



**Community Advisory Board  
Final Report On  
PFC Contamination in Pease Tradeport Wells**

**Members**

Chairman Rich DiPentima  
Councilor Stefany Shaheen  
Shelley Vetter, Owner and Director Discovery Child Enrichment Center  
Newington Health Officer John Stowell  
Portsmouth Health Officer Kim McNamara  
Deputy Fire Chief James Heinz  
Andrea Amico, Citizen and Parent

Mayor Robert Lister, Ex-officio  
Deputy City Manager David Allen, Ex-officio  
Deputy Public Works Director Brian Goetz, Ex-officio

**December 21, 2015**

## Introduction

The Community Advisory Board (CAB) was established in April of 2015 by Mayor Robert Lister to address the Perfluorinated chemicals (PFCs) contamination at the water supply wells on the Pease Tradeport.

The charges given the CAB by Mayor Lister are as follows:

1. Act as a liaison between the local and affected community and New Hampshire DHHS;
2. Represent and/or communicate the diverse “voice” of the community;
3. Advise regarding appropriate methods and frequencies of communications between DHHS and the affected community;
4. Participate in planning, recruitment, and attendance at future public meetings; and
5. Review the blood testing results and provide input into the future direction of the testing program and return of blood test results.

## Summary of Activities

The CAB held fourteen meetings from May 6, 2015 through December 1, 2015. The minutes and presentation content are all available for review on the city website: Community Advisory Committee – Haven Well at <http://cityofportsmouth.com/CommunityAdvisoryBoardHavenWell.html>

The CAB was provided with presentations from a large variety of experts to better understand the scope and nature of the PFC contamination, to address the remedial actions necessary to restore the contaminated aquifer, to advise and coordinate the blood testing programs, to provide the public and those who received blood tests the best information currently available regarding the potential meaning of these test results, and to advocate for and initiate appropriate health studies of the exposed population.

The initial meeting of the CAB focused on the water distribution system at Pease and the current extent and possible expansion of the PFC contamination of the aquifer. The Portsmouth Department of Public Works, and the New Hampshire Department of Environmental Services (NHDES) presented detailed information to the CAB, especially with regard to the highly contaminated Haven Well which was shut down last year, as well as the Smith and Harrison Wells which show trace amounts of PFC contamination and remain in use. The CAB also was given information by the NHDES regarding the requirements of the federal Safe Drinking Water Act requirements and the methods of testing for PFCs in water. Also presented were the various methods that are employed to treat contaminated water for PFCs, and how such technology would be employed to treat the affected wells and the contaminated aquifer. Of particular concern was the need to prevent the plume of contamination from further degrading the Smith and Harrison Wells.

A major focus of the CAB was the need to provide appropriate PFC blood testing for anyone exposed to drinking water at the Pease Tradeport. Initially, The New Hampshire Department of Health and Human Services (DHHS) agreed to perform 100 blood tests. Through many discussions and intervention by the Governor, DHHS agreed to test anyone who was exposed. DHHS was able to obtain the support of the Centers for Disease Control and prevention (CDC) to analyze 500 blood samples. DHHS also worked closely with the Portsmouth Regional Hospital (PRH) who agreed to draw the blood of all people at no expense, and to arrange courier service to ship the samples to DHHS in Concord. During this initial round of blood testing, 471 samples were tested, including 108 from children under age 12. Two CAB meetings (June 17 and September 9) were held with DHHS to present the results of these initial tests to the public and to put these results in some context with other “exposed” and “un-exposed” populations across the country. The first meeting on June 17 was dedicated to the first 98 adults, and the second, September 9, focused entirely on the 108 pediatric tests. Both meetings were well attended by the public. The CAB also worked with DHHS and PRH to provide continuing education for health care providers regarding the possible health concerns of PFCs so they could better advise their patients. The results of the blood testing did indicate that the Pease population had higher levels of some PFCs in their blood compared to “unexposed” populations. However, the lack of any definitive information regarding the possible health effects of PFC exposure remains a source of frustration and concern. There is a great need to better understand what if any health effects might result for PFC exposure, and at what levels of exposure these risks might be manifested.

As a result of increasing concerns and the desire for additional blood testing of the exposed population, a second round of blood testing was initiated. Approximately 1,100 individuals had their blood drawn during this phase of testing. The analysis of these samples will be conducted by the CDC as well as two private laboratories that DHHS will contract with for this service. The results of these tests will not be available to individuals until January or February of 2016. Once all the samples are available from both rounds of testing, DHHS will conduct a comprehensive analysis of the results and hold a meeting with the community sometime in the spring of 2016 to present and discuss the entire blood testing program results data.

The CAB held meetings where various experts provided information on the potential health effects of PFCs and any potential medical follow-up indicated for those with elevated PFC blood levels. On June 2, Dr. Courtney Corrigan from Harvard School of Public Health and Dr. Richard Clapp from Boston University presented on the current epidemiology of PFCs. On July 15, Dr. Alan Woolf from the Boston Children’s Hospital Region 1 New England Pediatric Environmental Health Specialty Group presented information regarding the medical aspects of PFC exposure. Unfortunately, the availability or indication for any medical treatment or follow-up for those with elevated PFCs is nonexistent. The best advice given was to continue to monitor health status with a person’s individual medical provider, and avoid PFC exposure as much as possible.

On August 26 the CAB met with representatives of the U.S. Air Force to discuss the treatment of the Pease wells and aquifer. There was discussion regarding the order given to the Air Force by the U. S. Environmental Protection Agency (EPA) to treat the Haven well and restore the aquifer. The CAB expressed concern that the Harrison and Smith wells were not included in this order and that low levels of PFCs were still being consumed. The Air Force expressed their intent to do what was necessary to remediate the problem. Since this meeting, a great deal of progress has been made. The Air Force, who indicated they would contest the EPA order, has since agreed to follow the order. They have also agreed to treat the Harrison and Smith wells as part of the overall remediation process.

The CAB met with representatives of the Agency for Toxic Substances and Disease Registry (ATSDR), part of the Centers for Disease Control and Prevention (CDC), on October 14 face-to-face and on November 17 via teleconference to discuss the need for long-term studies to assess the potential health effects of the PFC exposure at Pease. The ATSDR was very interested in working with the community to design an appropriate study with cooperation from DHHS. The Air Force representative at this meeting expressed support for such a study for which the Air Force would provide financial support to ATSDR. The ATSDR is currently engaged in conducting a feasibility assessment of what type of study or registry would best meet the needs of the Pease population. The ATSDR representatives stressed the need to have an ongoing relationship with the community and having input with some type of community advisory panel.

## **Conclusion**

The CAB established by Mayor Lister will end its tenure at the conclusion of the term of the current Mayor and Council. The CAB held its final meeting on December 1 to finalize its work and develop recommendations for the incoming Mayor and City Council.

There have been significant accomplishments and progress made by the CAB in conjunction with all the other agencies involved in this effort. These include the Portsmouth Public Works Department, DHHS, NHDES, CDC, EPA, ATSDR, The Air Force, Portsmouth Regional Hospital, the NH Poison Control Center, and the Northeast Environmental Medicine Practice at Boston Children's Hospital.

Much was accomplished with the cooperation of all these agencies. A comprehensive remediation plan has been put in place to effectively treat the water supply wells and the aquifer at Pease. The Air Force has established a Remediation Advisory Board (RAB), which will have a large community representation. A large bio-monitoring program was conducted to help assess the PFC burden in approximately 1,500 children and adults exposed to the Pease drinking water. Lastly, the commitment of ATSDR, the Air force and DHHS to assist the community in evaluating the possible long-term health effects of PFCs, will provide much needed scientific information to the exposed individuals and their families.

There remains a significant amount of unfinished business that requires the City's and community long-term involvement. In particular, there is an ongoing need to coordinate with DHHS on the release of all the outstanding blood test results, provide guidance to those tested with regard to those results and to conduct a community meeting to discuss the epidemiological analysis of all the blood testing results. There will also be a significant role for the community and the City with regard to coordinating with ATSDR on evaluating the possible health effects of the PFC exposure on the Pease Population. There will also be an ongoing need to communicate with the Pease population as part of any study conducted by ATSDR. One of the major problems encountered by the CAB and DHHS was finding an effective mechanism to communicate with the people working on Pease with regard to activities being conducted and information regarding the PFC exposure follow-up actions.

## **Recommendations**

1. The new Mayor and Council should immediately upon taking office establish a community body to coordinate ongoing issues with ATSDR and DHHS. This should be a high priority for the Council since there will be a need to demonstrate to the community and our partner agencies the City's strong commitment to address the continuing issues regarding this matter. The Mayor should consider appointing some of the current CAB members to the new community body for continuity.
2. The new community body should coordinate with the Restoration Advisory Board (RAB) at Pease to monitor progress on the environmental restoration of the Pease wells and aquifer, and to insure all agreements made by the Air force with the City and the Environmental protection Agency (EPA) are complied with.
3. The City, through its representatives on the Pease Development Authority (PDA), should engage the PDA leadership to develop a more effective mechanism for the new community body to communicate with all individuals working or cared for at the Pease Tradeport.
4. The new community board should, along with its partner agencies, provide health education to the public regarding the overall issues of all the chemicals they are exposed to in the environment and how they can reduce exposure and risk.
5. The City should retain all the CAB information currently on the City website, and keep this information on the website indefinitely.
6. The City should acknowledge that a number of current and former City firefighters were exposed to PFCs at Pease for many years. The Human Resources Department should communicate with the new community body on any new information regarding the possible health effects of this exposure.