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National Collaboration Center for Environmental Health NCCEH



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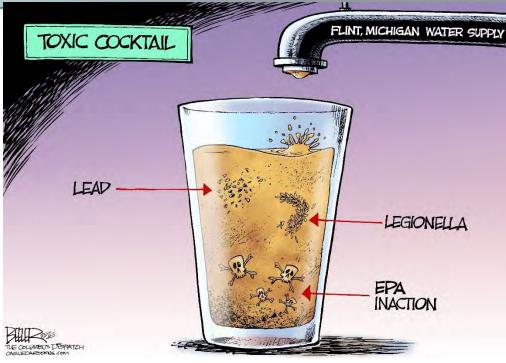
Centre de collaboration nationale en santé environnementale

http://www.ncceh.ca/

Lydia Ma Emily Peterson Angela Eykelbosh







What happened in Flint? Can this kind of crisis occur in Canada?



A presentation on the changes in water chemistry and the circumstances leading to the crisis so we may learn from others and not to repeat their mistakes

In the US, the Lead and Copper Rule sets the Action Level for lead in water at 15 ppb.

If more than 10% of samples tested exceeded AL, the water system must increase monitoring, undertake additional corrosion control and implement training and public education for customers

Pregnant women and children should switch to bottled water if >15 ppb

No safe limit of lead in children blood but in 2012 CDC recommended a reference level of 5 µg/dL to identify children with blood lead levels that are 'elevated', as compared to the previous 10 µg/dL "level of concern"

In Flint, one of the earlier sample found lead level in a residential home at 13,200 ppb as compared to AL of 15 ppb

A high blood lead level reading of 38 µg/dL was detected in a child in Flint, as compared to a level of 5 µg/dL that is considered as 'elevated'

Canadian MAC for lead is set at 10 µg/L, designed for infants and children under age of 6

Guidelines for Canadian Drinking Water Quality -Lead



Lead testing should be done without flushing after 6 hours stagnation. If 10% samples over 15 ppb (action Level), utility needs to take action

Two Tier Protocol, Guidance on Controlling Corrosion in Drinking Water Distribution Systems, Health Canada 2010

4 consecutive 1-L samples after 5 minutes flushing and 30 minutes stagnation

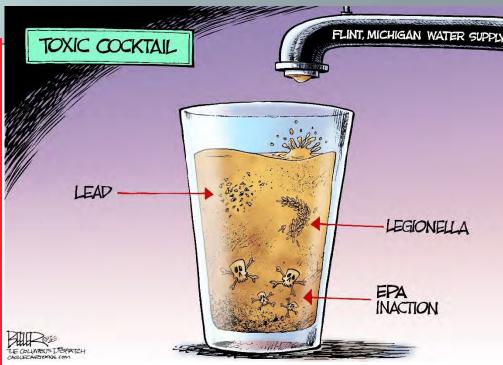
LSL Protocol, Guidance on Controlling Corrosion in Drinking Water Distribution Systems, Health Canada 2010



Health Canada blood lead intervention level at 10 µg/dL, but acknowledged there is sufficient evidence that BLL below 5 µg/dL, as low as 1-2 µg/dL, are associated with adverse health effects, but uncertainty associated with effects at these levels

Health Canada, Final Human Health State of the Science Report on Lead, Feb 2013





What happened in Flint?



Trump: A Perfect Storm of Voter Rage, Reality TV and Social Media





Sequence of Events (simplified)

- Factors contributing to crisis
- Role of Health



US Regulatory Setting

Canadian setting

What we can learn from the crisis

Ref: Flint Water Advisory Task Force, 2016; APHA educational webinars and other reports



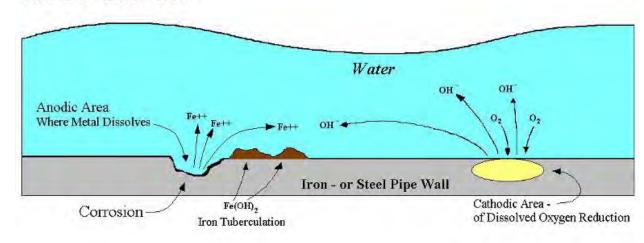
City of Flint long-term water supply contract with Detroit Water and Sewerage Department (DWSD) started in 1967. Flint water treatment plant was converted to a backup supply source. The contract with DWSD expired in 2000, negotiations for extension failed. Flint explored alternatives

A 2011 study determined that the Flint River water would need to be treated with phosphate in order to reduce its corrosiveness. The report was sent to Michigan Department of Environmental Quality (MDEQ) April 2013: Flint joined Karegnondi Water Authority to take water from Lake Huron, but will need 3 years to built a new pipeline As a temporary measure, Flint began treating Flint River water at their WTP on a full-time basis after spending \$171,000 in 10 months to upgrade their plant

To save money, they did not start using corrosive inhibitor

Flint MDEQ incorrectly determined corrosion control was not needed until it has completed two 6-month monitoring. There was no EPA oversight

The Corrosion Cell:



The plan for switch was implemented by stateappointed Emergency Manager to save money

April 25 2014: Mayor officially turned off the Detroit water feed



May 2014: Federal EPA and state health officials received complaints of rashes in residence of Flint, discoloured and foul smelling water. Emergency Manager continued to tell residents the water is safe, that it is a quality issue





Aug 15 2014: Four months after the switch, the city issued a boil-water advisory after fecal coliform was found in the city water. There were monthly coliform MCL violations in August and September

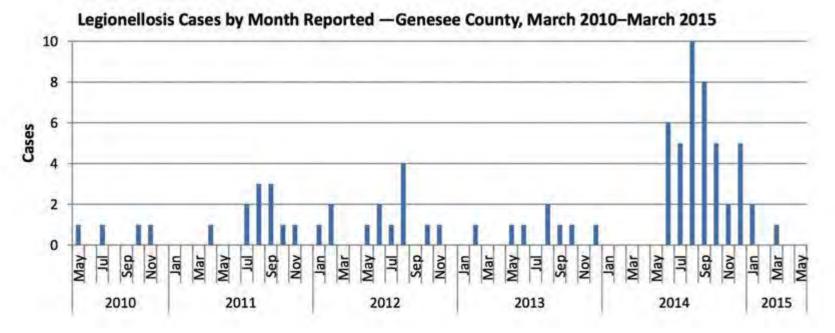




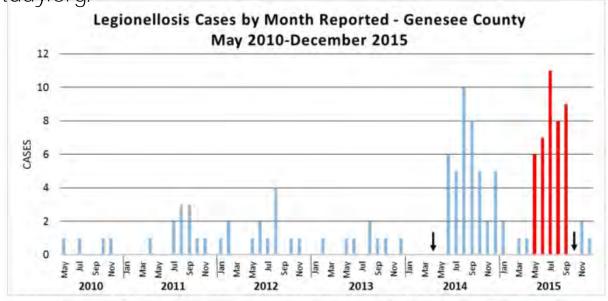
Legionella Outbreak

- Water contained more organics, serving as food source
- Corrosion resulted in more iron in water.
 Chlorine oxidized iron in water, resulting in no residual within distribution system
- More iron and organic reaching buildings, increasing food source and favour the formation of biofilm
- No residual to control growth and release of Legionella

Water in flint hospital







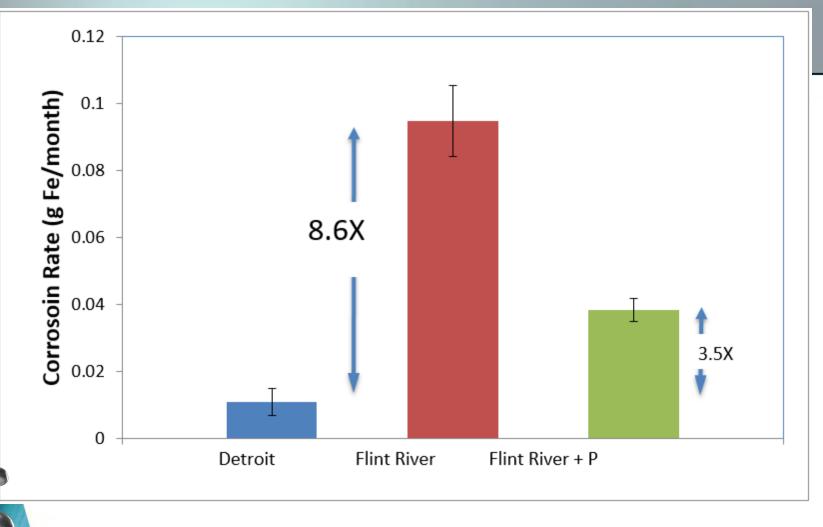
Arrows indicate city of Flint switches to Flint River water in April 2014 and back to Lake Huron water in October 2015.

Red bars correspond to a second cluster of cases in summer 2015. Note that monthly case values are approximated for May/June 2015 and August/September 2015.

October 13, 2014: GM stopped using Flint water at its engine plant because it was corroding engine parts. GM switched back to Detroit water. This further reduce water usage within Flint







8 times more chloride (CI-) than in Detroit water. Chloride is corrosive to iron



Illustrative photograph of a nail after 1 month exposure to Detroit water (above) and Flint River water with no inhibitor (below) flintwaterstudy.org/

Dec 2014: After six months of LCR monitoring, Flint reported the 90th percentile for lead was 6 ppb with only 2 samples above AL of 15

However, samples were not taken from homes with Lead Service Lines (LSL) (high risk homes) and were pre-flushed 3 to 4 minutes to lower lead level, not representatives of what public may be using

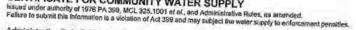
Flint submitted result to MDEQ, with the original sample pool showing an average reading of 71 µg/L, above AL of 15

MDEQ directed the City of Flint to drop two high readings to make sure the average was below 15, including a reading from Lee Anne Walters's house, which had a reading of 104 ppb. The reason to drop the reading was because she had a filter, which would have LOWERED reading. The second reading of 20 ppb was from a 'business'



N DEPARTMENT OF ENVIRONMENTAL QUALITY F DRINKING WATER AND MUNICIPAL ASSISTANCE

J AND COPPER REPORT AND JONSUMER NOTICE OF LEAD RESULT CERTIFICATE FOR COMMUNITY WATER SUPPLY



Administrative Rule R 325.10710d requires water supplies to report lead and copper monitoring Information within 10 days after the end of the monitoring period. This form may be used to meet this requirement. Submit the information to the appropriate Department of Environmental Quality (DEQ) district office. For district office addresses, visit www.michigan.gov/deq and click on Locations.

1.	Water Supply Name: City		City of Flint Water Plant	of Flint Water Plant			
2	County:		Senesee		ICHI AREA		
4.	Population:	99.763	E Manifestor D. L.	3, WS	SN: 2310		
			5. Monitoring Period:	From: 1/1/15	To: 6/30/15		
	Minimum # of Samples Required: Name of Certified Laboratory:			7. # of Samples Ta afer Laboratory	zken: (71 72 (6)		
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WIPLE CRITERIA

Yes	No	Explain No responses in Comments block.				
	(X)	a. Are the same sampling points used as in the previous monitoring period?				
	M	b. Are all samples from Tier 1 sites?				
Ø		For more information				
×		Are all samples from Tier 1, 2, or 3 sites giving Tier 1 priority? d. If no Tier 1, 2, or 3 sites are available, do all sites have plumbing materials commonly found at other locations in the system?	lnstructions			
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4 tota	nents: I of 175 sample	is sample bottles and instructions were distributed to city residents. We are seed ue to the fact that we did not reach the minimum number for this monit	Category."			
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Phone:

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Michael Glasgow Utilites Administrator

810-766-7135

7/28/2015

Date:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE

CERTIFICATE FOR COMMUNITY WATER SUPPLY

LEAD AND COPPER REPORT AND CONSUMER NOTICE OF LEAD RESULT

issued under authority of 1976 PA 399, MCL 325, 1001 et al., and Administrative Rules, as amended. Failure to submit this information is a violation of Act 399 and may subject the water supply to enforcement penelties.

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2	County:		nesee	3. WSSN: 231		
4.	Population:	99,763	5. Monitoring Period:	From: 1/1/15	To: 6/30/15	
6	Minimum # of Samples Required:		1: (60)	7. # of Samples Taken:	69	
8.	Name of Certified Laboratory: DEQ Drinks			Water Laboratory		

9 SAMPLE CRITERIA:

	a. Are the same sampling points used as in the previous monitoring perio b. Are all samples from Tier 1 sites?				
Ø.		information see			
×		d. If no Tier 1, 2, or 3 sites are available, do all sites have plumbing materials commonly found at other locations in the system?	Instructions paragraph 11		
⊠ □ e		is. Is the minimum number of lead service line samples taken (when applicable)?	"Sample Category."		
		Revised report after conference call with DEQ staff. Two samples were re ng sample criteria, and due to population the number of samples required			

Name:	Michael Glasgow				
Title:	Utilites Administrator	Phone:	810-766-7135	Date:	8/20/2015



Second round of 6 month monitoring showed lead level of 11 ppb, still below the AL of 15

Fail to understand that lead level had doubled, and regardless of AL, it is a concern: regulation compliance and not public health

Just a Number



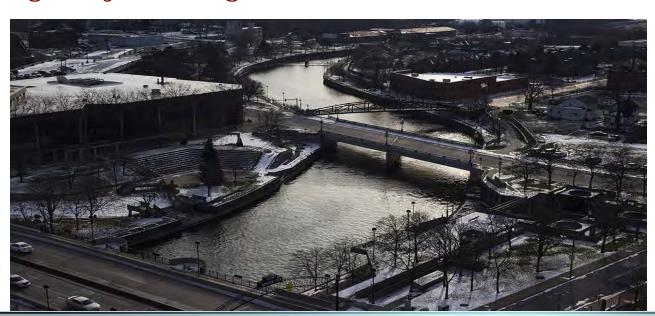
January 2015: Advisory was issued due to high level of THM. The first three samples in 2014 were so high they guaranteed a quarterly average was over the limit regardless of the fourth-quarter reading. Flint was putting in more chlorine in order to maintain a residual (used up by corrosion and biofilm), resulting in high THM level

To lower THM level, Flint started to add ferric chloride, a coagulant, to remove THM precursors. They used ferric chloride instead of the more common alum to save money

However, the increase in the chloride-tosulfate mass ratio in the water adversely affect lead levels by increasing the galvanic corrosion of lead in the plumbing network

February 2015: City council voted for a switch back to Detroit water. Detroit said it will not charge a \$4 million connection fee

However, their decision was overruled by the Emergency Manager



April 2014
Federal EPA advised MDEQ to have corrosion control in place. EPA took no action when MDEQ did not comply

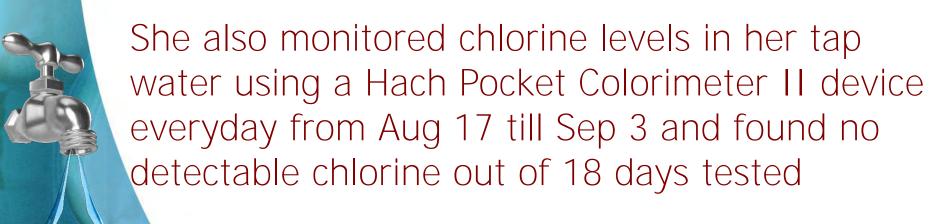




Flint resident Lee Anne Walters requested testing of lead in her water after her child developed skin rashes over entire body after bathing. Results showed 104 µg/L and 397 µg/L (after flushing). The level of iron in the water also exceeded the capability of the measurement (>3.3 mg/L).

Flint claimed internal lead plumbing but EPA inspection found low lead faucets, plastic pipes within her home

Flint health department tested her child and showed a low blood lead level at 3 μ g/dL (2 μ g/dL prior to the source water switch). She retested her child at a healthcare facility at a different location and found an elevated blood lead level of 6.5 μ g/dL



Water samples from her home was sent to Virginia Polytech for analysis. The minimum lead value was 200 μ g/L, the average was 2,429 μ g/L and maximum was 13,200 μ g/L

The source was traced to lead service line and not internal plumbing



April to June 2015: Internal memo from EPA Regulations Manager, Miguel del Toral noted the high lead content and potential health concern and questioned why Flint did not have corrosion control. The information was dismissed by EPA and MDEQ. When memo was leaked, MDEQ told public to 'relax'



July 2015: A Michigan Department of Health and Human Services (MDHHS) epidemiologist analyzed 2014 BLL data and found a concerning pattern of elevated levels in Flint. But the data manager concluded that 2014 data were not substantially different than preceding years. His analysis was flawed because he failed to take into consideration size of cohort

MDHHS also believed MDEQ when they were told that the water was safe

September 2: Virginia Polytech professor Marc Edwards found the corrosiveness of the water is causing lead to leach into water and was surprised no corrosive inhibitor was used. The information was sent to EPA

The state and city said the water met state and federal standards but will introduce a lead-

reduction plan by 2016



MDEQ continued to discredit information from EPA and Virginia Polytech

More testing by Virginia Polytech found >50% of home tested had lead levels >5 ppb and 30% of samples had lead > 15 ppb. 90%ile was 25 ppb and several samples >100 ppb with one over

1,000 ppb



Dr. Mona Hanna-Attisha, a pediatrician at a medical center data showed infants and children had elevated levels of lead in their blood since the switch, from 2.4% before Flint switched water to 4.9% after the switch. One high risk ward had 15.7% with high BLL

County health officials used data for children living outside the city and drinking water supplied by Detroit to show there was no elevated blood lead levels

October 2 2015: State officials finally acknowledged the problem and confirmed high BLL findings and switched back to DWSD water



August 2016

Eight state officials face counts ranging from willful neglect of duty to conspiracy over allegations they withheld information from the public about lead contamination. This include the Chief of the Office of Drinking Water and Municipal Assistance at the MDEQ. One City of Flint employee had also been charged. Three lower level officials were charged in the spring.

Corrosion of Pipes, Erosion of Trust

- Aging infrastructure: Up to 80% of household had lead service line
- Distribution system build for >200,000, but now has less than 100,000. The reduce in water usage increases water age and stagnation in water. It takes an average of 144 hours for water from plant to reach city center, increasing contact and corrosion

Corrosion of Pipes, Erosion of Trust

- Rushing plant back to operation without proper assessment with cost being a major factor. Also not to use corrosive inhibitor (\$140/day) and changed to ferric chloride coagulant to save money
- Decisions made by non-professional with political interference in public health decisions with money saving as the major objective

Corrosion of Pipes, Erosion of Trust

- Dubious sampling and data analysis methods
- Failed to respond to complaints
- Inadequate knowledge among utility personnel and water quality engineers on corrosion control, treating it as an after thought as compared to microbial and DBP control
- Actions to control bacteria and THM resulted in higher leaching of chemical – not understanding water chemistry, cannot look at water treatment in isolation

Heroes

- Lee Anne Walters, mother and Flint resident
- Miguel del Toral, EPA Regulations Manager
- Dr. Marc Edwards, Virginia Polytechnic Institute
- Dr. Mona Hanna-Attisha, pediatrician



Lessons learnt

Never let a crisis go to waste

- Regulation compliance and not public health protection (doing without understanding)
- Regulation tells you how to produce safe water (food) but not how safe the water is
- Need to understand the water treatment system as a whole
- Just a number

Grocery store inspection is under the jurisdiction of Michigan Department of Agriculture and Rural Development

Restaurant, recreational water, sewage, lead poisoning is under Genesse County Health

Public Health (disease control) is under MDHHS

Water quality and safety is not the mandate of health

MDHHS in theory, had the right to issue order to correct deficiencies but failed to act based on info from MDEQ despite increasing trend

Task Force found MDHHS had the lead role in coordinating follow-up for high BLL but failed to do so

Two state health department employees are being charged for 'burying' an epidemiologist's July 28, 2015, report showing a significant year-over-year spike in blood lead levels in Flint children

The state's top epidemiologist also ordered a DHHS employee to delete emails about that July 28 report and prevented action to alert top state health officials and the public

All three MDHHS employees are under criminal investigation for their conduct during the crisis

Sep 2016

Announced that Flint had the "largest healthcare-associated Legionnaires' outbreak known in the U.S.," 46 cases with 12 dead

Flint hospital asked a judge to uphold a County judge's order barring MDHHS from being involved in the investigations of new and old cases of Legionnaires. Flint hospital believed there were numerous crimes and cover-ups by state employees

US System - Pros



US has better and more stringent regulations (?), Federal regulatory oversight; LCR to prevent what had happened; Public Notification Rule (disclosure rule)

Mandated low lead faucets

More frequent national blood lead sampling and reporting

US System - Cons

Recent survey estimated a total of 6.1 million LSLs, either full or partial, are in place today in US community water systems (down from 10.2) million), providing water to an estimated 15-22 million people

Cornwell 2016

LSL location may not be known to utilities

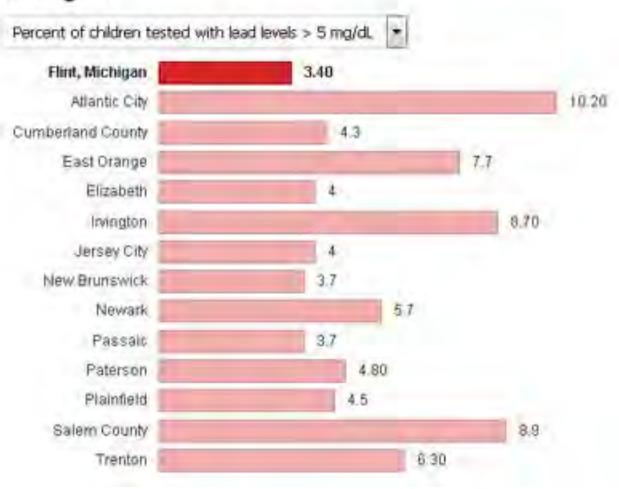
More concerns with lead in paint and dust

US System - Cons

U.S. Government Accountability Office has reported that EPA does not have enough power or resources to properly oversee sampling that cities carry out to show they are complying with the Lead and Copper Rule

US System - Cons

Lead levels in 11 N.J. cities, 2 counties vs. Flint, Michigan



In Canada, one estimate is about 165,000 homes with LSL, with 35,000 in Toronto

Ontario Ministry of the Environment tested water in the province and Toronto did four rounds of testing between 2007 and 2009 and found about 20% of residential test had lead level above 10 µg/L

In 2007, Ontario legislation made it mandatory for older day cares and all schools to test their water

1.4% (3,400) of homes in Edmonton and 0.2% of homes in Calgary had high lead

Prince Rupert BC found 48% of schools tested had elevated levels of lead

Montreal has 60,000 LSL and planned to eliminate them by 2026

Other health regions

Guidelines for Canadian Drinking Water Quality is a guideline only and not uniformly applied across Canada. Example: Quebec did not adopt the 10 µg/L MAC, set in 1992, till 2001

Corrosion guideline, similar to LCR, is designed to measure lead concentration within the water system and in residential homes. However, it is a guideline and carries no legal power

Ultimately, the Flint crisis was picked up by blood lead testing data after other signals were ignored In the US, blood lead screening is a routine practice for high-risk populations and children insured by Medicare at 1-2 years of age

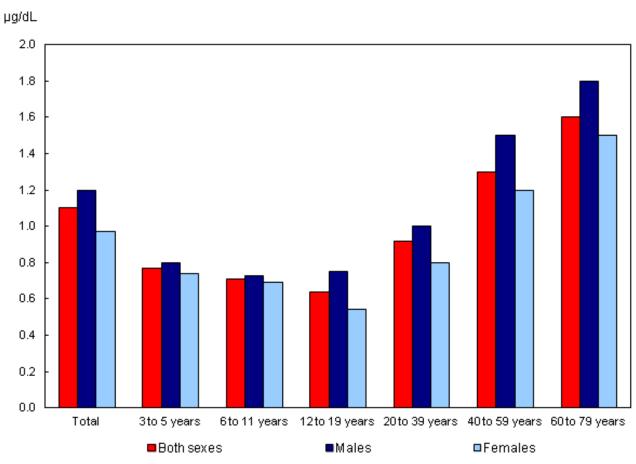
Testing is done due to increased risk of elevated exposures from dust and soil

No regular blood lead surveillance in Canada

Blood lead surveillance is important for detecting exposures when the first line of defence fails (water testing)

Action Level in the US is 5 µg/dL but 10 µg/dL in Canada, may make it more challenging to pick up signal as there are many other sources of lead in the home setting

Chart 1 Lead concentrations in blood (µg/dL) in Canadians aged 3 to 79, by sex and age group, household population, Canada, 2012 and 2013



Note: Concentrations are presented as a geometric mean, which is a type of average that is less influenced by extreme values than the traditional arithmetic mean. The geometric mean provides a better estimate of central tendency for highly skewed data. This type of distribution is common in the measurement of environmental chemicals in blood and urine.

Source: Canadian Health Measures Survey, 2012 and 2013

In theory, have better working relationship between environment and public health. Although some health departments do not take direct responsibility on municipally treated drinking water, would still respond and investigate complaints.

Walkerton is an good example of where health was depending on inputs from utility on the safety of the water



Summary - Can this Happen?

Less Stress:

- Less aging infrastructure
- Cooperation between environment and health
- More 'complete' public health programs
- Unlikely 'sequence of events'

Summary - Can this Happen?

Similar:

- Unknown LSL locations
- LSL replacement (cost and future use)
- Limited blood and water monitoring of lead: Not looking for problem (example: day care)
- Political interference?

Summary

Public Health

- Inspection focuses on preparation process and regulation compliance
- Need to modify and enhance role to improve effectiveness of program through better education and focus on competency of operators



Summary

Public Health

- LAST line of defence
- Working with people for people
- Cooperation and work with others
- Maintain trust and credibility by making the right decisions through understanding of science and compassion of public issues
- Prevent, Protect and Educate





