CO / [redacted] / Blood Lead Surv

Lead Industries Association, Inc.

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BY FAX

October 4, 1991

TO: Smelter Blood Lead Survey Central Committee

FROM: Jeff Miller

RE: DRAFT SMELTER BLOOD SURVEY PROGRAM

Attached is a draft program which outlines our cooperative program to organize and conduct blood lead surveys around primary and secondary smelters in the U.S. We would like to schedule a conference call for 10:30a.m. (EDT) on Wednesday, October 9 to discuss the contents and our follow-up action. Please advise Karen, my secretary, if you are unable to participate or if you will be at a different location than your normal office. Thank you for your assistance and consideration to this important matter.

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To Dan Vornberg	From Jeff Miller (KIA)
Co. Doe Run	Co. LIA
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JTM/kb

cc: J.A. De Paul
R.J. Muth
J.F. Smith

CENTRAL COMMITTEE MEMBERS:

Gerry Dumas - RSR
Jeff Miller - LIA
Patrick Phillips - Missouri Physician
Bob Putnam - Putnam Env. Servs.
Don Robbins - Asarco
Gene Shippen - Penn. Physician
Rob Steinwurtzel - ABR
Dan Vornberg - Doe Run

DRAFT

SMELTER BLOOD LEAD SURVEY PROGRAM

A. GOAL AND PURPOSE OF SURVEY

1. Survey Objectives
   - The objective of this survey is to establish an up-to-date cross sectional snapshot of blood lead levels of young children, pregnant mothers (as a surrogate for unborn children), women planning to become pregnant, and nursing mothers, living in communities around operating Primary and Secondary Lead Smelters within the United States.
   - This outline will be used to provide a uniform method of surveying the blood lead level of the target population.
   - The results will be used by individual smelters and Communities to assess the lead status of the at-risk population and by the industry as a whole to provide a comprehensive picture of the actual impact of the smelting industry today.
   - It is expected that the actual sampling will occur in calendar year 1992. Smelters will not be asked to repeat surveys in communities if similar surveys have been conducted within the last two years (1990 or 1991). However, the results from these previous surveys will be included in the overall reporting in order to present a comprehensive picture.
   - EPA has included that it is not interested in such a blood lead survey and will not participate. CDC has indicated that it is supportive of such screening surveys being conducted and it will review and comment on the program, but will not participate in all aspects of the study.

B. COORDINATION/MANAGEMENT OF THE STUDY

1. Central Committee

- Central Committee will oversee the development of the program, its administration, the hiring of the laboratories, the preparation of the reports and guidance to the local committees with regard to public relations and other matters.
- Members of the central committee:

Dan Vornberg	The Doe Run Company
Don Robbins	ASARCO, Inc.
Gerry Dumas	RSR Corp.
~~Rob Steinwurtzel~~	~~ABR~~
Jeff Miller	LIA
Bob Putnam	Public Health Consultant
Gene Shippen	Physician
Patrick Phillips	[redacted] Epidemiologist

2. Local Committee — EPA Smelter
   - Each participating smelter will appoint a company representative to be a survey project manager and will organize a Local Committee that will implement the survey within that community. The Local Committee might include local and/or state health officials, smelter representatives, local political leaders, as well as community representatives if appropriate. This committee would be responsible for coordination of the sampling, informing and obtaining permission where appropriate of local officials and the public, individual and local release of the survey results, and coordination with the Central Committee.

C. COLLECTION OF SAMPLES

1. Population Surveyed
   - The survey would target four categories: 100% of the 6 - 72 month old children, expectant or nursing mothers, or women planning to become pregnant that live in the target area. In practice something less than 100% will be sampled

although it has been shown that participation above 90% possible.

- The target area for Primary smelters is a 1.5 mile rad around the main stack. The target area for second smelters is a 1.0 mile radius around the main stack. Th distances are suggested because they are typical zones significant impact based on ambient air modeling. Th may be varied somewhat for specific geographic reasons, o a study has already been completed in the area. The st area should not be expanded simply to include a lar population, as this will skew the results. Smelters with any population within the specified radius will simply reported as such.
- Participation is premised on the voluntary cooperation of individual smelters and the communities in which th operate.

2. Control Populations
   - Two or more control communities should be utilized represent urban and rural controls in order to valid methods on non-impacted areas and to provide a loose fra of reference of current background blood lead levels.

3. Approach to Sampling
   - Sampling may be conducted in one of two ways; either door door sampling or by visits to a clinic within the sample area. Sampling should be done by a team, including a public health representative, a smelter representative, and a qualified phlebotomist. (Street fair sampling is dismissed unrepresentative. School sampling does not concentrate the correct target age groups.)
   - The months, days, times of sampling will be determined the Local Committee. The procedures for the sampling w be developed by the Local Committee. Samples should be venus puncture. A questionnaire should be administered the time of the sampling (see sample Attachment I).

D. ANALYSIS OF SAMPLES

1. Selection of Laboratory
   - A central laboratory will be selected by the Central Committee with a second laboratory utilized to run quality control on the first (10% of the total number of samples should be sent to the second lab.)
   - The analytical method proposed should be part of the selection process of the laboratories. It should be decided whether a specific method should be dictated. The analytical protocol will be a stand alone document and the laboratories should participate in its development.

CDC approved protocol

2. Quality Assurance
   - Quality control should be part of the analytical protocol.
   - The laboratory should provide sampling vessels, mailing systems and instructions to the participants in the program to insure uniformity and assure quality.

E. RESULTS

1. Presentation of Nationwide Results
   - Local Committee will provide results to the Central Committee for preparation and release of a single Nationwide ~~Agglomerated~~ Report.

2. Use and Release of Local Results
   - Local release of sampling results will be ~~controlled~~ controlled by the Local Committee.
   - Individual results will ~~not~~ be released to the public. be released to individual
   - Individual privacy should be protected by confidentiality agreements or representations with families of the cohort.

3. Follow-up
   - Any "elevated" blood lead results will be referred for follow-up to the local health department on the basis of CDC guidelines.

F. COSTS

1. Health Departments
   - Health Departments should pay for their representatives on the Local Committees, and may donate phlebotomists, clerical help, office space, furniture, or equipment. Health Departments may also be asked to donate funds for other local costs.

2. Smelter
   - Smelters should expect to pay all other costs, including sampling, lab work, labor, rents, advertising.

3. Central Committee
   - Costs of the members will be borne by their respective organizations.

G. LOCAL OUTLINE OF THE PROGRAM

A. Smelter Activities
   1. Identify a Survey Project Manager and additional smelter staff as needed.
   2. Solicit the cooperation and assistance of the local, county and/or state health departments, community leaders, political, and school officials, etc.
   3. Establish a Local Committee of company, medical, health and other community elements.

B. Local Committee Activities
   1. Define the study area and control areas.
   2. Select either the door to door sampling protocol or the clinic visit protocol.
   3. Design the sampling campaign and think through the details.
   4. Plan for the dissemination of the results.

5. Conduct some type of public meeting or publicity campaign to announce the study details. It may already be public because of the contact with elected officials.
6. Proceed with the survey.
7. Disseminate the results of the study.
8. Follow-up as appropriate.