen Valley HOA
Jeff Bunkelmann – Central Arizona College

Resolution Copper Company:

Vicky Peacey
Melissa Rabago
Casey McKeon

Facilitator – Godec, Randall & Associates (GRA)

John Godec
Debra Duerr

Guest Speakers:

Arizona Department of Health Services:
Jennifer Botsford, Program Manager for Environmental Toxicology Program
Don Herrington, Assistant Director for Public Affairs
Amber Asbury, ADHS

Public Guests:

Manuel Ortega
Sherry Figdore, Superior Planning/Zoning Commission
Karen Afdahl, Superior Chamber of Commerce
Gary & Dixie Briegel
Hank & Tina Gutierrez
Doc & Merry Darr, Superior Chamber of Commerce
Fred Miramon
Will Varo
Tiffany Rowell
Michael Hing, Town of Superior
Ana Ramirez Natel

Neil Li
Marilee Lasch
Jayme Valenzuela
John Tameron
Mila Lira
Mike & Debbie McKee
Sonny Samson
others who did not sign in

Housekeeping

John Godec welcomed everyone to the 20th meeting of the Resolution Copper Project Community Working Group. He reminded visitors to please sign in. He pointed out that there is a meeting date worksheet in the member packets to help us find a good regular meeting date for once per month meetings; the facilitators are recommending monthly meetings, rather than every two weeks, at least for the summer. This seemed to be agreeable to the members present.

Godec asked the group members to introduce themselves, since there are quite a few visitors here tonight. For the benefit of the visitors, he noted that the group sets the agendas and topics they wish to discuss. He provided a summary of our recent meeting topics and those we have planned for the next few meetings. He gave an overview of the meeting tonight and introduced the speakers from the Arizona Department of Health Services. Godec reminded visitors that time would be reserved for public comments and questions after the speakers' presentation and group discussion.

It was announced that **CWG meetings will be moved to the Superior Chamber of Commerce offices starting with the next meeting on June 4.** The Chamber is located at 165 Main Street.

Godec reminded the group that members are still being sought to join the CWG. The facilitators are following up on current member suggestions. Members of the public in attendance were reminded that they are always welcome to sit in on CWG meetings. Godec noted that the Chamber had ideas on how to better notify the community, and the facilitators are also considering placing a newspaper ad to recruit members.

Godec asked the group if they would prefer to take the month of July off. A consensus of the members was to continue to meet in July but, starting in July, the group will begin meeting once per month. The facilitators distributed a survey to members to identify the group's preferred date, and results will be verified at the next meeting.

A CWG member noted that Facebook seemed to be a good way to get the word out to the public about meetings; the Chamber put the current meeting on its Facebook page that attracted several new visitors.

Overview of Arizona Department of Health Services

Don Herrington - Assistant Director for Public Affairs, Arizona Department of Health Services

Don Herrington oversees the Agency for Toxic Substances and Disease Registry (ATSDR) program, which is a federal program under the Centers for Disease Control and Prevention that funds 3 people at Arizona Department of Health Services (ADHS). He provided an overview of ADHS functions. The department includes about 800 people working on preparedness and emergency response, preventative health activities, public health programs, and environmental health including toxicology. Addressing the request for a health study by residents of Superior, he noted that ADHS does not have a large staff so often cannot respond to all requests quickly, and some of their projects can last for years or decades.

Superior Health Study Update

Presenter: Jennifer Botsford, Program Manager for Environmental Toxicology Program

Jennifer Botsford's program is under the Office of Environmental Health. She explained the roles of some of the agencies involved in environmental health, including the federal Environmental Protection Agency (EPA), the Arizona Department of Environmental Quality (ADEQ), and ADHS. She noted that the EPA and ADEQ focus on preventing and cleaning up problems. Public health agencies are primarily advisory in nature, and do not have regulatory authority; these include ATSDR and ADHS.

Botsford explained that, in trying to answer the question of whether a site is affecting the community's health, ADHS primarily looks at existing data. Using these data, they evaluate what concerns can be answered with environmental data - for example, information about soil, water, or air - and with health data like the cancer registry and childhood lead poisoning database. Conclusions may include: there is no public health hazard, there is a public health hazard, or the hazard is unknown.

She explained the concept of public health risk assessment. She noted that public health is different from medicine, in that it deals with the health of a group and minimizing risk to populations, and is delivered by agencies. Conversely, medicine is specific to an individual, and is managed by doctors. Risk is defined as the likelihood of a negative outcome and the magnitude of the outcome.

Public health risk assessments include evaluating exposure to various sources of constituents. In Arizona, exposure to metals in the environment is not uncommon. Metals can occur naturally in the environment or can be human-influenced through various activities, and can occur in the home or the community. Not everyone is affected in the same way by exposure to substances. Exposure is evaluated by populations not by individuals. Typically, people are exposed to chemicals through 1.) eating (ingestion), 2.) the skin (dermal), or 3.) breathing (inhalation).

Use of health data has both benefits and limitations. Benefits include the ability to provide information about the overall health of the community. Limitations include situations in which not much data are available. Without sufficient data it can be difficult to determine the relationships between cause and effect. Use of environmental information like toxicology data informs analysis of whether a substance can cause a health problem as well as the level of concern. It can also help to explain cause and effect.

Community Working Group

ADHS actions undertaken so far for the Superior health study have included consulting with ADEQ, reviewing its own health data and site data including soil, reviewing recreational use and trespassing, and reviewing residential data about soil and public drinking water. ADHS has looked at lead data on children in the community and at cancer rates. Cancer data indicates that bladder cancer is below Arizona's state rate, and kidney and lung cancers are similar to state rates. This information is online at ADHS registry under community health. Botsford observed that cancer has overtaken cardiac disease as the main killer of people in the U.S. In looking at many communities, public health agencies haven't seen consistency among types of cancer with certain chemicals.

Next steps include gaining more community input, and a health consultation that includes a public health risk assessment and recommendations. ADHS plans to gather additional data, analyze data from a public health standpoint, meet with the community to make sure all concerns are heard, and develop conclusions.

The group had the following questions and comments on this discussion:

- A question was asked about how ADHS compares state rates of cases per 100,000 population to Superior, which has a much smaller population.
 - This was explained as a mathematical adjustment to make the data comparable.
- How many other cancers are looked at (other than bladder, lung, and kidney)?
 - Many types of cancers can be evaluated. ADHS picked these three kinds because they can be related to arsenic, which is common in this area. Arsenic tends to be ingested as the exposure path.
- Did you see anything significant in the data for Superior?
 - The cancer registry has several peculiarities and problems that make it challenging to use for generalizations in any given community. For example, the registry measures cancers that are diagnosed in Arizona, so people who may move to another state would be counted in that state, and vice versa. Data comes from hospitals and physicians. They haven't looked at the data for Superior yet, so can't make conclusions.
- A member representing the regional medical center noted that the hospital just completed a community health needs assessment. The top diseases were cardiovascular, respiratory, and diabetes; cancer wasn't in the top 10. Is that typical around the state?
 - It depends. For example, communities with more elderly people may have higher cancer rates due to age.
- Have you pinpointed the source of lead poisoning in the children studied?
 - Botsford doesn't know the source for these children. There can be several sources like lead paint, home remedies, or the occupations of parents.
- Are cancer rates exacerbated by mining activities?
 - Not necessarily.
- What about wind-driven dust like from the smelter?
 - Yes, that can put lead into the air.
- A member asked if the relationship between these types of cancers with these types of chemicals is being measured on the Navajo Reservation?
 - No, that's Federal land/authority, so the ATSD would be responsible.

Community Working Group

- A member offered a personal story of her daughter developing cancer and focusing on mining as a cause. She suggested that if mining was the cause, there wouldn't be cancer in other locations that don't have mining.
- When was this registry that you showed us last updated?
 - Data is updated every 6 months; this is probably from last year.
- A member observed there could be other chemicals and other types of cancers in mining regions and in this community that haven't been examined, other than those that are arsenic-related. The next presentation should include a broader range of data on other cancers and chemicals.
- A member speculated that many people here tonight are concerned that there should be something specific to this community, not just a generic study.
- What types of problems do you see in mining communities?
 - Sometimes people used tailings for landscaping; this could have problems from lead and arsenic.
- Do you see problems in other mining communities in Arizona?
 - ADHS can't say anything about communities they haven't directly studied.
- Cancer is on the uprise, and comes from many aspects of our lives. Our environment contains more toxins today than there were 30 years ago. Is that true?
 - It depends. Some things are safer, like drinking water. Municipal water systems are regulated for constituents, but private wells are unregulated.
 - Queen Valley members said their water is well below state levels for all constituents.
- Population growth is also causing an increase in cancer.
 - That's why we look at cases per 100,000 and similar parameters, for comparability of data across populations.
 - There used to be 7 cities over 1 million population in the 1940s and now there are many more.
- Does aging population play into this as well?
 - Older people also have more cardiovascular disease, so cancer isn't a uniquely old-age disease. It's a factor, but we don't know if it's a factor in pushing it above the incidence of cardiovascular disease.
- What is your conclusion about Superior?
 - We don't know yet, since we haven't completed the study. There are several limitations in doing this. We can't do original research, due to funding, so we can only look at existing samples. We don't know yet whether these are sufficient to make conclusions. We can likely make conclusions about the community based on data like cancer rates, but we can't make conclusions about where individual people's cancer came from.
- Is the West Plant area the only place where data exists for Superior?
 - We're looking into that.
- How long will the study take?
 - We do the report and send to ATSDR for review. Depending on their constraints, this could add several months. We hope the study may be done by the end of this year.
- Will you do more community meetings?
 - Yes, we'll meet with any group that invites us.

Public Comments

- A visitor said he has been trying to contact ADHS for over a year and hasn't gotten any response. He said about 500 people in Superior have died of cancer in the last 20 years. He wants to make sure ADHS will be responsive to the town, and to individual people who want to present their case. He suggested that the Mayor be present for these meetings. He noted some cases of arsenic in soils and similar situations.
 - ADHS representatives said they will meet with anyone who wants to meet, but they don't initiate meetings. They also do not do site studies, nor do they do environmental site cleanup. They can only rely on existing data collected by others for reasons of public health.
- A visitor expressed concerns about public awareness of the CWG, and offered suggestions for improvements. His written statement is attached to this summary.
- Studies should be done on relatives of cancer patients. We've lived with this black hill (slag dump) for so many years; are there health effects of this? Are there any genetic studies being done on families like ours, where 5 of 8 relatives died of cancer but none lived in mining communities.
 - Some cancers, like breast cancer, have a known genetic connection.
- There was discussion about personal and historical events that have been of health concern to the community.
- A visitor said that his main concern is that from this point forward we need to pay careful attention to possible health effects, and to preventing problems like those that have occurred in the past through such improvements as safer facility design.
- Why was Kearny included in one of these slides in the database? When the study is done here, it should be specific to Superior and not include Kearny, which is not similar, has no mining, and is much newer.
 - ADHS explained that Kearny is part of the Community Health Analysis Area (CHAA). These areas were developed in the 1980s as statistical analysis areas. They had parameters to create homogeneous communities for data analysis. If we do a study just for Superior, we may get into a problem with too little data to make interpretations.
- The population here was 6,000; now it's down to 2,300. We don't know what happened to all those people. Any study needs to focus on Superior; we're not a number, we're people. We're not just talking about cancer, but of the health of our community and all its diseases and problems.
- Actions that need to be done include securing sites better, and establishing a baseline for arsenic. Don't just look at the data, but communicate with the people.
 - ADHS doesn't mean to imply that we're number-centric and don't care about people. Although the data drives what happens, our objective is to help people. We're just starting this study, and what we've done so far has been quite preliminary.
 - Regarding illnesses, the hospital discharge records are available to the department. A CWG member noted that this can also be tracked by zip code.
- What about data from the old Magma Hospital? It closed in 1985.
 - If it exists, we can find it. The cancer registry started in the mid-80s, as did hospital reporting. We'll check.
- Is there a medical test that can prove arsenic caused a particular cancer?
 - No, we can only say it causes it in lab animals, but not for people.
- What agency requires monitoring of arsenic and lead here?

Community Working Group

- ADEQ and ADHS have some authority, and can provide advice.
- Will ADHS accept data that we collect from door-to-door surveys here in town?
 - No, because there is inherent unreliability in this type of data. It's considered anecdotal.
- Do you use data from physicians?
 - We use it if it is entered into the cancer registry database.
- Who knows whether future mining will affect us in the same way or different ways?
- What agency can we ask for information and help on the things you're not responsible for?
 - ADEQ
- A visitor said he moved here to retire, and learned a lot at this meeting.
- A visitor said that she would like to have a copy of previous meeting minutes.
 - Melissa Rabago said that meeting summaries are posted on Resolution's website.
- A visitor noted that he had worked in industries in which he was exposed to high levels of asbestos. He was born and raised in this community, which also exposed him to smelter smoke.
- A visitor suggested that we need to set baseline measurements for going forward. We can't change the past, but we can influence the future.
- Can't you use contractors or agencies to collect data for you? Why do you need to do it yourselves?
 - ADHS was not aware of situations in which it had done this. Typically, original data collection would be done by a university or research institution.
 - A CWG member suggested that the University of Arizona research institute might take this on, or it could be a dissertation topic.
- Were you only called into address this problem in 2011, or were there requests before that?
 - The 2011 request was the first request ADHS is aware of, since 2003 when these representatives have been at the agency.
- Do you do studies on diabetes as well, and how exposures may affect the increase in the problem?
 - Not specifically, yet.

Final CWG Comments and Future Meeting Planning

Next Meeting:

5:30 pm

Wednesday, June 4, 2014

Meeting Location Changed to:

Superior Chamber of Commerce

165 Main Street

Superior AZ

We hope to hear from an elder of the San Carlos Apache Tribe about his community's customs and Native American concerns related to the Resolution Copper Project.

(see attached written statement from a public attendee)

Attachment – comments submitted by a visitor at this meeting:

Concerns on improvements that have to be made by the Resolution Copper Company Community Working Group on two-way communications with all stakeholders here in Superior, AZ when engaging with concerns being addressed in meetings, work session, speaking engagements, project updates in our community:

As a citizen and stakeholder it is important that you engage more effectively.

You must use various means to reach out to all stakeholders here in Superior.

I am sure you all know the Census demographic data about Superior. Not all households have a CPU in their home. We have a good number of elderly living in Superior.

All stakeholders must be informed by other means besides Facebook.

Local newspaper, bi-lingual, and by mail must be included in ways of communication.

It is important that the CWG informs all stakeholders about their plans, progress and challenges in ways that are open, transparent and accountable.

It is important that the CWG strives for common solutions to issues that affect our community.

This would help a strong social consensus to operate, and enhance attendance and membership.