

MINUTES OF MEETING

COMMUNITY ADVISORY BOARD HAVEN WELL CONTAMINATION

NH DES, Pease Tradeport, 222 International Drive

6:00 p.m.

June 17, 2015

ATTENDEES:

Community Advisory Board

Rich DiPentima, Chairman

James Heinz, Deputy Fire Chief - Portsmouth

Kim McNamara, Health Officer - Portsmouth

John Stowell, Health Officer - Newington

Andrea Amico, Resident

Shelly Vetter, Discovery Child Enrichment Center - Owner

City Staff

Brian Goetz, Deputy Director, Department of Public Works - Portsmouth

Members Absent

Councilor Stefany Shaheen

1. CALL TO ORDER

Chairman Rich DiPentima called the meeting to order at 6:06p.m., and welcomed members of the public. He stated that Portsmouth Mayor Robert J. Lister convened a Community Advisory Board to work on the issue of the contaminated Haven Well at Pease Tradeport and that this is the fourth meeting of this nature. He introduced the Community Advisory Board and the presenting guest speaker for the evening, Dr. Benjamin Chan, NH DHHS State Epidemiologist. He stated that following the presentation by Dr. Benjamin Chan, he will call for questions from the Community Advisory Board. He will then call for questions from members of the public and the meeting will adjourn when all questions are answered.

2. PRESENTATION OVERVIEW

Dr. Benjamin Chan, NH DHHS State Epidemiologist, presented results from the first 100 blood tests. Due to a change in blood testing protocol, an additional informed consent had to be signed and resubmitted. Only 98 signed consent forms were returned. Therefore only

98 blood test results are represented in Dr. Chan's presentation this evening. Reports were sent by mail today to the individuals that had their blood tested. Over 400 blood samples have been received at the Centers for Disease Control (CDC). Dr. Chan also spoke about current and future outreach to health care providers regarding appropriate counseling around results. Video of tonight's presentation can be seen on the City of Portsmouth website: <http://www.cityofportsmouth.com>. The title is "Perfluorochemical (PFC) Testing Program: A Summary of the First 98 Test Results".

3. Dr. Benjamin Chan, NH DHHS State Epidemiologist

Dr. Chan presented a distribution of blood test results and highlighted the work that DHHS and partners are conducting. Initially, tests were intended to be for 2 PFC's: PFOS and PFOA. However, the CDC testing runs 9 PFC's so the question was posed to the participants having blood tested which results they preferred, that for just the two PFC's or the 9 PFC's. Results presented will be for 9 PFC's. He described the current status in that 100 people have been tested by the CDC to date. All tested were adults due to the fact that the protocol for testing was submitted under an earlier CDC protocol which had logistical difficulties around testing children. The purpose of tonight is not to present individual blood test results, but to provide an overview of how results are going to be reported back, describe what the report forms will look like, talk about distribution of results and compare them to national averages. A report with cover letter explaining the first 98 blood test results was sent out by mail today. Blood samples for the next 100-290 people have been sent to the CDC. They are expecting that approximately 500 people will participate in the testing program. They will report results back as testing is completed and results are received. A detailed epidemiologic analysis will be conducted at the end of the testing program. At this time, they will not be correlating PFC levels with water exposure or with length of employment on Pease Tradeport. This comparison will happen at the end of the process when they have the full complement of results. He stated that this process has been a collaborative one between a number of agencies including: Northern New England Poison Center (NNEPC), CDC, U.S. Air Force, Environmental Protection Agency (EPA), Department of Environmental Services (DES), Department of Health and Human Services (DHHS), Agency for Toxic Substances and Disease Registry (ATSDR), Environmental Medical Group at Boston Children's Hospital, Portsmouth Regional Hospital (conducting some of the blood testing), Community Advisory Board (CAB) and community members., Senator Shaheen and Staff, and Senator Ayotte and Staff. The 9 PFC's that the CDC is testing for in the blood include: Perfluorooctane sulfonic acid (PFOS), Perfluorooctanoic acid (PFOA), Perfluorohexane sulfonic acid (PFHxS), Perfluorononanoic acid (PFNA), Perfluorodecanoic acid (PFDeA), Perfluoroundecanoic acid (PFUA), Perfluorooctane sulfonamide (PFOSA), 2-(N-ethyl-perfluorooctane sulfonamido) acetic acid (ET-PFOSA-ACOH), and 2-(N-methyl-perfluorooctane sulfonamido) acetic acid. (ME-PFOSA-ACOH). The first 6 of these PFC's were also tested in the water. In addition, Perfluorododecanoic acid (PFDoA), Perfluoropentanoic acid, Perfluorobutane sulfonate (PFBuS), Perfluorohexanoic acid (PFHxA) and Perfluoroheptanoic acid (PFHpA) were tested in the water, but not in blood samples. PFOSA, ET-PFOSA-ACOH, ME-PFOSA-ACOH (tested

in the blood, but not in the water) were found at very low levels in the blood so there is not a major concern around these chemicals. Dr. Chan focused on the 3 main PFC's of concern: PFOS, PFOA and PFHxS. There is no health advisory level established for PFHxS for drinking water, but there is for PFOS and PFOA. At the Haven well (closed in May 2014), the level of PFOS was at 2.50ug/L. This level is 10 times the recommended level. The level of PFOA (0.35 ug/L) was found to be just below the Provisional Health Advisory Level. The level of PFHxS was 0.83ug/L. The first 6 listed PFC's were found in very low levels in the Harrison and Smith Wells. Some of the PFC's, such as PFUA, were not detected ("ND") at all. These numbers will be posted online tomorrow in a table.

Dr. Chan provided a brief statistical overview. He stated that this information will be presented in a cover letter that accompanies the report that individuals will receive. These results will be compared to national U.S. numbers as they are described in NHANES (National Health and Nutrition Examination Survey). NHANES is a survey conducted by the CDC in which they collect information to look at chemical levels in the general population. The "Range", one of the parameters looked at, represents the lowest and highest levels found in the U.S Population. The "Geometric Mean", which is a special type of average will also be looked at. Most people will not have a blood level of a PFC that exactly matches the average number; it will fall above or below the average. Results will be compared to the 95th percentile, which is the value at which 95% of those tested will be at, or below, this value. The remaining 5% is expected to be higher than the 95% percentile. If a person has a PFC level close to the 95th percentile, it means they have a PFC level at the higher end of what is normally found in the U.S. population. This is simply a way of comparing results of the participants to others. It does not tell us anything about health impacts. Specific health effects cannot be linked to PFC blood levels at this time. Dr. Chan then explained what the results would look like (and mean) in the package they receive. The first page will be a cover letter. The second page will be a graph. In the upper left hand corner of the document, the individual will see their name and identification number (unique for each individual). There is no personally identifiable information sent with the blood when it goes to the CDC, only the identification number. The laboratory results with the individual's levels of each PFC in concentration levels of Parts per Billion or ug/L (they are interchangeable) can be found in graph form. Next to individual levels, the NHANES data comparing the individual results to the general U.S. population can be found as well as the 95% percentile. On the third page of the report, a graph depicts the numbers described in a table on the previous page. Using slides, Dr. Chan then presented a summary of the first 98 results. The average PFOA level for participants was 3.20ug/L compared to average level in the U.S. population, which was 2.08ug/L. The 95th percentile was 5.68ug/L. The average PFOS level for participants was 8.08ug/L, compared to the average level in the U.S. population, which was 6.31ug/L. The 95th percentile was 21.7ug/L. The average PFHxS level was 4.79ug/L compared to the average level in the U.S. population, which was 1.28ug/L. The 95th percentile was 5.44ug/L. The average in the first 98 samples of PFOA, PFOS and PFHxS was higher than the average in the U.S population. These differences are statistically significant. The other PFC's tested were not statistically different than the average in the U.S. population.

Dr. Chan also displayed a Histogram of the data looking at the distribution of individual results. Fully 19% of the 98 blood samples were above the NHANES 95th percentile for PFOA (statistically speaking, only 5% should be above this level). For PFOS, 8% of the 98 blood samples were above the NHANES 95th percentile. For PFHxS, a similar pattern exists, however 41% of individuals tested so far are above the NHANES 95th percentile. For PFNA, the test results were lower than the national average and there was only one person above the 95th percentile. For PFDEA, the results were comparable to the national average and there was one individual above the 95th percentile. For PFUA, the CDC did not calculate an average due to a large number of test results below a detectable level. However, a couple were above the 95th percentile. Results for PFOSA were similar. There was no average calculated as many were below the detectable level. There was one person for PFOSA above the 95th percentile.

In summary, the average levels of PFOA, PFOS, and PFHxS were higher in these blood test results than in the U.S. NHANES averages. The level of other PFC's were similar or lower than the national average. The average serum concentrations of PFOS for the first 98 samples were lower than what has been seen in other environmentally exposed communities and chemical plant workers (seen in E. Metro Minnesota Pilot (2009-2009), 3M Workers (Decatur, AL 2000), Ohio River Valley 2005-2006), and lower than what was seen in a sample set of non-exposed Red Cross blood donors in 6 cities, but were higher than the average of NHANES numbers from 2011-2012 (but lower than the average NHANES data from 2005-2006). Dr. Chan displayed these results stating that if results are compared to only one sample set, only part of the picture is seen. For PFOA, the levels in chemical plant workers such as Dupont workers (over 1,000 individuals) and 3M are significantly higher than the first 98 Pease Tradeport blood samples. PFHxS in chemical plant workers is quite high. Pease Tradeport samples are higher than the NHANES samples, but are lower than most other environmentally exposed communities.

Dr. Chan explained what PFHxS is and why it is being detected. It was found in the Haven Well water at detectable levels. There is no provisional health advisory level which would help gauge where a level of concern would be for health impacts. PFHxS is a component of Air Force firefighting foams. Some of the exposure undoubtedly came from drinking water from the Haven Well. However, it is also a chemical found in the home environment. Studies have shown that vacuum cleaner dust contains PFHxS. Scotch Guard type sprays also contain this chemical. The half-life of this chemical is around 7-8 years (the point at which half the concentration in the body will go down by half). This chemical tends to bio-accumulate or build up in an individual's body when there is ongoing exposure. Comparatively, the half-life of PFOS and PFOA is approximately 4-5 years. This may be part of the reason that PFHxS is being found in higher concentrations in the blood serum samples at Pease Tradeport.

These results are in the process of being reported back. A system (inquiry line) to respond to questions and concerns about individual results is in the process of set-up with Northern

New England Poison Center. This is not to be confused with the general inquiry line for set-up of blood testing. These inquiries go directly to the DHHS.

There will also be a contact number on the cover of the report for help in deciphering the contents. In addition, DHHS will be hosting a healthcare provider webinar. This is an effort to educate healthcare providers about PFC's, where they can be found, testing protocols, what are studies showing, etc. This is being hosted next week.

Dr. Chan thanked partners in this effort: CAB, Senator's Shaheen and Ayotte, CDC/ATSDR, Dr. Alan Woolf at the Boston Children's Hospital, Environmental Medical Group, Northern New England Poison Center, NH DES and Portsmouth Regional Hospital. He also thanked the community for coming out and those watching online.

Questions and discussion from Board members and community members:

Ms. McNamara inquired as to whether there are identifiable trends to the effect that if an individual tested high for one of the PFC's, they also tested high for others.

Dr. Chan stated that the sample size is still relatively small so they have not looked at this trend yet, but they will.

Ms. Amico inquired about long term education for physicians in addition to the webinar and whether there is a long-term plan in place to keep the medical community up to speed. Data is just emerging and we need to know what information will be forthcoming 5, 10 years from now.

Dr. Chan stated that the webinar is the first step. What will happen long term has not been determined yet. He stated that all the test results must be in and looked at together in order to decide where to go from there.

Ms. Amico inquired about whether a separate inquiry line will be set-up for healthcare providers.

Dr. Chan stated that healthcare providers are welcome to call the inquiry line. If the provider cannot answer patient questions, they can refer someone (through their PCP) to the Boston Children's Hospital, Environmental Medical Group, or another specialist.

Ms. Amico inquired as to if individuals do not send the new consent form back in, whether they will receive the full testing results or only those (PFOS and PFOA) that they originally consented to.

Dr. Chan stated that he hopes everyone will return the consent forms, but if they do not return these forms, the individuals will be contacted. If, in the end, the consent forms are not received back, only those PFC's for which original consent was given will be reported for those individuals.

Ms. Amico inquired as to whether the DHHS will be comparing these results to people in the community that were not exposed to these chemicals and that are not part of the Pease Tradeport community.

Dr. Chan stated that the data is limited. The comparison is to national numbers, not the New Hampshire population that wasn't exposed. However, he stated that this would be a topic for discussion at a later date.

Ms. Amico inquired about people that missed the deadline for blood testing and whether there is flexibility or any extension for them. After these individuals have seen elevated levels of some of these chemicals, they may be more interested in having their blood tested.

Dr. Chan stated that people that want to be tested should be tested. A discussion with partners who draw and test the blood needs to happen to ensure they can handle additional testing. The demand for this will be evaluated and it will be determined as to whether more testing can be conducted.

Chairman DiPentima stated that there are only a few labs in the country that do this type of testing and these tests are not routine tests. However, we want to ensure that people that need to be tested will be tested.

Dr. Chan stated that it is preferred that this effort be coordinated through DHHS so that blood is tested (and protocols remain consistent) by the same lab. Even though a healthcare provider may find a lab and figure out how to get blood tested for these chemicals, ideally people should be referred to the DHHS inquiry line for this.

Ms. Amico inquired about plans to put more information on the website about PFHxS.

Dr. Chan stated that this is the plan, but additional information continues to be posted so people may have to search a bit on the site for the information they are looking for.

Chairman DiPentima requested that Dr. Chan speak to the audience about the importance of dealing with test results with their own provider as part of their ongoing healthcare. It is important to work with someone who knows their health history and can talk to them about this in the context of their other health issues in order to get a comprehensive review and assessment of their entire health picture.

Dr. Chan stated that the science and literature is not consistent; meaning that some studies say that there are health effects, some say there are not. The science is not completely there yet, so there are not specific medical recommendations based on PFC levels. The recommendation to providers is to conduct a normal health history and assessment of a person and make determinations as appropriate, but not to base those determinations on PFC levels.

Chairman DiPentima stated that there are studies currently being conducted both in the United States and overseas on exposure to PFC's. He wondered how best to track and monitor the results of these studies.

Dr. Chan stated that it is difficult to do this because there is so much literature coming out. National agencies like the CDC are relied upon to keep track of this type of data and synthesize it. However, we do need to find a way to keep track of this type of data.

Chairman DiPentima stated that as of Dec 31st, 2015, the rest of the country (public water sources that supply communities above 10,000 people) will be testing for PFC's. His hope is that this will increase the awareness and will affect the acceptable standards/levels of these chemicals.

Dr. Chan deferred to the NH DES stating that they know more about the well testing process.

A member of the Groundwater Bureau of NH DES stated that they have had to sample for 6 PFC's for the past couple of years. They have the results from some NH Systems. PFC's have not been detected in many cases, but they are not looking for numbers at the lower levels that Pease Tradeport testing is looking at.

Dr. Chan stated that since this is a contaminant of emerging concern, the EPA is also looking more closely at monitoring.

Deputy Fire Chief Heinz thanked Dr. Chan for working so diligently on this issue. He inquired if Dr. Chan knows of any existing data for firefighters exposed to these chemicals.

Dr. Chan stated that he cannot comment on this. There is data out there, but he does not know of it. Firefighters are exposed to other chemicals as well and it would be hard to tease this out.

Chairman DiPentima opened the session to questions from the public.

Kate Heedum of Portsmouth inquired about the level at which people are becoming ill from these chemicals. She has a child that attends daycare at Pease Tradeport.

Dr. Chan stated that it is a national biomonitoring effort to get a sense of what levels are in the blood of the average person and what people are experiencing under a normal set of circumstances. It is certainly hard to make the connection Ms. Heedum is referring to. The science to date is just not good enough to say anything with any certainty about illness from these chemicals. It is unclear what the health outcome will be with these PFC levels.

A question posed from a member of the audience was whether children will be included in the study at all. Test results to date seem to be for adults only.

Dr. Chan stated that the blood test results to date do not include children, but this will be forthcoming.

A question from a member of the audience was whether the 2011-2012 NHANES data is the most recent and whether those were the years that Pease Tradeport blood test results were being compared to.

Dr. Chan stated that this is the most recent data and these are the results the Pease Tradeport blood test results are compared to.

A question from a member of the audience was whether Dr. Chan could tell the audience more about NHANES, whether there are children included in this group and how many total were included in the NHANES study group.

Dr. Chan stated that there are approximately 1200-1500 individuals (representative of race, age, ethnicity, etc.) included in the NHANES studies. The CDC conducts interviews and participants fill out a questionnaire including health problems they are experiencing, etc. many different chemicals are looked at. NHANES includes only those individuals that are 12 years of age or older. For those younger than 12 years, there is a study from Texas that the results will be compared to.

A member of the audience inquired as to whether a link to the Texas study be provided.

Dr. Chan stated that these numbers will reflect the Texas data and they will be seen in the charts/graphs.

A member of the audience wondered whether it was a bit premature to make such comparisons given that exposure time (2 years, 10 years, etc.) is unknown at this time.

Dr. Chan stated that while it is true that exposure time is unknown, they are working on more environmental exposure assessments at Pease Tradeport. However, an exposure assessment is not being conducted in terms of how much chemical someone was exposed to over a period of time and that this is not the purpose of the work. It is a measurement of absolute blood levels. It can be compared to NHANES and communities with known exposure. Further exposure investigation is ongoing.

Kate Heedum of Portsmouth inquired about when children's blood test results come back, if the parents would like to meet with Boston Children's Hospital, what would the protocol would and who pays for that.

Dr. Chan stated that a phone consult could certainly be set-up with Boston Children's Hospital. A good starting point would be calling the Poison Control Hotline, or having a conversation with the family PCP. A referral could be made if needed through the PCP and normal avenues for insurance coverage could be followed. If the individual doesn't have insurance, or insurance refuses coverage, that issue would need to be examined.

Kate Heedum inquired about the level of expertise of the people answering the call line at the Poison Control Hotline, and their credentials.

Karen Simone from NNEPCC stated that people answering the phones at the Poison Control Center are nurses trained specifically in poison control and they have handled 2,000 human exposure calls and have 2,000 hours on the job in toxicology. They must also pass a national exam offered once/year. They are highly trained and supervised by a board of toxicologists.

A member of the audience that works in Environmental Epidemiology inquired about comparing with a confidence interval, and her specific demographic, not the NHANES

percentile. She stated that levels of PFC's tend to vary by age, gender and race (higher in men, Hispanics, etc.).

Dr. Chan stated that more detailed analyses will be performed at the end of the testing when individual data is in and has been examined. At that time, these types of parameters will be looked at and reported on more closely. This information will be on the website.

A member of the audience inquired as to when all the data is in, will the data be stratified by demographics and level of water consumption.

Dr. Chan stated that they will be looking at those factors.

A member of the audience stated that we know that everyone is (or has been) exposed to PFC's to some extent. He inquired if Dr. Chan could speak to how much the drinking water at Pease Tradeport contributed to this exposure.

Dr. Chan stated that this will be answered in part by the Environmental Exposure Assessment.

A member of the audience stated that it is important to help people understand who is most susceptible, such as children. Some will be affected at the more chronic, subclinical level. There is some information that these chemicals can be removed by chelation.

Dr. Chan stated that any parent will be concerned for a child who has been exposed to chemicals. One of the more studied outcomes for children has been in terms of fetal growth and development. There have been some studies done on cognitive development and ADHD. There was a systematic review done on children examining what the science and literature depicts in terms PFC exposure and neurodevelopmental outcome. However, it is still unclear what we can say definitively. We understand the concern on the part of parents about their children, but the science still is not there.

Dr. Chan stated that there is nothing can be done to remove PFC's from the body. It just takes time.

A member of the audience thanked Dr. Chan for an excellent presentation and inquired about any known risk factors for those children exposed early in life. We think of resilience, socioeconomic status, and that there are also potential genetic risk factors for health issues. There is a study that looked at Vitamin C supplementation and supplementing with iodine and that it may be helpful.

A member of the audience inquired as to whether people are not using water from the Haven Well anymore.

Dr. Chan stated that this is correct; the well has been closed for over a year.

A member of the audience inquired about exposure to chemicals from any other well in the area.

Dr. Chan stated that the Pease Tradeport is a known Superfund site and has been for years. ongoing well monitoring is currently in place. They have what is called Sentinel Wells at various places around Pease Tradeport where water is tested and monitored in order to determine if the contamination is moving from the Haven Well to other wells. This is being actively monitored by the Air Force, NH DES and the EPA.

Mr. Goetz stated that the Haven Well has been shut down since May of last year. The monitoring is ongoing. Data is posted monthly on the Portsmouth Website. Some wells are being monitored weekly, some are monitored at longer intervals. Contamination is being tracked.

Chairman DiPentima stated that exposure to these chemicals can be ubiquitous. Most people continue to be exposed at some level, not just at Pease Tradeport. Even Polar Bears have been found to have these chemicals in their blood.

Dr. Chan stated that there are over 100 different types of PFC's. In 2002, there was a voluntary recall of PFOS by the main manufacturer so levels in the population have been going down over time. There is also an effort to get PFOA phased out by the end of this year. There are still many other PFC's in use. Because these chemicals persist in the environment, in the home, and in food, you can still be exposed to PFOS and PFOA. Yet, there is still other PFC's in use that replace phased out PFC's so there are various sources of contamination and exposure.

Ms. Heedum stated that it was her understanding, that the remaining two wells have been found to have low levels of PFCs as well.

Mr. Goetz stated that Ms. Heedum is correct, but the levels are very low.

Ms. Heedum stated that as a resident, it is concerning that people are still drinking from these two wells. Data is surfacing that suggests that even low levels can be harmful. She stated that she hopes the CAB is hearing this concern. Other wells in Portsmouth do not have these contaminants.

Mr. Goetz stated that the standards for the drinking water program are being followed and that water treatment options are being looked at as well as what additionally can be done.

Comment from the audience directed to Brian Goetz: as the levels for PFHxS are higher than others, it is the hope that testing for this contaminant will occur.

Mr. Goetz stated that testing for 23 contaminants will continue.

A member of the audience stated that the EPA samples for contaminants that Pease Tradeport typically does not monitor for. PFHxS was one of those included on the sampling list but it was not detected in the water. However, the method that the EPA uses starts at a detection level a magnitude higher than the level of detection looked for at Pease Tradeport.

A member of the audience inquired about whether the list for testing at Superfund sites would be different than other sites in New Hampshire

A member of the audience stated that these chemicals are now on the radar. These things will be sampled for now.

Mike Wormstead from NH DES stated that with Superfund sites, of which there are 21 in NH, all are monitored individually and sampling is tailored to each site. Superfund sites are routinely testing beyond that being tested for in drinking water. When firefighting foams are being used for example, that is added to the testing regime. The NH DES had asked the Airforce to test for these chemicals (when it became known that these chemicals were identified as emerging contaminants of concern) at all three wells before Portsmouth was required to do so under the Regulation Contaminant Monitoring Rule.

Ms. Amico stated that with regard to the children's study in Texas, it has a sample size of only 300 children. She inquired as to whether there were any other studies which can be used for comparison.

Dr. Chan stated that there are a number of different studies that they looked at. The study selected was based on what was thought to provide the best comparison for various age groups and PFC's. To the best of his knowledge, there is not a study like NHANES for which to compare the pediatric population.

Ms. Amico stated that different exposure levels may be possible with children particularly with some in daycare receiving formula mixed with tap water at the daycare versus some that will be receiving pumped breastmilk that the mother sends in with the child versus formula mixed with water from home. We may also have mothers working at Pease Tradeport drinking the water and breastfeeding their child.

Dr. Chan stated that with the way the questionnaire was designed, they would not be able to decipher those factors. Revisiting this is a possibility although that discussion will happen down the road when more test results are in.

Ms. Amico inquired as to what the thoughts of DHHS was around the tests results to date.

Dr. Chan stated that there are the top three chemicals of concern (for which the average levels are above what is seen the general population), PFOS, PFOA and PFHxS. Among these three, PFOS and PFOA comparatively are lower than the NHANES data 10 years ago. The levels seen are not the levels seen in chemical workers or the environmentally exposed community.

Ms. Amico inquired as to whether there are any plans to retest people that have higher levels.

Dr. Chan stated that this consideration is down the road when more test results are in.

Ms. Amico stated that with regard to the mention of vitamin C and iodine and that it can help with exposure to these chemicals, she inquired as to whether it was possible for DHHS to review this information, review the literature and present it at the next community forum.

Dr. Chan stated that he is unaware of studies on these supplements. Vitamin C and other vitamins are certainly discussed with regard to this sort of concern and others, but we may need to bring in the environmental doctors on this one. He encouraged Dr. Carignan to send the information she has on this to DHHS.

Mr. Goetz stated that the City posts the community forum presentations, minutes, and other information on the website: www.cityofportsmouth.com.

Chairman DiPentima thanked Dr. Chan for his presentation and reminded everyone that only 20% of the data is in and there is much more to come. The information may not change at all, or it may change for the better or worse as results come in. He added that in the future, there will not be a presentation like this for the release of every 100 test results but that there will be more meetings before final results are tabulated. Once the 500 blood tests are done, the full picture will be presented looking at results for adults and children. He pointed out that the CAB is an advisory Board. The Board will listen to everyone and make recommendations to the Mayor and City Council. Sometime in July, Dr. Woolf, the Pediatric Medical Consultant at Boston Children's Hospital will be joining us. He will also participate in the Webinar on Monday.

Dr. Chan stated that blood test results will be reported out as they come back. In September, a report of the full results compiled will hopefully be available.

Chairman DiPentima stated the Board appreciates and respects the input of everyone involved and emphasized that everyone will work together towards an acceptable result. He reiterated that these meetings are open to the public.

4. ADJOURNMENT

The meeting was adjourned at 7:43p.m.

Respectfully submitted,

Toni McLellan
Recording Clerk, City of Portsmouth