

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 1

1 NEAL R. GROSS & CO., INC.

2 RPTS SALANDRO

3 HIF104180

4

5

6 FLINT WATER CRISIS:

7 IMPACTS AND LESSONS LEARNED

8 WEDNESDAY, APRIL 13, 2016

9 House of Representatives

10 Subcommittee on Environment and the Economy

11 Committee on Energy and Commerce

12 joint with the

13 Subcommittee on Health

14 Committee on Energy and Commerce

15 Washington, D.C.

16

17

18

19 The subcommittees met, pursuant to call, at 10:00 a.m., in
20 Room 2123 Rayburn House Office Building, Hon. Joe Pitts [chairman
21 of the Subcommittee on Health] presiding.

22 Members present: Representatives Pitts, Shimkus, Guthrie,
23 Harper, Murphy, Burgess, Latta, Lance, McKinley, Griffith,
24 Bilirakis, Johnson, Long, Ellmers, Bucshon, Flores, Brooks,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 2

1 Hudson, Collins, Upton (ex officio), Green, Capps, Doyle,
2 Schakowsky, Butterfield, Matsui, Castor, Sarbanes, McNerney,
3 Lujan, Tonko, Schrader, Kennedy, Cardenas, and Pallone (ex
4 officio).

5 Also present: Representative Kildee.

6 Staff present: Gary Andres, Staff Director; Will Batson,
7 Legislative Clerk, Energy and Power, Environment and the Economy;
8 Mike Bloomquist, Deputy Staff Director; Rebecca Card, Assistant
9 Press Secretary; Karen Christian, General Counsel; Jerry Couri,
10 Senior Environmental Policy Advisor; Theresa Gambo, Admin/Human
11 Resources; A.T. Johnston, Senior Policy Advisor; David McCarthy,
12 Chief Counsel, Environment and the Economy; Tim Pataki,
13 Professional Staff Member; Graham Pittman, Legislative Clerk;
14 Mark Ratner, Policy Advisor to the Chairman; Tina Richards,
15 Counsel, Environment; Michelle Rosenberg, GAO Detailee, Health;
16 Chris Santini, Policy Coordinator, Oversight and Investigations;
17 Chris Sarley, Policy Coordinator, Environment and the Economy;
18 Dan Schneider, Press Secretary; Adrianna Simonelli, Professional
19 Staff Member, Health; Heidi Stirrup, Health Policy Coordinator;
20 Josh Trent, Professional Staff Member, Health; Dylan Vorbach,
21 Deputy Press Secretary; Jeff Carroll, Minority Staff Director;
22 Jacqueline Cohen, Minority Senior Counsel; Timia Crisp, Minority
23 AAAS Fellow; Kyle Fischer, Minority Health Fellow; Jean Fruci,
24 Minority Energy and Environment Policy Advisor; Waverly Gordon,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 3

1 Minority Professional Staff Member; Tiffany Guarascio, Minority
2 Deputy Staff Director and Chief Health Advisor; Rick Kessler,
3 Minority Senior Advisor and Staff Director, Energy and the
4 Environment; Una Lee, Minority Chief Oversight Counsel; Elizabeth
5 Letter, Minority Professional Staff Member; Dan Miller, Minority
6 Staff Assistant; Rachel Pryor, Minority Health Policy Advisor;
7 Alexander Ratner, Minority Policy Analyst; Tim Robinson, Minority
8 Chief Counsel; Samantha Satchell, Minority Policy Analyst; Matt
9 Schumacher, Minority Press Assistant; and Andrew Souvall,
10 Minority Director of Communications, Outreach and Member
11 Services.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 4

1 Mr. Pitts. The subcommittee will come to order. This is
2 a joint hearing between the Subcommittee on Energy and the Economy
3 and the Subcommittee on Health. The chair will recognize himself
4 for an opening statement.

5 Today's hearing will provide an opportunity for our two
6 subcommittees to examine the issues related to the ongoing
7 drinking water crisis and related public health effects in Flint,
8 Michigan. Members of the committee already have a basic
9 understanding of the situation that led to the high levels of lead
10 discovered in the Flint drinking water system and the focus of
11 today's hearing will be how we can best respond to help affected
12 families in Flint and how we can best move forward with solutions
13 to ensure this does not happen again. Our witnesses today will
14 be able to provide key insights on what efforts both the Federal
15 and State governments are undertaking and I look forward to their
16 testimony.

17 According to the Mayo Clinic, lead poisoning, quote, can
18 severely affect mental and physical development, end quote, and
19 can even be fatal at high lives. From a public health standpoint,
20 we will want to better understand how the administration has
21 coordinated with the State of Michigan to provide technical
22 assistance to state and local health departments, including how
23 they helped with case management and interventions with children
24 identified with elevated lead blood levels.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 5

1 Addressing the long-term health implications, a potential
2 exposure of children to dangerously high levels of lead is no
3 simple fix. Some steps have already been taken to attempt to
4 address the serious public health issues in the community. Just
5 last month, the administration announced an expansion of Head
6 Start and Early Head Start in Flint, Michigan with a one-time
7 emergency influx of \$3.6 million for these programs.

8 Additionally, the Centers for Medicare and Medicaid Services,
9 CMS, approved Michigan's application to establish a 5-year
10 Medicaid demonstration, Flint Michigan Section 1115
11 demonstration, in response to the public health emergency of lead
12 exposure related to the Flint water system.

13 The U.S. Department of Agriculture's Special Supplemental
14 Nutrition Program for Women, Infants, and Children, WIC, is
15 allowing participants to use WIC vouchers for ready-to-feed
16 infant formula, which does not need to be mixed with water.
17 Participants can also swap powdered formula for read-to-feed
18 formula. WIC participants are being referred to the local Health
19 Department for lead screenings and provided nutrition education
20 on mitigating lead absorption through dietary changes.

21 These steps should help expand services available to ensure
22 access to needed medical, social, educational, and other
23 services. We are eager to hear of other options that may be
24 employed to alleviate the potential impacts lead can have on

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 6

1 health.

2 I look forward to our hearing today. I thank all of the
3 witnesses on both panels for participating in this important
4 hearing. Anyone on our side seeking time? If not, we will go
5 back and recognize the ranking member, Mr. Green, 5 minutes for
6 an opening statement.

7 Mr. Green. Thank you, Mr. Chairman. Good morning and I
8 thank all of you for being here for this important hearing. The
9 drinking water crisis in Flint, Michigan is a national tragedy.
10 It is a preventable, man-made disaster that should have been
11 intervened months before it caught the nation's attention. Most
12 tragically are the estimated 8,000 children under the age of 6
13 who were exposed to unsafe levels of lead who may need life-long
14 services to live fully productive lives.

15 Childhood lead poisoning is a tragedy impacting communities
16 throughout our United States. The Centers for Disease Control
17 estimates that approximately 500,000 American children under 6
18 have blood lead levels above 5 micrograms, the level recommended
19 for public health actions to be initiated. Children from
20 low-income communities, communities of color, like those in
21 Flint, and communities I have the honor of representing in Houston
22 and Harris County, Texas are two to three times more likely to
23 have elevated blood levels based on CDC data. No child in
24 America, regardless of background or income should be a victim

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 7

1 of lead poisoning.

2 The City of Houston has been proactive on this issue.
3 Houston is one of the six cities to be part of the CDC Child Lead
4 Poisoning Prevention Programs with the ambitious goal of
5 eliminating childhood lead poisoning in the city by 2020. In 2013
6 alone, over 24 children were screened for lead. And since 1996,
7 nearly 3,000 homes have been remediated for lead paint. I support
8 these efforts but more must be done to ensure that every child
9 is tested for lead and all older homes are lead paint free in
10 Houston and across the nation. Unfortunately, the CDC program
11 was drastically cut in recent years from 30 million in 2011 to
12 15 million last year. Health and Human Services working with
13 Congress must ensure that this and other similar programs get the
14 resources they need to protect our children from lead exposure.

15 The recent study conducted by the American Water Works
16 Association estimates that there is 6.1 million lead service lines
17 utilized nationwide, serving 15 to 22 million Americans. These
18 lead service lines are greater concentrated in the mid-west and
19 the northeast. LSLs are found in every state. My home State of
20 Texas is estimated to have 270,000 lead service lines still in
21 use, the eighth highest in the country. If we are going to
22 eliminate lead out of our drinking water once and for all, our
23 nation must commit to the comprehensive plan to replace lead
24 service lines. This will necessitate coordination between water

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 8

1 utilities, cities, states, and EPA with a sizeable commitment of
2 resources from the Federal Government to support local
3 communities and low-income households, replacing their lead
4 lines.

5 I am proud to join my colleague, Representative Paul Tonko,
6 as an original co-sponsor of the AQUA Act, which would reauthorize
7 the Safe Drinking Water Act for the first time in 13 years and
8 give states greater resources to update our nation's aging
9 drinking water infrastructure by increasing funding for the state
10 revolving fund.

11 The Safe Drinking Water Act was passed by Congress 4 decades
12 ago, to ensure public drinking water supplies throughout the
13 nation. It is clear today that our Safe Drinking Water Act failed
14 to protect the people of Flint and other communities around the
15 country. As a community of jurisdiction, we need to know why.

16 Much of the responsibility for the failure, to my peer's
17 point, is the Lead and Copper Rule. The LCR has not seen major
18 revisions in 20 years. I am very interested in hearing what EPA
19 has done to modernize the Lead and Copper Rule and what revisions
20 the public health and water utility experts before us today
21 believe are necessary to ensure that our public water systems are
22 lead-free.

23 I hope that today's hearing will bring frank and truthful
24 discussion on these critical issues in public health and that we

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 9

1 find common ground in moving forward to ensure that this terrible
2 tragedy never hits another great American city.

3 Mr. Chairman, I hope our committee will use our jurisdiction
4 to further us and do our best to do.

5 And I would be glad to yield the remainder of my time to my
6 colleague from North Carolina, Congressman Butterfield.

7 Mr. Butterfield. Thank you, Mr. Green, and I will talk fast.

8 On March 4th, members of the Congressional Black Caucus, the
9 Congressional Progressive Caucus, and members of the House
10 Democratic Leadership traveled to Flint to see the ongoing
11 environmental disaster. I can only describe the frustration and
12 harm to the residents of Flint as gut-wrenching. People have lost
13 hope in their government that have failed them at many levels,
14 none more so than at the state level under the management of
15 Governor Snyder. I am disappointed that the governor is not here
16 today to answer for his role and that of his administration in
17 failing to protect the well-being of nearly 100,000 Flint
18 residents.

19 I understand that this is a hearing on lessons learned from
20 Flint but this is not the first time people have been poisoned
21 by their water and it will not be the last until we make real
22 investments to fix the root of the problem.

23 I represent a poor district in North Carolina, which,
24 unfortunately, is no stranger to lead-poisoned water over the last

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 10

1 decade. Cities of Durham, Greenville, and rural areas in Wayne
2 County have all had unsafe drinking water. Levels of
3 contamination in Durham exceeded 800 parts per billion. This is
4 unacceptable, whether it is in Durham, Greenville, Wayne County,
5 or in Flint, Michigan.

6 Too often, Mr. Chairman, these problems incur in vulnerable
7 communities and our response is too little, too late. Access to
8 clean water should not be a luxury. It should be a guarantee.
9 The tragedy in Flint has highlighted one of the key environmental
10 justice issues of this generation and it is time to fix this
11 inequity now.

12 I thank the witnesses for coming today. I yield back.

13 Mr. Pitts. The chair thanks the gentleman and now
14 recognizes the chair of the full committee, Mr. Upton for 5 minutes
15 for an opening statement.

16 The Chairman. Well, thank you, Mr. Chairman.

17 You know the tragic situation in Flint has captured the
18 attention of the nation, that is for sure. And the events that
19 unfolded are simply unacceptable. And sadly, there are missteps
20 at all levels of government. What happened to Flint and its
21 residents, especially the kids, being poisoned in their own home
22 absolutely breaks your heart.

23 And long after the media leaves Flint and the dust settles,
24 families, real Michigan families will be grappling with this

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 11

1 tragedy for decades, most likely, lifetimes. That is why today's
2 hearing is going to take a look forward.

3 I have said before and I am going to say it again that I am
4 not interested in finger-pointing. There has much of that done
5 already. The focus needs to be on the folks who are impacted,
6 especially the kids and what we can do to ensure that this does
7 not happen again anywhere.

8 We are interested today in examining the underlying causes,
9 various public health implications, and potential solutions
10 moving forward. And while we can't rewind the clock to prevent
11 the colossal failure of public trust, actions taken by both the
12 State of Michigan and the Federal Government are important steps
13 in the right direction.

14 The administration and state have coordinated to disseminate
15 public health education, provide case management and
16 interventions for kids with elevated blood levels, and have worked
17 to identify vulnerable populations in Flint who may need further
18 targeted outreach.

19 The Federal Government should work with the state to ensure
20 that proper testing and monitoring is indeed taking place. We
21 know that early education is a critical factor in combating the
22 effects of lead exposure. In February, HHS awarded grants of
23 \$250,000 to two health centers in Flint. These funds are being
24 used to hire additional personnel, providing more testing,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 12

1 treatment, outreach, and education on the lead exposures. HHS
2 has also announced an expansion of Head Start and Early Head Start
3 in Flint and a one-time emergency influx of \$3.6 million for
4 these programs. Thank you.

5 In March, CMS also approved Michigan's application to
6 establish a 5-year Medicaid demonstration project in response to
7 the public health emergency. Michigan will expand coverage for
8 kids up to age 21 and pregnant women with incomes up to and
9 including 400 percent of the federal poverty level who were served
10 by the Flint water system from April of 2013 through a
11 state-specified date. Additionally, Michigan has indicated that
12 it will implement a state program to make available unsubsidized
13 coverage for higher income populations in Flint.

14 Here in the House, we also took action when we passed H.R.
15 4470, the Safe Drinking Water Act Improved Compliance Act by a
16 vote of 416 to 2. This bipartisan solution championed by Flint
17 Congressman Dan Kildee and co-sponsored by the entire Michigan
18 delegation ensures that the public is notified of excessive lead
19 levels in the drinking water and also clarifies and improves the
20 process of federal, state, and city officials communicating
21 promptly with each other, as they should. Communities across the
22 country, mine included, and would note this is this week's my local
23 paper, earlier this week The Herald Palladium, where the headline
24 "U.S. water systems repeatedly exceed federal standards for

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 13

1 lead," all communities are worried about water infrastructure
2 issues.

3 And our bipartisan bill, that passed again in the House,
4 specifically calls on EPA to help communities develop a strategic
5 plan for dealing with emergencies like this before they happen.

6 Today, we expect to learn more from EPA about its plans with
7 the Lead and Copper Rule under the Safe Drinking Water Act. We
8 are also going to learn from Michigan's Keith Creagh and Nick Lyon
9 on what steps the state and community are taking to get Flint water
10 back up to national standards.

11 On the second panel, we are going to hear from an association
12 of water utilities in association with state drinking water
13 regulators, what lessons that they have learned and what they are
14 doing to apply those lessons.

15 We are also going to hear from Dr. Mona Hanna-Attisha,
16 Program Director, Pediatric Residency at the Hurley Children's
17 Hospital. Dr. Mona, as she is called, provides an important
18 perspective on children's health and I am pleased that she is with
19 us so that we can continue to work together.

20 It is my hope that this hearing is going to serve as a valuable
21 opportunity to hear more about this important work, ideas for
22 further steps that can be taken by the Federal Government and the
23 State of Michigan to help the people of Flint and how Congress
24 can ensure with confidence that this does not happen again.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 14

1 We cannot and we will not forget those in Flint who have been
2 impacted by this tragedy. No amount of regrets or words can
3 actually fix what is broken. We need concrete action.

4 I yield back.

5 Mr. Pitts. The chair thanks the gentleman and now
6 recognizes the ranking member of the full committee, Mr. Pallone,
7 5 minutes for an opening statement.

8 Mr. Pallone. Thank you, Mr. Chairman and thank you for
9 holding this hearing today.

10 This committee's jurisdiction over public health and the
11 environment makes it uniquely positioned to address the future
12 in Flint and I am glad we are beginning that process today.

13 I remain extremely concerned about the water and health
14 crisis. Flint has been without safe drinking water for far too
15 long. It is important that we all recognize that all levels of
16 government will need to invest untold millions, if not billions,
17 to mitigate the damage to Flint residents posed by this man-made
18 disaster.

19 This hearing is an opportunity to address how we move forward
20 and ensure that anyone impacted has access to support and
21 assistance as long as necessary. We must decide what is needed
22 to fix Flint's infrastructure and address the potential impacts
23 lead contamination may have on Flint's children, which will take
24 years.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 15

1 The people in Flint need a fully functional drinking water
2 system that delivers safe water to their homes. We need to take
3 a hard look at whether the reestablishment of corrosion control
4 is working to prevent further leaching from lead service lines
5 and we need to know more about what is required to have those pipes
6 removed and replaced.

7 There are also significant health needs that must be
8 addressed. Flint's residents, especially the children, will
9 require a suite of services, including ongoing testing and
10 monitoring for lead exposure. They will also likely need a range
11 of behavioral health, educational, and social services going
12 forward. Thankfully, our Medicaid program is structured just for
13 emergencies like this one but moving forward, our task will be
14 to ensure that every affected child in Flint is not only enrolled
15 but also receiving the services they need through the Michigan's
16 Medicaid program.

17 Today is also an opportunity to begin to address the problems
18 beyond Flint. For instance, in New Jersey, the Newark School
19 System has ordered that water be turned off at 30 schools, due
20 to the presence of lead. Flint reminds us that if we fail to
21 properly invest in health and safety, the consequences can be
22 devastating and, in many instances, we will need to invest even
23 more resources in response, if we wait. We must act now to ensure
24 Americans throughout the country do not suffer from these same

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 16

1 problems.

2 Now, Congress banned the use of lead in new pipes 30 years
3 ago but between 3.3 and 10 million older pipes remain in use
4 throughout the country today. Families living in homes connected
5 to these pipes all across the country are potentially at risk from
6 lead leaching from these aging pipelines into their plumbing.
7 Children are most affected by these aging pipelines and the
8 associated negative health effects linked to lead exposure. The
9 CDC estimates that half a million U.S. children ages 1 to 5 have
10 blood lead levels that exceed the agency's guidelines of 5
11 micrograms per deciliter. As deeply concerning as these
12 statistics are, they understate the problem. The current
13 scientific consensus holds that no amount of lead in the blood
14 is safe for children.

15 It is long past time for a serious conversation in this
16 country about the dangerous lack of federal investment in our
17 drinking water infrastructure and in our public health system.
18 The Safe Drinking Water Act needs to be strengthened. EPA needs
19 more authority to set health protective standards for all drinking
20 water contaminants and we need to invest in our water systems to
21 ensure safe drinking water. We also must ensure the necessary
22 resources for providing healthcare to monitor and address lead
23 poisoning, as well as preventing lead poisoning in the first
24 place.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 17

1 So, I want to thank all the members of both subcommittees
2 here today for your continued attention on this issue. I look
3 forward to hearing from our witnesses about how we can all work
4 together to ensure a strong future for the residents of Flint.

5 I would like to yield -- I know I have a minute and half --
6 half the time to Ms. Matsui and Mrs. Capps. We will start, I
7 guess, with Ms. Matsui.

8 Ms. Matsui. Thank you, Mr. Pallone.

9 First and foremost, we must do everything we can to support
10 the women, children, and families in Flint affected by this public
11 health crisis. Contaminated water and lead poisoning were the
12 end result of a system that failed the people of Flint but Flint
13 is far from the only community at risk.

14 Today, we need to ask the hard questions and offer real
15 solutions so that the suffering in Flint is not repeated in cities
16 and towns across the nation. The first step is increasing funding
17 for our water infrastructure. This infrastructure must be
18 resilient and sustainable because it is also our first line of
19 defense.

20 We also need to ensure that our public health infrastructure
21 is robust so we can both prevent and respond to crises like those
22 in Flint. This means investments in public health, surveillance,
23 prevention and screening, and treatment. I hope today we can
24 learn about ways that can support or programs in our local health

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 18

1 departments, as well as Medicaid programs to prevent and respond
2 to public health crises.

3 Thank you and I yield to Mrs. Capps.

4 Mrs. Capps. Thank you for yielding.

5 You know all people have the right to safe, reliable drinking
6 water, no matter where you live. This crisis shines a spotlight
7 on our country's insufficient water systems and potential
8 devastation that can result from not investing in our nation's
9 most important infrastructure.

10 The central need for safe access to drinking water is exactly
11 why Representative Tonko and I and several others introduced the
12 Assistance Quality and Affordability Act a little over a month
13 ago. The bill marks a much-needed start to address the issues
14 facing our crumbling drinking water infrastructure and I am happy
15 that several components from my Water Infrastructure Resiliency
16 and Sustainability Act are among the many important provisions
17 included to help ensure that our water is available and safe.

18 But while we could spend our time talking about those, the
19 fact is that lack of access to clean water threatens our families'
20 health and our well-being. It compromises our very way of life.
21 So, today's hearing is an important first step in what I hope will
22 be a broader conversation on this imminent threat to our public
23 health. It cannot wait. We must act now.

24 And I yield back to my colleague.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 19

1 Mr. Pitts. The chairman thanks the gentlelady.

2 I now recognize the ranking member of the Environment and
3 Commerce Subcommittee, Mr. Tonko, 5 minutes for an opening
4 statement.

5 Mr. Tonko. Thank you, Mr. Chair, and thank you to our
6 witnesses for being here today for what I believe is a long overdue
7 hearing.

8 I look forward to hearing what is being done by all levels
9 of government in response to this tragic and unnecessary crisis.
10 By now, the details and time line of events that led to this
11 situation in Flint have been well-established but there are still
12 many questions to ask and many lessons left to learn.

13 There is no safe level of lead in drinking water, yet it
14 exists throughout our water systems in pipes, solder, and
15 fixtures. The consequences of lead exposure for the people of
16 Flint will be long-term and will require government assistance
17 in education, public health, and mental health services for
18 decades to come. It all affect the city's economy. And this
19 event has lost its residents' trust in government. So be it for
20 austerity approaches.

21 We know the root causes of this catastrophe. I do not want
22 to litigate the details that led to this tragedy but I do believe
23 it is a clear case of environmental injustice caused by public
24 officials that cared more about saving dollars than about serving

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 20

1 the health and welfare of the people for whom they speak. There
2 is no question there were failures and failures of government.
3 There were delays in acknowledging and in serious problems. The
4 evidence and concerns of legitimate experts and public were
5 dismissed. Some causes were also structural.

6 Flint's population decline in the past 5 decades has put
7 tremendous stress on the city, on its water system, and on its
8 residents. All of these issues are underlined by unaffordable
9 water rates and aging infrastructure, which are sadly all too
10 common in our country. Flint should open people's eyes,
11 especially those in public service that we cannot take safe
12 drinking water for granted. Water supports every life and water
13 supports every job. And so, therefore, our drinking water
14 systems cannot and should not be ignored.

15 Our systems require investments. That is right,
16 investments to upgrade, maintain, and replace basic physical
17 infrastructure to ensure public health. Such investments are
18 basic and cannot be denied for the sake of austerity. At the end
19 of the day, someone will pay for our nationwide neglect of drinking
20 water systems. And we have seen that paying later, after a
21 crisis, is more expensive than investing now. In fact, my
22 engineering community, of which I am part, tells me that we pay
23 ten times more when we wait for the break in a line to occur than
24 to have done the preventative therapy.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 21

1 We will hear about the steps that must be taken moving
2 forward, clarifying and strengthening the Lead and Copper Rule,
3 the risks of partial lead line replacement, issues around
4 corrosion control and improving our testing procedures. Many of
5 these issues have been discussed by the Flint Water Advisory Task
6 Force's report and the National Drinking Water Advisory Council
7 Lead and Copper Rule Working Group's report. These are important
8 issues but I want to be clear that these issues do not end at
9 Flint's city limits. We have been severely under-investing in
10 our drinking water infrastructure for decades and now we are
11 seeing the dangerous and costly consequences. Why are we
12 surprised?

13 Removing lead in drinking water should be a national priority
14 with a national discussion and it must be done in a comprehensive
15 and planned way. Corrosion control treatment will be part of the
16 solution but it is not a final answer.

17 USA Today has reported that nearly 2,000 water systems across
18 all of our 50 states have exceeded the EPA's lead action level
19 within the past 4 years. That is strictly unacceptable. There
20 are millions lead pipes across this country and given our track
21 record for replacement, many lead pipes will remain for decades
22 without a more proactive replacement plan.

23 We know what we must do. Do we have the courage to go
24 forward? We must improve lead testing, monitoring, and public

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 22

1 notice to act on risks quickly. We need a focus on protecting
2 vulnerable populations. We need to address lead exposure in
3 schools and assist low-income homeowners with lead line
4 replacement. And we need a sustained and robust commitment to
5 upgrade our water systems and remove those lead components.

6 The current federal commitment is simply not good enough.
7 We can't even say we lead by example. We must step up to help
8 states and local communities finance these projects.

9 A majority of the Democrats on this committee have
10 co-sponsored the AQUA Act, which would reauthorize the drinking
11 water SRF at Recovery Act levels and beyond. It also makes some
12 much-needed updates to the Safe Drinking Water Act, including
13 support for disadvantaged communities and additional emphases on
14 the sustainability and affordability of our water systems. We
15 want to be partners in this effort but unless we get serious about
16 addressing these bigger issues of deteriorating infrastructure
17 and unaffordable drinking water, it is only a matter of time before
18 we are demanding another hearing on another preventable tragedy.

19 So, I hope that we can count on all members of this committee
20 to make sure that the people of Flint, and in particular the
21 children of Flint, get the assistance that they need and that they
22 deserve. And I hope that we will do what is necessary and expand
23 the federal commitment to ensure other communities get the
24 resources that they need to prevent these future tragedies.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealgross.com

1 With that, Mr. Chair, I yield back. Let's do the right
2 thing.

3 Mr. Pitts. The chair thanks the gentleman.

4 I now recognize the chair of the Environment and Economy
5 Subcommittee, Mr. Shimkus, for 5 minutes for an opening statement.

6 Mr. Shimkus. Thank you, Mr. Chairman for recognizing me and
7 yielding me this time.

8 At one level, I am glad to see that we are looking into the
9 tragedy in Flint, Michigan and, on another, I am saddened and
10 disappointed that it even happened in the first place.

11 The drinking water crisis that the residents of Flint,
12 Michigan have had to endure has been called a tragedy so much that
13 the word loses its meaning. I know there have been concerted
14 efforts to assign blame for these problems and other congressional
15 committees have spent trying to look into who caused this or who
16 didn't do enough to stop it. I have decided that there are very
17 few white hats in this picture.

18 Flint was let down by its federal and state government and
19 its local officials and the residents there are right to be
20 skeptical. We need to look into what is being done to make the
21 situation better, delve into what the schedule looks like to
22 restore good drinking water to folks, and what the long-term plan
23 is to take care of the health and the infrastructure of Flint.
24 Ultimately, we need to ensure coordination, openness, and

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 24

1 cooperation between government water utilities and the public so
2 we can feel confidence that the work is being done.

3 As part of this examination, we should appreciate what
4 changes the Environmental Protection Agency is considering as
5 part of its long-term revisions to the Lead and Copper Rules. I
6 recognize EPA has been getting input from the National Drinking
7 Water Advisory Council and others but we should examine what the
8 impact of some of those decisions might have on communities. We
9 all want to protect public health but there are a finite amount
10 of resources, federal, state, local, and private that can be
11 brought to bear to address all issues. We need to prioritize the
12 public health benefits we are addressing and getting. We want
13 appropriate attention placed on this issue but not at the expense
14 of addressing other pressing public issues.

15 I want to thank all of our witnesses for joining us today
16 to give us their perspective. I want to welcome back Mr.
17 Estes-Smargiassi, who testified on lead service lines 6 years ago
18 before this committee.

19 Again, I thank you, Mr. Chairman, for the time you have
20 yielded to me and I yield back the balance of my time.

21 Mr. Pitts. The chair thanks the gentleman. That concludes
22 the opening statements. As usual, all members' written opening
23 statements will be made a part of the record.

24 We will now proceed to our first panel. And I apologize for

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 25

1 the technical difficulties. I urge members, as they walk down
2 the center aisle, not to bump the wires. It will result in all
3 that cracking you are hearing. And the lights on the table do
4 not work. So, at 4 minutes, I will give you a couple of taps so
5 you know you have 1 minute left. At 5 minutes, I will do three
6 taps for you to be able to wrap-up.

7 And I will introduce the first panel in the order of their
8 presentations. Your written statements will be made a part of
9 the record but you will each be given 5 minutes to summarize.

10 And in the order of their presentations, we have Joel
11 Beauvais, Deputy Assistant Administrator for the Office of Water,
12 U.S. Environmental Protection Agency; and then Dr. Nicole Lurie,
13 Assistant Secretary for Preparedness and Response, U.S.
14 Department of Health and Human Services; Mr. Nick Lyon, Director
15 of Michigan Department of Health and Human Services; and Keith
16 Creagh, Director of Michigan Department of Environmental Quality.

17 Thank you for coming. We appreciate you coming today and
18 as I said, you will each be given 5 minutes to summarize your
19 testimony. And at this point, the chair recognizes Mr. Beauvais,
20 5 minutes for his opening statement.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 26

1 STATEMENTS OF JOEL BEAUVAIS, DEPUTY ASSISTANT ADMINISTRATOR,
2 OFFICE OF WATER, U.S. ENVIRONMENTAL PROTECTION AGENCY; NICOLE
3 LURIE, MD, MSPH, ASSISTANT SECRETARY FOR PREPAREDNESS AND
4 RESPONSE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; NICK LYON,
5 DIRECTOR, MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND
6 KEITH CREAGH, DIRECTOR, MICHIGAN DEPARTMENT OF ENVIRONMENTAL
7 QUALITY.

8
9 STATEMENT OF JOEL BEAUVAIS

10 Mr. Beauvais. Thank you, Chairman Pitts, and good morning
11 to you and to Chairman Upton, to Chairman Shimkus, Ranking Member
12 Green, Ranking Member Tonko, and distinguished Members of the
13 Committee. Thank you for the opportunity to testify about EPA's
14 response to the drinking water crisis in Flint, Michigan.

15 Under the Safe Drinking Water Act, Congress directed the EPA
16 to set national standards to protect public health but assigned
17 primary responsibility to the states to implement these
18 regulations. EPA maintains federal oversight of the states'
19 drinking water programs. That system, while imperfect, has
20 achieved major improvements in drinking water safety nationwide.
21 The situation in Flint, however, underscores the need for urgent
22 and sustained action by federal, state, tribal and local
23 governments, and drinking water system owners and operators
24 nationwide to address risks from lead in drinking water and to

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 27

1 ensure that nothing like this ever happens again.

2 As part of the coordinated federal effort led by the U.S.
3 Department of Health and Human Services, EPA is working closely
4 with the State of Michigan and the City of Flint to address the
5 crisis in Flint. Since October 2015, EPA's Flint Safe Drinking
6 Water Task Force, composed of agency experts in the areas of
7 corrosion control and others, has provided technical assistance
8 to the city and to MDEQ on steps needed to re-optimize corrosion
9 control and ensure proper lead testing.

10 On January 21, 2016, EPA issued an Emergency Order under
11 section 1431 of the Safe Drinking Water Act, directing the State
12 of Michigan, MDEQ, and the City of Flint to take actions necessary
13 to ensure that corrosion control is re-optimized and that the city
14 establishes the capacity to operate its drinking water system in
15 compliance with the requirements of the law.

16 EPA is an integral part of the federal response effort and
17 has established a significant presence on the ground, which
18 includes response personnel, scientists, water quality experts,
19 community involvement coordinators, and support staff. In
20 addition to providing ongoing technical assistance through the
21 EPA Flint Task Force, EPA is conducting a multi-pronged effort
22 to collect and analyze drinking water samples taken from around
23 the city to help ensure transparency and accountability in
24 assessing the status of Flint's system. Sampling results will

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 28

1 continue to be shared with individual homeowners and are publicly
2 available on EPA's Web site.

3 EPA has also taken several concrete steps to address systemic
4 issues raised during this crisis. EPA's Administrator McCarthy
5 has directed a review of MDEQ's implementation of the Safe
6 Drinking Water Act, has called on EPA's Inspector General to
7 evaluate EPA's response to the Flint crisis, and issued an
8 agency-wide elevation memo encouraging staff and managers to
9 raise issues of public health concern and to assure appropriate
10 and prompt action to address such concerns.

11 In addition, EPA is working with states that have primacy
12 in implementing the Safe Drinking Water Act to strengthen
13 implementation of the Lead and Copper Rule, which covers
14 approximately 68,000 public water systems nationwide. EPA
15 recently sent letters to the governors and drinking water
16 regulatory agency heads of every primacy state in the country
17 asking them to work with EPA to strengthen implementation of the
18 Rule. That includes a series of specific actions to enhance
19 transparency, accountability, and communication of timely
20 information to the public.

21 In addition, EPA has been actively working on revisions to
22 improve the Lead and Copper Rule. In December 2015, we received
23 extensive recommendations on potential revisions from our
24 National Drinking Water Advisory Council, composed of members of

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 29

1 the general public, state and local agencies, and private groups,
2 as well as from other concerned stakeholders. We are carefully
3 evaluating this input and the national experience in implementing
4 the current rule, including the events in Flint, to develop
5 proposed improvements. EPA expects to propose revisions to the
6 Rule in 2017 and will welcome comments robust engagement and
7 comments from the public and other interested parties.

8 Finally, the situation in Flint highlights the need for
9 broader national action to address our drinking water
10 infrastructure. In many areas across our country, that
11 infrastructure is aging and severely underfunded, particularly
12 in low-income communities, which may have the most difficulty
13 securing traditional funding through rate increases or municipal
14 bonds. As EPA continues to work to strengthen public health
15 protections through regulatory policy and implementation, we also
16 need a serious national conversation about how to advance the
17 investments and technologies necessary to continue the delivery
18 of safe drinking water to all American families.

19 I thank you for the opportunity to testify today and welcome
20 your questions.

21 [The prepared statement of Mr. Beauvais follows:]

22 *****INSERT 1*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 30

1 Mr. Pitts. The chair thanks the gentleman and now
2 recognizes Dr. Lurie, 5 minutes for opening statements.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 31

1 STATEMENT OF NICOLE LURIE, MD, MSPH

2
3 Dr. Lurie. Thank you Chairman Pitts, Chairman Shimkus,
4 Chairman Upton, Ranking Members Green, Tonko, and Pallone. Thank
5 you, Mr. Upton, and distinguished members of the committee. I
6 appreciate the opportunity to testify about the water situation
7 in Flint and the Federal Government's response.

8 I am Dr. Nicole Lurie, the Assistant Secretary for
9 Preparedness and Response at the Department of Health and Human
10 Services. I am also the lead federal official for the response.
11 And in that role, my job is to coordinate and bring the entire
12 federal family together to deliver resources to help the people
13 in Flint.

14 When I was first asked to take on this role, I made the
15 decision to base the federal response in Flint, not in Washington
16 or in Lansing. I established a unified coordination group there
17 to bring federal, state, and local partners together to assess
18 the situation and align resources to support the community.

19 Since then, I have been in Flint almost every week meeting
20 with community leaders, government officials and, most
21 importantly, residents in Flint to ensure we are doing everything
22 possible. We have had up to 110 people working on the ground at
23 any one time, including staff from EPA, FEMA, USDA, HUD, HHS, and
24 the Department of Education, as well as hundreds of others working

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 32

1 remotely. We have had four major goals: providing safe water,
2 supporting efforts to restore the water system and mitigating the
3 health effects of lead exposure.

4 I am pleased to report we have made real progress. FEMA has
5 provided millions of liters of bottled water and tens of thousands
6 of filters and cartridges to residents. Numerous partnerships
7 have successfully delivered these commodities door to door and
8 through points of distribution and I am confident that Flint
9 residents have access to clean water for now.

10 As you have heard, EPA is focused on helping the community
11 restore their water system. Our major focus has been
12 understanding the extent of the lead exposure and doing everything
13 we can to mitigate those effects. My first observation on
14 arriving in Flint was that the community was scared, angry, and
15 traumatized. In response, we immediately deployed teams from the
16 U.S. Public Health Service to provide psychological first aid and
17 to train others in those techniques. Behavioral health remains
18 one of my priorities and is one shared by the community.

19 In order to fully assess the potential impact of exposure,
20 CDC advised that all children should have the opportunity to be
21 lead tested or retested. There have been many, many testing
22 events across the city and what I can tell you is that fewer than
23 one percent of children have high blood levels now. But we all
24 know that all children in Flint were exposed to lead at the height

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 33

1 of the crisis and CDC is completing an independent analysis going
2 back before the water switch to the Flint River to further inform
3 our mitigation strategies.

4 Another focus has been to ensure that all children with
5 elevated lead levels receive timely follow-up from a nurse case
6 manager so that we can link these kids to important services
7 through their medical homes. CDC has provided extra personnel
8 to support the state and county in achieving this goal.

9 It will also be critical to follow kids over time. We are
10 in the process of planning a long-term voluntary registry in
11 collaboration with the state, local, and academic partners and
12 this will be critical to the long-term monitoring follow-up of
13 kids with lead effects.

14 Beginning early in the response, I began to hear from the
15 community about concerns with [audio malfunction in hearing
16 room]. I asked CDC to state in a comprehensive evaluation to see
17 whether there might additional substances in the water that could
18 be causing and this investigation is underway.

19 We know that a suite of interventions focused on early brain
20 development can help kids overcome many of the harmful effects
21 of lead exposure and these include access to healthcare,
22 developmental and behavioral assessments, early childhood
23 education and good nutrition. As you heard from Mr. Upton, HHS
24 has approved an historic Medicaid expansion covering children

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 34

1 through age 21 and up to 400 percent of the federal poverty limit
2 or approximately 15,000 additional children and pregnant women
3 in the Flint area. We hope the state can move forward with this
4 important enhancement as soon as possible.

5 HHS has also provided an additional \$3.6 million in one-time
6 emergency funding to Flint's existing Head Start programs and made
7 additional funding available to two community health centers to
8 expand access, case management and behavioral health services.
9 And the Department of Agriculture is helping the state increase
10 community access to foods that help combat the effects of lead
11 in this community, which still lacks a full service grocery store.
12 Additionally, this summer, USDA will extend nutrition benefits
13 to an additional 15,000 students.

14 In closing, this has truly been a whole community whole of
15 government response. Our progress in Flint has been made
16 possible by strong partnership and coordination between federal,
17 state, and local partners. Yet, there is still work to be done
18 to assure the best outcomes for Flint families. The federal
19 government will continue to support Flint's recovery with the goal
20 of helping its children and families lead happy, healthy, and
21 productive lives. Thank you.

22 [The prepared statement of Dr. Lurie follows:]

23
24 *****INSERT 2*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 35

1 Mr. Pitts. The chair thanks the gentlelady and now Mr. Lyon,
2 you are recognized for 5 minutes for your opening statement.

1 STATEMENT OF NICK LYON

2
3 Mr. Lyon. Thank you, Chairmen Pitts and Shimkus, Ranking
4 Members Tonko and Green, and members of the subcommittees for
5 inviting me to this joint subcommittee hearing to discuss these
6 important issues. I would like to also thank Congressmen Kildee
7 and Upton for being here today.

8 My priority as Director for Michigan Department of Health
9 and Human Services is to ensure a healthy, safe, and stable
10 environment for all of Michigan's families. I know the people
11 of Flint are hurt. I know that they are upset. And I recognize
12 that there is anger and mistrust. Rightfully so. Despite the
13 efforts of many dedicated and well-qualified people, both within
14 my department and locally, the citizens deserve better.

15 We have initiated an internal review, in addition to the
16 joint investigation being completed by the Office of Auditor
17 General and Office of Inspector General. We will address
18 whatever shortcomings are identified by these reviews within my
19 department and will properly address issues and factors that
20 affected our response. We know that we could have done better.

21 My heart goes out to the families impacted and that is why
22 I am here today, to talk about what Governor Snyder's
23 administration and particularly my department is doing to provide
24 relief to the people of Flint and ensure that the necessary

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 37

1 services are provided in the future. We are now looking forward
2 at what we can do to improve the health and quality of not only
3 Flint but for all people in Michigan.

4 We have already taken steps to restructure areas within our
5 department to better align programs with surveillance and to
6 ensure local health issues, such as the ones we are discussing
7 today, are quickly elevated for immediate follow-up. For
8 example, we have increased case management for all children with
9 elevated blood lead levels in Flint to ensure that their health
10 is immediately being addressed. We have funded additional nurse
11 case managers within the Genesee County Health Department to work
12 with families and we are aggressively working to increase services
13 in the community. We know that outreach and continued care is
14 important.

15 And as part of our nurse case management efforts in Flint,
16 we are now regularly testing water as a potential source of lead
17 during follow-up with families, in addition to considering paint,
18 soil, and dust exposures in the home.

19 We are also working close with our partners in Medicaid, our
20 Medicaid health plans, to increase the number of children in Flint
21 tested. While lead testing is required for all children enrolled
22 in Medicaid, this is an area we continue to improve upon with our
23 recent rebid in Michigan's Medicaid Health Plans emphasizing the
24 need. We are also working closely with our healthcare providers

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 38

1 to ensure that all children are screened appropriately.

2 In addition, the Flint Water Advisory Task Force has issued
3 a comprehensive set of recommendations that we are actively
4 reviewing for implementation. For instance, we know that good
5 nutrition works to prevent the absorption of lead into the body.
6 To increase access to sources of nutrition foods in Flint, we are
7 working closely with the Food Bank of Eastern Michigan to arrange
8 mobile food bank deliveries in 23 sites across the city. We are
9 assisting the Michigan Department of Education with the
10 coordination and placement of nine new nurses in the Flint
11 community and we are also adding additional schools to our
12 existing program for adolescent health centers.

13 We are developing and coordinating long-term educational and
14 behavioral screening tools, services, and supports for the
15 children of Flint. We are working with the Genesee Health System
16 and the Flint Community Resilience Group to develop and implement
17 mental health first aid to assist the community in their recovery.
18 And most recently, we are working to finalize a contract with the
19 Genesee County Community Action Resource Department to replace
20 water heaters for residents whose water heaters may have been
21 damaged.

22 Throughout this emergency, we have greatly appreciated the
23 support of our federal partners. Our department has six federal
24 Centers for Disease Control and Prevention personnel embedded

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 39

1 within our programs, who continue to work closely with the Genesee
2 County Health Department and the Michigan Department of Health
3 and Human Services as part of our efforts.

4 Through those resources that we have available to us, we have
5 worked closely with our partners in the Agency for Toxic
6 Substances and Disease Registry to create and release a Legionella
7 toolkit for healthcare facilities and large buildings to prevent
8 the growth of Legionella in water systems. Ultimately, our hope
9 is to help other communities in Michigan and across the country
10 learn, as we have, how to prepare for and even prevent lead
11 exposure and Legionella outbreaks such as the one that occurred
12 in Flint.

13 We also appreciate the assistance of our partners at the
14 Centers for Medicare and Medicaid and Services who have approved
15 our application to extend Medicaid benefits to pregnant women and
16 children up to the age of 21 up to 400 percent of the federal
17 poverty level who were served by the Flint water system. This
18 waiver will ensure access to primary care and provide targeted case
19 management services to coordinate all physical and behavioral
20 health related services for children potentially exposed to lead.

21 The Substance Abuse and Mental Health Services
22 Administration is providing technical assistance in many areas,
23 and the United States Department of Agriculture has approved our
24 requests to utilize our WIC Program resources to test children

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 40

1 for lead and enhance our nutritional education efforts.

2 In implementing Governor Snyder's action plan, we are
3 working with Dr. Hanna-Attisha and Professor Marc Edwards through
4 the Flint Water Interagency Coordinating Committee.

5 I want to thank Dr. Mona Hanna-Attisha, who will be
6 testifying on the next panel, for bringing this issue to light
7 and for continuing every day to help the families and children
8 of Flint. She has been an invaluable partner as we deliver on
9 our commitment to provide the necessary health care services to
10 these families.

11 On behalf of the Snyder Administration, I want to assure you
12 that we stand committed to fixing this problem for the people of
13 Flint and to ensure this does not happen again in Michigan or
14 anywhere else.

15 Thank you again for the opportunity to testify and I look
16 forward to answering your questions.

17 [The prepared statement of Mr. Lyon follows:]

18

19 *****INSERT 3*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 41

1 Mr. Pitts. The chair thanks the gentleman.

2 I know recognize Mr. Creagh for 5 minutes for his opening
3 statement.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 42

1 STATEMENT OF KEITH CREAGH

2

3 Mr. Creagh. Good morning and thank you for the opportunity
4 to appear before this committee today.

5 I am Keith Creagh and on January 4, 2016 I was appointed to
6 be the Interim Director of the Michigan Department of
7 Environmental Quality. When I testified before the House
8 Committee on Oversight and Government Reform on February 3, 2016,
9 my testimony described how all levels of government did not
10 together to protect the people of Flint, resulting
11 in a water emergency. Since that time, government at all levels
12 has begun working cooperatively to help the people of
13 Flint. I look forward to discussing the progress made to provide
14 resources and results for the people of Flint, as well as some
15 of the lessons learned.

16 One of my first objectives was to implement changes in the
17 culture of the department. We refocused our primary mission to
18 protecting the environment and public health. In reviewing the
19 water source switch to the Flint River, we took a technical
20 approach to compliance with the federal Lead and Copper Rule
21 without adequately addressing public concern. One of the first
22 lessons learned is that infrastructure
23 changes are complex, especially in aging systems, and regulatory
24 agencies need to engage with the experts and the public in a more

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 43

1 meaningful way. Much of the progress to date has been achieved
2 through the Flint Water Interagency Coordinating Committee. The
3 Coordinating Committee is comprised of city, county, and state
4 officials, private entities, and outside experts such as Dr. Marc
5 Edwards and Dr. Mona Hanna-Attisha. The objective of the
6 Coordinating Committee is to connect all available resources to
7 assist the people of Flint and mitigate the impact of lead exposure
8 to the committee.

9 Just last Friday, the Coordinating Committee heard
10 presentations on the current status of the Flint water system.
11 The data indicates that the water quality is improving and that
12 protective coating on the pipes is being restored; however, it
13 is still unstable.

14 The information sharing that has occurred as a result of the
15 Coordinating Committee demonstrates a second lesson: in order
16 to rebuild trust, government at all levels needs to share
17 information in order for there to be effective discussions with
18 experts and citizens. The Safe Drinking Water Act Improved
19 Compliance Awareness Act, passed in February by the House, is a
20 good first step.

21 The State of Michigan has appropriated over \$68 million to
22 address the water issues in Flint, with another \$165 million
23 pending. \$30 million has been appropriated for the City of Flint
24 to credit residents for water used for drinking, cooking and

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 44

1 bathing from April 2014 through April 2016. The state is paying
2 for the reconnections to the Great Lakes Water Authority to supply
3 finished treated drinking water to Flint. \$18 million has been
4 set aside to provide long-term follow-up care to children.

5 The Department is paying for water sampling and testing,
6 residential plumbing assessments and reliability studies. We
7 have established a sentinel water testing program through which
8 over 600 residents are sampling their water every 2 weeks. The
9 results from the past four rounds of sampling show that over 92
10 percent of the households have results at or below 15 parts per
11 billion of lead but, again, it shows instability.

12 The Department also supported a pilot service line
13 replacement program in Flint and, additionally, the state has
14 provided \$2 million to the City of Flint for Mayor Weaver's FAST
15 Start Program to remove lead service lines with an additional \$25
16 million in a pending supplemental appropriation.

17 Moving forward, the Department is committed to supporting
18 the City of Flint's efforts to identify and prioritize replacement
19 of unsafe service lines and other infrastructure to ensure the
20 integrity of the drinking water system.

21 The third lesson is simply replacing lead pipes alone will
22 not solve this problem. Many of the high lead levels come from
23 internal fixture that either have lead components, lead solder,
24 or have lead particles trapped in faucet aerators. A

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 45

1 comprehensive lead education campaign must continue past the
2 immediate emergency. We are working with EPA and outside experts
3 to develop guidelines that will prohibit partial line replacement
4 and establish replacement priority.

5 Furthermore, a long-term strategy needs to be implemented
6 that upgrades and maintains an appropriately sized water
7 infrastructure for Flint.

8 The fourth lesson is states should treat the federal rule
9 as a floor, not a ceiling. Michigan is proposing to establish
10 a comprehensive Michigan Lead and Copper Rule to ensure necessary
11 public health protections that exceed the existing federal rule.
12 When it comes to protecting public health, states cannot wait for
13 EPA's issuance of an updated rules. States must be willing to
14 go above and beyond what the federal government standards are,
15 whenever necessary to ensure public health is protected.

16 We will continue to work with the City of Flint regarding
17 its future water needs. We are committed to continuing the
18 collaborative process already established with all levels of
19 government, outside experts and citizens to resolve the water
20 emergency. We hope that the effective implementation of this
21 approach and the lessons learned will prevent the reoccurrence
22 of such emergencies in Michigan and other parts of the country.

23 Thank you for the opportunity and I look forward to your
24 questions.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 46

1 [The prepared statement of Mr. Creagh follows:]

2

3 *****INSERT 4*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 47

1 Mr. Pitts. The chair thanks the gentleman, thanks each of
2 the witnesses for their testimony.

3 I will begin the questioning and recognize myself 5 minutes
4 for that purpose.

5 Dr. Lurie, I will begin with you. Can you talk specifically
6 about the CDC Agency for Toxic Substances and Disease Registry
7 response on the ground in Flint? What their role be moving
8 forward?

9 Dr. Lurie. The Agency for Toxic Substances and Disease
10 Research or ATSDR, as it is known, has played the lead role in
11 helping with the analysis of the lead data to date, providing case
12 management services and helping the state and county with those
13 and going forward will be instrumental in setting up a registry,
14 as well as a strengthened lead program going forward.

15 Mr. Pitts. Thank you. Mr. Lyon, what changes are you
16 implementing at the Michigan Department of Health and Human
17 Services that will help reduce lead exposure for Michigan's
18 children in the future? And would it be wise for other states
19 to adopt these changes?

20 Mr. Lyon. I think one of the things we have learned through
21 this, and part of the education for all of us is the potential
22 impact on these water systems that have the presence of lead.
23 Traditionally, really lead in the past has been a public health
24 success. Over the past several decades, the amount of lead in

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 48

1 children has decreased drastically with the reduction of
2 lead-based gasoline and lead-based paints but we now have to be
3 cognizant that there is a new lead danger. As Dr. Lurie has noted
4 and the chairman has noted, there is no safe level of lead in the
5 bloodstream. And I think we have to be cognizant going forward
6 of water as a potential source.

7 As part of what we have done specifically, as part of our
8 lead abatement program in environmental investigations, we are
9 looking at water in the households in Flint and we are looking
10 at fixtures and aerators and things of that nature as part of the
11 environmental investigation and potentially replacing those
12 items if we believe that is the source of the problem.

13 Mr. Pitts. Thank you. Mr. Beauvais, is EPA performing
14 compliance verifications of drinking water systems under the Safe
15 Drinking Water Act? And was there ever a pause in the use of this
16 authority? If so, when and why?

17 Mr. Beauvais. EPA exercises its oversight of state drinking
18 water programs with primacy through a number of mechanisms and
19 it has done that over the years and we are engaged in a specific
20 effort on Lead and Copper Rule oversight right now where regional
21 offices across the country are meeting with every state primacy
22 agency to ensure that there is appropriate attention and resources
23 being given to Lead and Copper Rules oversight that lead action
24 level exceedances are being addressed, that corrosion control is

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 being implemented where it is supposed to be.

2 Mr. Pitts. Okay and, Mr. Creagh, I have heard about the many
3 testing programs occurring in the City of Flint. And the one I
4 am interested in learning more about is the sentinel program.
5 What is that? Can you give me some additional information about
6 what is demonstrating?

7 Mr. Creagh. Yes, sir, Mr. Chairman, I can. So, the
8 sentinel point was where we, in partnership with EPA actually
9 identified over 600 sites throughout the City of Flint looking
10 at a whole variety of factors using some R. Mona Hanna-Attisha's
11 information on age of water, where lead service lines were, where
12 various communities were. And so every 2 weeks we test those
13 individual homes. They have been actually trained on how to take
14 the sample, making sure using wide mouth appropriate flow and we
15 collect those and then analyze those. And so what that does is
16 it gives us a snapshot, if you will, every 2 weeks, of the integrity
17 and viability of a water system in Flint.

18 Mr. Pitts. And how is the community involved in this?

19 Mr. Creagh. So, as we respond to individuals, we have a
20 community member that has hired a local plumber, that has hired
21 a DEQ inspector, and, at times, our Department of Health and Human
22 Service or local public health individuals. That is especially
23 true when there is high lead levels above 150 parts per billion.
24 We are in the house within 2 days. If you are above 100 parts

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 50

1 per billion, we are in the house within 7 days and if you are above
2 15 parts per billion, we communicate with you and ask you to take
3 another sample.

4 Mr. Pitts. Thank you. My time has expired.

5 The chair recognizes the ranking member, Mr. Green, 5 minutes
6 for questions.

7 Mr. Green. Thank you, Mr. Chairman. I thank our panel for
8 being here.

9 The Safe Drinking Water Act is supposed to ensure safe and
10 reliable drinking water for customers of public drinking water
11 systems across the United States. Clearly, it failed the
12 citizens of Flint and we, in Congress, should be asking why. It
13 seems that the short answer is that because the Lead and Copper
14 Rule or LCR is in serious need of revision.

15 Mr. Beauvais, what is the status of the revisions for the
16 LCR and when will they be completed?

17 Mr. Beauvais. We are actively working on developing
18 proposed revisions to the rule. As I mentioned in my testimony
19 this past December, we received extensive recommendations from
20 our National Drinking Water Advisory Council, as well as input
21 from a number of other concerned stakeholders. So, we are
22 carefully considering that input. We will be engaging with
23 stakeholders over the coming months to develop a proposed rule
24 and expect to be able to propose a rule in 2017.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 51

1 Mr. Green. How long had that advisory panel been impounded
2 to get you the information in December?

3 Mr. Beauvais. I believe it was over the course of about a
4 year or so. The NDWAC or the National Drinking Water Advisory
5 Council formed a working group to provide specific advice which
6 delivered recommendations to the council in August of last year
7 and then the council transmitted those recommendations to the
8 administrator in December.

9 Mr. Green. Here we are in the middle of April now and you
10 have had that information since December. Because of what is
11 happening in Flint I think is just a tip of the issue, is there
12 any way that EPA could actually speed up the LCR?

13 Mr. Beauvais. We certainly have a sense of urgency about
14 the revisions and we also want to make sure that we get them right.
15 And in fact, many of the recommendations of the National Drinking
16 Water Advisory Council were developed at a time before Flint had
17 really come to light in the national consciousness. So, I think
18 stakeholders' understanding of where we need to go on this has
19 evolved somewhat. So, we are working hard on that and we are going
20 to get it done as quickly as we can.

21 Mr. Green. When do you think it will be? Is there an
22 estimated time? Because, again, we are almost 4 months into the
23 year.

24 Mr. Beauvais. I don't want to prejudge the process. What

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 52

1 we have been able to say is that we expect to propose in 2017 and
2 I certainly hope that that is as early in 2017 as possible.

3 Mr. Green. Well, it seems that action levels are not set
4 at levels to ensure vulnerable populations are protected. Is
5 that a correct statement?

6 Mr. Beauvais. I think the specific challenges that occurred
7 in Flint have to do with the failure to apply corrosion control
8 as should have been done under the existing rule. Nevertheless,
9 we do recognize that there is a lot of need for improvement in
10 the rule and we are going to be working actively on that.

11 In the meantime, we are engaging in very close coordination
12 with the states in working to strengthen implementation of the
13 current rule and see where states can go beyond the requirements
14 of the current rule to improve public health protections.

15 Mr. Green. How will the LCR revisions ensure health
16 protection for children and other vulnerable populations?

17 Mr. Beauvais. I am sorry. Could you repeat that?

18 Mr. Green. How will the LCR revisions ensure health
19 protection for children and other vulnerable populations?

20 Mr. Beauvais. Well, I think one starting point is the
21 National Drinking Water Advisory Committee -- Council's
22 recommendation which focus on a number of key areas. One of them
23 is to have the revised rule require proactive replacement of lead
24 service lines by utilities, instead of just as a reactive measure.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 53

1 Another proposal is for the agency to develop a household action
2 level, which would trigger notifications to public health
3 authorities if household levels are over a certain --

4 Mr. Green. Well, it seems there is a lot of frustration.
5 The fact that exceeding the action level for lead did not actually
6 constitute a violation of the Safe Drinking Water Act, the LCR
7 requires corrective action when high lead levels are found but
8 does not penalize systems for those initial high lead levels. In
9 other words, the current LCR fails to incentivize protection.

10 Do you expect the new LCR revisions to include changes and
11 advise systems to prevent lead contamination, not just a remedy
12 if it is found?

13 Mr. Beauvais. I do.

14 Mr. Green. Okay. I have a number of series of questions.
15 In February of this year, the Ranking Member Pallone and
16 Congresswoman DeGette and Ranking Member Tonko sent a letter to
17 the Michigan Department of Health and Human Services to better
18 understand the role of lead level surveillance in Flint. The
19 Department answered some but not all of the questions in response
20 dated March 11th of 2016. I want to follow-up with some
21 questions.

22 Mr. Lyon, it is my understanding you were prepared to answer
23 these questions today. Is that correct?

24 Mr. Lyon. I will do my best, sir, yes.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 54

1 Mr. Green. Okay. In your letter, we asked about July 15th
2 Michigan Health and Human Services memo that observed a spike in
3 blood lead levels in the summer of 2014 after the city switched
4 to Flint River in the drinking water. However, the Michigan
5 Health and Human Services officials originally concluded that
6 this spike was seasonal and not related to the water supply. What
7 led the Department to compile the July 15th report?

8 Mr. Lyon. I received a request from the Executive Officer,
9 the Governor's office, sir.

10 Mr. Green. Mr. Chairman, I know. I just want -- and why
11 did Michigan Health and Human Services conclude that the spike
12 was not related to the water supply?

13 Mr. Lyon. Well I think when that initial analysis is done,
14 the staff that work for me felt there were seasonal fluctuations
15 within the data that drove the changes over that first summer.
16 When they compared it prior years, it was within range of years
17 before. And obviously, we learned, once Dr. Mona put her
18 information forward, we worked with her on her data and were able
19 to later show an association of the blood lead increases with the
20 water switch.

21 Mr. Green. Mr. Chairman, I know I am well over time. I
22 would like to submit additional questions, if possible.

23 Mr. Pitts. Thank you

24 Mr. Lyon. And through the chair, sir, we will certainly look

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 55

1 at your questions and provide a narrative response. Thank you
2 for the additional time.

3 Mr. Pitts. We will make sure his questions are forwarded
4 to you in writing, if you can respond.

5 The chair thanks the gentleman and now recognizes the chair
6 of the Environment and the Economy Subcommittee, Mr. Shimkus, 5
7 minutes for questions.

8 Mr. Shimkus. Thank you, Mr. Chairman.

9 I want to direct mine Mr. Creagh. Can you speak to schools,
10 day cares, and senior centers in Flint? We have mostly been
11 talking about homes.

12 Mr. Creagh. So, yes, sir, we can. And so we have actually
13 tested all the schools in Flint and we have replaced 93 percent
14 of the fixtures. And one of the questions had to do with lead
15 exposures in schools in Flint, Michigan. There are no lead
16 service lines going to the schools, to the best of our knowledge.
17 It is other types of materials. So, mainly, the exposure happened
18 because of the fixtures within those schools. So, we have
19 replaced 93 percent of those. We have gone through a number of
20 deep flushings, if you will, for those schools, to assure that
21 when kids come back, hopefully after spring break, they can once
22 again use that water in those facilities.

23 We are not there yet. As we replaced some of the fixtures,
24 we found out that there was some plumbing within the schools that

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 needed to have some further renovations and so we are working very
2 closely with the school superintendent.

3 Mr. Shimkus. Daycares, senior citizens?

4 Mr. Creagh. Yes, sir, those are certainly on the list and
5 we are doing those. I can't tell you exactly what percentage.
6 I think we are about at 46 percent of those.

7 Mr. Shimkus. So you talked in your opening statement some
8 inconsistencies in the testings across the whole area. And then
9 you have also talked about the sentinel program a little bit.

10 So, what measures -- I mean how are you going to get to a
11 determination when you can make a statement of the water is safe
12 again, since there seems to be hot spots and -- I mean can you
13 talk through that? I mean I don't know the answer. I am asking
14 you.

15 Mr. Creagh. Well, the data will drive our decisions. And
16 I appreciate EPA regional administrator Bob Kaplan brought
17 together a number of the scientists a week ago Monday to look at
18 the data. And the thing that we cannot do is have different
19 interpretation of data. We need to be closely aligned because
20 we have promised citizens certain actions, without necessarily
21 having that data support those decisions. So, I think what you
22 will see is all of us look at the data.

23 And the data at this point in time says a couple of things.
24 It says that soluble lead is getting better. In other words,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 there is coating in the piping. The particulate lead that gets
2 caught in the aerator is problematic. And that is why it is
3 unstable. The data says that the filters work and the data say
4 that we need to enlist the help of the citizens of Flint to flush
5 their systems thoroughly so that the orthophosphates will
6 continue to coat those pipes.

7 Mr. Shimkus. Can you talk about water bill credits for
8 Flint?

9 Mr. Creagh. Yes, sir. No one should pay for unusable
10 water. And so there is a \$30 million credit that is available
11 to refund or credit towards the water use between April of 2014
12 to 2016. About 52 percent of the bill was for drinking, bathing,
13 and cooking. And so, because of the flushing and other things,
14 the residents are afforded 65 percent.

15 We are working with the city. They are trying to perfect
16 the refund and credit mechanism. So, at this point in time, that
17 is in the city's court.

18 Mr. Shimkus. So, there is a plan but there is a recognizable
19 delay?

20 Mr. Creagh. Yes, sir. As the city was going through the
21 records, they wanted to make sure they had clarity, transparency,
22 and that they could answer the questions as the citizens raised
23 them.

24 Mr. Shimkus. Let's talk about the communication between the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 58

1 Michigan Department of Environmental Quality and the rest of the
2 local, state and federal. What have we done--I think from the
3 outside, because I am from Illinois, we are watching this unfold.
4 Obviously, there is a crisis but the question is how have we
5 improved communication so that we are all moving towards the same
6 objective versus pointing fingers at each other?

7 Mr. Creagh. As Dr. Lurie said, one of the ways to improve
8 communication was through the unified command group and I
9 appreciate her leadership in that, so that there was not a
10 difference between state, federal, and local government. That
11 is number one. Number two, Director Lyon and I have a memorandum
12 of understanding or agreement to make sure we share data across
13 program areas. Number three, we need to be in the community, so
14 we meet in the community every Friday through the Flint Water
15 Interagency Coordinating Committee that I referred to that has
16 both the internal and external expertise so we can honestly debate
17 the data.

18 And then three is we need to embrace those that raised
19 questions and not dismiss.

20 Mr. Shimkus. Thank you. Mr. Chairman, I know a lot of
21 people want to ask questions. I will yield back my time.

22 Mr. Pitts. The chair thanks the gentleman.

23 I now recognize the ranking member Mr. Tonko, 5 minutes for
24 questions.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Mr. Tonko. Thank you, Mr. Chair.

2 Mr. Beauvais, the most recent EPA Drinking Water Needs
3 Assessment has estimated that we need \$384 billion over the next
4 20 years to bring drinking water systems into good working
5 condition. The estimated investments needed for those systems
6 has grown with each succeeding assessment, indicating that we are
7 falling further and further behind. I agree with your statement
8 that need a serious discussion about how to deal with this national
9 problem. I further believe the funding level for the Drinking
10 Water State Revolving Fund is simply too low to offer states the
11 assistance that they truly need to tackle this problem.

12 This committee has received testimony and support of my
13 belief from representatives of different states and systems both
14 small and large. So, I would ask what is your assessment of the
15 states and additional federal funds to reduce the maintenance
16 backlog with their drinking waters. What do you believe needs
17 to be done?

18 Mr. Beauvais. Well, I think it is clear that we do need
19 increased investment in drinking water infrastructure, as well
20 as on the clean water infrastructure side and the need surveys
21 point to those needs. We are working hard within the levels of
22 resources that we have within the State Revolving Funds. We are
23 working closely with states to try to find ways to make that money
24 work smarter and harder through leveraging and so forth. There

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 60

1 is also the opportunity through the Water Infrastructure Finance
2 and Innovation Act. In the President's budget for fiscal year
3 2017 there is a \$20 million request, which could help to leverage
4 additional resources for low-interest loans that could help
5 compliment the SRS. So, those are some of the areas in which we
6 are working but strongly agree with you that there is a need for
7 more resources and work in this area.

8 Mr. Tonko. Thank you. And it is obvious that this response
9 in Flint is reactive. It is obviously more expensive than a
10 proactive program that would prevent emergencies. Do you agree
11 in that assessment?

12 Mr. Beauvais. I think there is a common sense response there
13 of concern with penny wise but pound foolish policy decisions
14 which might save a few dollars in the short-term but, ultimately,
15 have led to some very serious expenses and, most importantly, the
16 human tragedy that is unfolding in Flint.

17 Mr. Tonko. Thank you. And in the case of Flint, I
18 understand there are estimates that up to 40 percent of their
19 treated water may be leaking from the distribution system. That
20 is not only a profound waste of a vital resource, it is
21 economically unsustainable. A water utility cannot collect
22 payment on that water but I assume they have to charge a rate
23 necessary to cover those losses. That problem must be addressed
24 if Flint's water utility is ever to be able to get costs and rates

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 under control.

2 What is the estimated investment needed to bring Flint's
3 drinking water infrastructure up to par?

4 Mr. Beauvais. I don't have precise numbers on what it would
5 take to repair the water mains and so forth but that certainly
6 would be an expense well beyond what is involved in possible
7 replacement of the lead service lines.

8 Mr. Tonko. Yes, I am hearing some very high estimates and
9 when I compare that to what is allocated in our SRF, it could take
10 up that whole system. Is that your understanding?

11 Mr. Beauvais. I don't have precise figures but that
12 wouldn't surprise me.

13 Mr. Tonko. And am I correct in understanding that the focus
14 now is on the lead service lines in Flint's distribution system?

15 Mr. Beauvais. Well, the city has been very focused on
16 replacing the lead service lines. I believe that Director Creagh
17 made mention of the FAST Start program that the city is engaged
18 in and the city has been in dialogue with the state about potential
19 funding for full lead service line replacements across the city.

20 Mr. Tonko. And Director Creagh, your testimony states that
21 results from recent sampling have shown that over 92 percent of
22 the households have lead levels less than 15 parts per billion.
23 That is not good enough. But even if water is reliably safe to
24 drink, what steps do you believe are necessary to rebuild trust

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 62

1 in government, in their government, and in our water system?

2 Mr. Creagh. As I mentioned, one of the roles of the Flint
3 Water Interagency Coordinating Committee is to make sure we are
4 in the communities working with the community to build that trust,
5 one. Two is that you have to have outside experts and those that
6 are trusted in the community part of the solution, like Dr. Mona
7 Hanna-Attisha, like Dr. Mark Edwards, Dr. Reynolds, and Dr.
8 Sullivan. So, we try to do that. And then three is we need to
9 perform and deliver.

10 And so, we are working with the city on reliability studies.
11 We are looking at what is the infrastructure needs for the next
12 decade, not the last decade.

13 Mr. Tonko. I know there has been a big discussion about
14 affordability for programs that speak to drinking water. But I
15 hear a lot of avoided costs that, regrettably, are part of the
16 system because of austere thinking.

17 Can you provide an update on the lead service line
18 replacement pilot program? Is there a reliable inventory of lead
19 pipes in Flint?

20 Mr. Creagh. Yes, sir, those are two different questions.
21 The pilot program that Retired General -- Brigadier General Mike
22 McDaniel did on behalf of the city. By the end of this week, they
23 should have 33 lines out as proof of concept. Those were more
24 than lead service lines because galvanized lines act as a sink

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 63

1 for lead and that is part of the reason for the particulate lead.
2 So, that is a proof of concept that he is doing and that should
3 be complete.

4 There is then, as I mentioned, \$2 million to begin taking
5 out additional lead service lines. They are using the program
6 that the Board of Water and Light in Lansing, Michigan used when
7 they replaced their lead service lines.

8 Mr. Tonko. And I thank you, Director Creagh. I have taken
9 up my available time but there are many questions I have and I
10 will submit those to the subcommittees for review for the
11 individuals.

12 Mr. Pitts. We will send them to you in writing.

13 Mr. Tonko. With that, I yield back.

14 Mr. Pitts. The chair thanks the gentleman.

15 I now recognize the chairman of the full committee, Mr.
16 Upton, 5 minutes for questions.

17 The Chairman. Thank you, again, Mr. Chairman. We all have
18 a good number of questions.

19 The first one that I have, I guess in listening to the
20 response of Mr. Beauvais to Mr. Green's question, if there was
21 one message you could send up the chain is we would like to have
22 something maybe earlier than 2017. That is a long ways off. And
23 I would like to think that maybe there can be a little extra push
24 to try and get that so communities can figure out where they need

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 64

1 to go. So, whether it is a proposed rule or something that can
2 be out there that can help, I think that would be important.

3 The question that I have I guess for each of you, quickly,
4 is so we passed, as I indicated in my opening statement, H.R. 4470
5 pretty darn quick. I mean Mr. Kildee had some good ideas. We
6 refined them a little bit. We had, I thought, some constructive
7 ideas. We have worked with Mr. Pallone and the committee staff,
8 who is bipartisan. We didn't have the hearings. We didn't have
9 a markup. We moved it right to the floor. And I thank again the
10 leadership on both sides. We passed it under suspension like
11 that. And of course, we are waiting for the Senate to take some
12 action.

13 It has now been about 2 months since that happened. So, now
14 if you had had this extra 2 months, again, we did this pretty quick,
15 what changes would you make? What things have you discovered that
16 we might have missed when we moved that bill so quickly out of
17 here that we might want to think about, anything?

18 Mr. Beauvais. Well, the agency is certainly very grateful
19 for your and the committee's work on providing additional
20 authority for prompt public notice for systems where there are
21 lead action level exceedances. I don't have specific suggestions
22 to offer at this moment but we would be more than happy to provide
23 technical assistance.

24 The Chairman. That would be great. Because, again, it has

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 65

1 languished over in the Senate and, at some point, we are going
2 to, I hope, come together.

3 Dr. Lurie, I just want to say, too, for the record, you and
4 I have met a number of times. We have had a number of
5 conversations. We really appreciate what you have done. The
6 directive that you had from the President, your weekly trips that
7 are there, you are working with all layers of government. We
8 appreciate your testimony today and what you are trying to do,
9 your expertise.

10 But I would be interested in if you have any thoughts in terms
11 of what we might have added, knowing that we have been a couple
12 months since we passed this in the house.

13 Dr. Lurie. You know I think it is a great question. And
14 my first observation, overall, is that public health and water
15 are obviously tied very closely together. A clear message from
16 this is the disinvestment in the public health infrastructure has
17 consequences. And a clear message I think going forward is the
18 importance of preventing exposure by a strong early warning
19 surveillance system to detect elevated blood levels, stronger
20 surveillance efforts, and faster action on the lead mitigation
21 issues.

22 Here, moving forward with the registry to track all kids,
23 finding kids who might be having trouble and being able to jump
24 on them quickly is going to be terribly important.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 The Chairman. So, here is a follow-up question as I watch
2 the clock. How many -- what percentage of kids in Flint, knowing
3 that this is a national story, folks in Flint know about it, how
4 many families, how many kids have not been tested in Flint by a
5 percentage?

6 Dr. Lurie. You know at the beginning of this crisis --

7 The Chairman. Because I mean --

8 Dr. Lurie. -- and I asked Mr. Lyon to help, about 60 percent
9 of kids on Medicaid had been tested, although there is a universal
10 screening recommendation. With the more recent testing, most of
11 the lead was probably out of kids' systems but it was very
12 important for us to find any remaining kids who still had high
13 lead levels. Moving forward, testing all kids per the universal
14 screening recommendations and getting on those high lead levels
15 within 2 weeks is going to be critical.

16 The Chairman. Mr. Lyon?

17 Mr. Lyon. She is exactly right. We were approximately 60
18 percent in our Medicaid program. We instituted some enhanced
19 elevated blood level testing, especially after October first,
20 when this occurred. We have tested thousands of children. What
21 we have seen is the rate is somewhere below two percent, so we
22 are following up with those children but, as has been indicated
23 --

24 The Chairman. Two percent with higher elevated -- with

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 elevated lead levels.

2 Mr. Lyon. Five.

3 The Chairman. Five percent, okay.

4 Mr. Lyon. With that in mind, it doesn't measure past
5 exposure. So, what we have done is we have really taken our focus
6 and said that we need to have the services in place that could
7 potentially serve any child in Flint because we don't know what
8 their exposure may have been prior to the recent blood testing.

9 The Chairman. Okay. My time has expired but will prepare
10 similar questions for the written record and yield back. Thank
11 you.

12 Mr. Pitts. The chair thanks the gentleman.

13 I know recognize the ranking member of the full committee,
14 Mr. Pallone, 5 minutes for questions.

15 Mr. Pallone. Thank you, Mr. Chairman. I wanted to ask some
16 questions of the panel and I will be a little more specific but
17 my major concern, what I hear from our Michigan colleagues is that
18 we need to address the infrastructure issue because the fact of
19 the matter is that we still have exposure to these lead pipes and
20 short-term and long-term we need to correct that by having systems
21 in place that would allow people to drink the water without having
22 to worry about lead. And secondly, we have all these people,
23 particularly children, who have been exposed to lead poisoning
24 and something needs to be done to treat them, not only now but

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 68

1 also in the future.

2 Now, I understand that the governor convened an independent
3 group, the Flint Water Advisory Task Force, to review what
4 happened in Flint and offer recommendations for the future and
5 that this task force offered a number of recommendations, both
6 short- and long-term, particularly establishing and maintaining
7 a Flint Toxic Exposure Registry to include all the adults and
8 children and further recommended that all children be offered
9 timely access to age appropriate screening, clinical, and
10 follow-up for development and behavioral concerns.

11 So, thinking about what this task force is trying to do to
12 implement these recommendations, I assume they would try to do
13 that, what about the funding? In other words, do you have
14 adequate funding to correct the infrastructure both now and in
15 the future so that this doesn't happen again in Flint and to
16 address the health concerns that will rise with these adults but
17 particularly children who have been exposed? That is what I
18 wanted to know. I want to know because we are the committee of
19 jurisdiction. We are not appropriators but you know obviously
20 we can influence this.

21 I guess I would ask -- let me be more specific. Let me start
22 with Mr. Lyon. Do you agree that -- do you think that the current
23 state and federal budget is adequate to address the public health
24 activities that I mentioned?

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 69

1 Mr. Lyon. I think with this issue especially the
2 investments in lead programs nationally has decreased. And I
3 think that has happened at state levels and federal levels. And
4 I think that is something -- that is a priority that should be
5 revisited. We have reviewed the science and we see the studies
6 around lead exposure and how it impacts children in the near-term,
7 behavioral issues, ADHD, in the long-term potential links with
8 interventions with the juvenile justice system --

9 Mr. Pallone. Well, let me ask you this, Mr. Lyon. Do you
10 feel right now you have adequate funding at the state and the
11 federal level to address this in Flint, to address both the
12 infrastructure needs and the public health concerns?

13 Mr. Lyon. I would have to defer to Keith on the
14 infrastructure needs. What I will tell you is that through the
15 Medicaid waiver process and through our partnership with the
16 federal agencies and with the governor's commitment to providing
17 state funding as well, we are reviewing that. We have dedicated
18 more than \$200 million with state funds and the governor is
19 committed to maintaining the fundings to provide these services
20 in the future.

21 I also want to, again, thank my federal partners. CDC has
22 been on the ground helping us with many of these investigations.
23 Dr. Lurie has been there. Dr. DeSalvo is somebody who has been
24 very close to the ground as well to assist our staff there. That

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 has been very important.

2 But if you are asking long-term what we are doing with some
3 of these things, there is always going to be competing public
4 health priorities.

5 Mr. Pallone. Well, let me go to Dr. Lurie. So, you are of
6 the opinion, if I understand it, that you have adequate state and
7 federal funds, at this point, to proceed.

8 Mr. Lyon. For the near-term for what we are looking for.

9 Mr. Pallone. All right.

10 Mr. Lyon. But I think we are going to revisit.

11 Mr. Pallone. All right, Dr. Lurie, we understand that one
12 of the things that Flint teaches us about the consequences of
13 budget cuts for public health activities, in other words, a lot
14 of this arose because of budget cuts. So, you know what do you
15 -- do you want to comment on the same question? Should we be
16 concerned that we have inadequate funding to deal with Flint now
17 and in the future, so that we don't have recurrence of Flint
18 problems?

19 Dr. Lurie. Well, I very much appreciate the question. And
20 as I said, you know disinvestment in the public health
21 infrastructure has dire consequences. Maybe not always year one
22 but it is going to come back and bite you, without a doubt.

23 Specific to lead and specific to Flint, I think that this
24 Flint situation has shown us that lead in the water is another

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 71

1 really important source of lead and the infrastructure issues make
2 us all need to pay much more attention to lead. So, I think as
3 Mr. Lyon said, it is important to revisit at this point support
4 for the lead programs, particularly with the scope of the CDC.

5 Mr. Pallone. No, I am asking whether or not you think we
6 have adequate funding for these programs.

7 Dr. Lurie. Right now, I think the program certainly could
8 be strengthened. In addition, I think we are really looking at
9 wanting to put this registry in place in Flint so that we can both
10 monitor kids and learn from the long-run. CDC estimates that
11 establishing and maintaining a registry could cost as much as \$4
12 million a year or more.

13 Mr. Pallone. So, you think you need additional funds to the
14 tune of \$4 million a year?

15 Dr. Lurie. I think that is their estimation for the cost
16 of the registry. Obviously, the Medicaid expansion, the other
17 things are providing additional resources for the direct care of
18 kids in Flint and I would defer to Mr. Lyon for more comprehensive
19 assessment of the health and public health needs for Michigan and
20 for Flint, per se.

21 Mr. Pallone. Thank you.

22 Mr. Pitts. The chair thanks the gentleman.

23 I now recognize the vice-chair, Mr. Guthrie, 5 minutes for
24 questions.

1 Mr. Guthrie. Thank you. Thank you, Mr. Chairman.

2 Mr. Creagh, first I want to ask you -- it is three questions.
3 I will ask it as one question and then get your answer.

4 So, what is the status of drinking water in Flint today,
5 particularly in lead concentrations? Is it continuing to
6 improve? And when will it be drinkable, without all the caveats
7 and boiling and everything?

8 So, what is the status? Is it improving? And when will it
9 be drinkable?

10 Mr. Creagh. So, the data tells you that the quality is
11 improving. The data tells you it is not yet safe because of the
12 particulate lead. And until we go through a comprehensive data
13 analysis in looking at where the lead particles are, there is not
14 a date certain.

15 Mr. Guthrie. I mean is there a rough estimate or time?

16 Mr. Creagh. At this point in time, there is not a rough
17 estimate until the system is thoroughly flushed. And that is
18 where we will need to have the assistance of Flint citizens to
19 get that accomplished.

20 Mr. Guthrie. Thanks. Mr. Lyon, I would like to -- we are
21 talking about spending in public health. And on one of the things
22 I think we should have been spending more on public health
23 infrastructure as well, particularly infrastructure such as this.
24 States are spending an enormous amount of money. I know my State

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 of Kentucky and Medicaid, the growth of Medicaid is crowding out
2 all the other. So, we are looking to reform that program to make
3 it more efficient and more affordable so that we can spend money
4 on things that matter in public health and other aspects. So,
5 I have been focusing on Medicaid.

6 So, in your written statement, you indicated that Michigan
7 emphasized the need to improve lead testing rates in your recent
8 Medicaid Managed Care Contract. Can you describe what Michigan
9 is doing to improve the rate of lead testing, not only in Flint
10 but in the entire state?

11 Mr. Lyon. Yes, sir. So, we have emphasized blood lead
12 testing for several years within our Medicaid program but, as we
13 looked at many of our public health issues and tried to roll those
14 items up into our Medicaid rebid, we are trying to get a more
15 comprehensive look at all things that drive health. So, what we
16 are able to do with our rebid is build incentives in for the health
17 plans, where if they reach certain metrics or certain
18 measurements, then they actually can work their way into an
19 incentive pool or a bonus pool. So, that is what we do.

20 So, we are a strong managed care contract state for Medicaid.
21 We believe that that is the effective way to go. We have great
22 health plan partners. So, that is who we utilize in trying to
23 do this and they then have relationships with physicians.

24 What we need to do is circle back to ensure that we are

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 measuring how those health plans are doing with their customers.
2 What I would emphasize, public health is for the entire
3 population. So, when you are looking at population-based
4 activities, that is broader than the Medicaid program.

5 Mr. Guthrie. Yes and understand my previous comments, I
6 understand that public health is broader than Medicaid. But a
7 lot of states are just increasingly spending more and more money
8 on Medicaid, which diverts money from broader public health
9 initiatives. There is only X amount of dollars. States can't
10 print money.

11 So my next question was what type of outreach is the state
12 or Medicaid health plans doing to encourage families? So, I guess
13 you answered that in that you are just giving them target numbers
14 that they have to reach and it is really up to the state Medicaid
15 plans to make these targets work. Is the state doing other kinds
16 of outreach and advertisement and trying to get families to have
17 their children tested?

18 Mr. Lyon. Yes, sir. I am sorry. Thank you for the
19 question. We have surveillance programs in place, centrally, and
20 we also have some of the money that Dr. Lurie and some of the
21 members we are talking about. We target towards our high-risk
22 areas. So, there are targeted areas that we really focus on and
23 that is also part of what we are looking at.

24 Mr. Guthrie. All right, thank you. That concludes my

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 questions and I yield back.

2 Mr. Pitts. The chairman thanks the gentleman.

3 I know recognize the gentlelady, Mrs. Capps, 5 minutes for
4 questions.

5 Mrs. Capps. Thank you, Mr. Chairman and to all of our
6 witnesses for your testimony here today.

7 Clearly, what has happened in Flint is a tragedy of
8 incredible proportions. While there are many topics I would like
9 to touch on as a school nurse, I can't help but continually go
10 back in my mind to focus on the impact of lead on the children
11 of Flint and, frankly, in far too many communities around our
12 country. This is a lesson for us all.

13 I know too well that these environmental and health impacts
14 are going to have ripple effects in every aspect of every child's
15 life affected by it.

16 As you know, the CDC's Childhood Lead Poisoning Prevention
17 Program was created to address such issues by funding state health
18 departments to screen for children for lead poisoning.
19 Unfortunately, Congress nearly zeroed out funding for this
20 federal program from 2012 to 2013 and has only partially restored
21 it recently to 50 percent of its original levels. These
22 breakdowns, compounded by cuts at the state level, deeply affect
23 our nation's ability to identify and alert communities of high
24 lead levels. As has been said, we are now reaping the results

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 of this neglect at every level of our life together, especially
2 in our case at the federal level, something that is not only
3 morally wrong but that will result in tremendous long-term effects
4 in our country, not to mention cost.

5 For these children and families, the impact of this crisis
6 will be life-long and it would only add insult to injury if we
7 add insult to injury if we stay on the sidelines and refuse to
8 learn from this tragedy or deem it too hard or too expensive to
9 act. We must think critically about the ways we can learn, now
10 that it has happened, what went wrong so that our systems can be
11 stronger in the future.

12 So, my first question, Mr. Lyon and Mr. Creagh, you have
13 talked about this already, what you are doing to strengthen
14 Michigan's blood lead level monitoring programs. But what are
15 the lessons you wish we would learn here and considerations we
16 should take into account how we learn from you and how we can create
17 or strengthen a national program?

18 Mr. Lyon. Well, specifically with lead, I believe that
19 stronger surveillance is necessary, period. We are more active
20 in surveillance than other areas of infectious diseases and I
21 don't know if this was a Michigan-specific problem but one of the
22 things we have done in reaction to this is really ensure that our
23 CLPPP program is more aligned with our epidemiologists. That was
24 part of the restructuring that we did and it was critical to

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 correct what we were doing.

2 I think another sort of overarching piece, and maybe this
3 will segue into what Director Creagh will say, is that we have
4 to be cognizant of health in all policies that we create. We talk
5 about health in all policies. This is a great example of when
6 a switch was occurring or something significant was occurring
7 where we really are considering health. And we talked about that
8 generally in communities where there is health disparities but
9 this is something that we need to be cognizant of going forward
10 and I think should inform both state and federal policymakers.

11 Mr. Creagh. And if I may, one of the things that we need
12 to have is a very targeted and focused program relative to schools.
13 As we went through the schools looking at what the infrastructure
14 was, it had little to do with lead service lines. It had to do
15 with fixtures in schools --

16 Mrs. Capps. Crumbling schools.

17 Mr. Creagh. Yes and so that is one. And then two, as
18 Director Lyon said, there needs to be a direct and robust intersect
19 between the environmental programs and the public health programs
20 because you cannot run those as siloed programs and we are
21 committed to do that.

22 Mrs. Capps. Well, thank you. You are pointing out some
23 very critical issues.

24 You know Flint is a frightening example of the dangers

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 associated with not investing in public health infrastructure and
2 programming across the country. But it is indicative also of a
3 much larger program. The CDC and the scientific community have
4 established that no amount of lead in the blood is safe for our
5 children. It is estimated that millions of children across our
6 country, not just in Flint, are exposed to lead through paint in
7 their homes, through lead pipes, and plumbing, and a variety of
8 other ways, particularly in older homes and older structures and
9 many older schools.

10 Dr. Lurie, I would like to turn to you. Is the agency --
11 and I just have a second to get it out if you could respond. Is
12 the agency considering any changes to the Childhood Lead Poisoning
13 Prevention Program? How can we improve surveillance mechanisms
14 so we can identify in real-time other communities?

15 Dr. Lurie. Thank you. I appreciate the question.

16 Yes, indeed, the agency is looking very closely at how to
17 strengthen surveillance efforts to better detect these kinds of
18 issues in the future and Flint has clearly highlighted the
19 importance of preventing exposure, having a strong early warning
20 system and being able to act on that as well.

21 In addition to revising the guidelines for the program going
22 forward, we are also looking at novel approaches such as new ways
23 to use health information technology to help with these efforts
24 in the future so that we truly have an early warning system and

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 connect on the signals.

2 Mrs. Capps. I yield back and I hope we can act further on
3 this topic.

4 Mr. Pitts. The chairman thanks the gentlelady.

5 I now recognize the gentleman from Pennsylvania, Dr. Murphy,
6 5 minutes for questions.

7 Mr. Murphy. Thank you very much. I want to pick up on some
8 of the questions that my colleague from California brought up.

9 Dr. Lurie, with regard to these lead levels, as a
10 psychologist, I have worked a lot with developmental testing of
11 young children, but with these lead levels that you have evaluated
12 and tested, what can you expect of the developmental outcome of
13 these lead levels that have been present?

14 Dr. Lurie. I think that is a really important question and
15 something we focused a lot of our efforts on. What we know is,
16 particularly for very young children, that no lead is good for
17 you but we also know that if you do things to stimulate the brain
18 and focus on early learning, such as early childhood education,
19 good nutrition, parents reading to their kids, and frequent
20 ongoing behavioral and development assessments so that when kids
21 fall off, they can be -- they can catch up.

22 Mr. Murphy. I understand that part of that. I am just
23 asking about the chemical aspect of this level. Again, no
24 lead/copper is good but what I am referencing is so this is a

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 80

1 situation where it sounds like there was poor corrosion control.
2 And water companies are supposed to look for this. Right? Are
3 they supposed to review the corrosive levels of water that they
4 are putting into the water system? Is that a standard? Does
5 anybody know that, EPA?

6 Dr. Lurie. I will ask my EPA colleague to address that.

7 Mr. Murphy. Yes.

8 Mr. Beauvais. Yes, systems are supposed to both to be
9 applying corrosion control treatment and to be monitoring water
10 quality parameters.

11 Mr. Murphy. And in Flint, they weren't doing that.

12 Mr. Beauvais. That is right. In 2014, when the Flint water
13 system switched from previously purchasing Detroit water, which
14 was treated in Detroit and corrosion controlled--

15 Mr. Murphy. Well someone was violating this. Whether it
16 was the EPA wasn't testing or the community wasn't testing,
17 someone wasn't following what they should have done.

18 Mr. Beauvais. The system did not apply corrosion control
19 after they switched to river water.

20 Mr. Murphy. Right, somebody didn't do what they were
21 supposed to do. I mean clearly know that.

22 Is Flint, Michigan the only water system in the country that
23 has a problem like this?

24 Mr. Beauvais. I think it is fair to say that Flint's

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 81

1 problems are quite unique and unusual in the notion of a large
2 system like this changing to an untreated water source and failing
3 to provide corrosion control is highly unusual. That being said,
4 it is clear that there are challenges with lead service lines and
5 lead levels in many systems across the country.

6 Mr. Murphy. So, and testing lead levels in people's homes
7 is something that people are allowed to have, they are allowed
8 to request that, correct? And here it happened that somebody did
9 begin to test this out and that became what set this off and we
10 are thankful that happened. But across America, I would suspect
11 from what you are saying that a lot of communities aren't routinely
12 testing their lead levels in water. Dr. Lurie, do you know if
13 that is occurring? I will take anybody's.

14 Dr. Lurie. You can speak to the lead levels in water. I
15 can speak to the lead levels in blood.

16 Mr. Beauvais. Okay, in whatever order is preferable. Yes,
17 I mean for those systems that are subject to the Lead and Copper
18 Rule, they are required to monitor for lead levels in water through
19 tap sampling and --

20 Mr. Murphy. Right but they didn't. They didn't. And Dr.
21 Lurie?

22 Dr. Lurie. Yes, and, as many people know I think, that
23 Medicaid program, in general, has a set of screening requirements
24 precisely for this reason, that there is a recommendation that

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 82

1 all 1- and 2-year-olds be tested. And then there is a
2 recommendation that children 3 and up be tested if they haven't
3 been tested previously, precisely to detect these issues.

4 Mr. Murphy. Right and I agree. I have seen many a child
5 over the years and I know how important this is. And in my role
6 as my Chairman of Oversight Investigation, we had company after
7 company in front of us, General Motors, Volkswagen, health
8 companies, FDA, people who didn't do what they were supposed to
9 do. Congress puts up these laws, we have regulations. It
10 doesn't happen. And then companies say can you bail us out.

11 Now, I am very concerned about the people of Flint and we
12 need to find a solution for them but I am also concerned about
13 the levels across the country. Locally, my elected officials in
14 Allegheny County, Pennsylvania are still struggling with what the
15 EPA put upon years and years and years ago with a consent decree.
16 Well, the constituents in my area and in Mike Doyle's area, who
17 is also a member of this committee, have been told years ago
18 because the pipes that were originally set up that the sanitary
19 sewers and the storm overflow go into the same pipes. You have
20 to replace all the pipes in the county and the City of Pittsburgh,
21 eventually. It is costing these communities billions, and
22 billions, and billions of dollars. And basically, it said you
23 have got to do this; EPA says you have got to do it, you have got
24 to do it.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 So the question then becomes here is is this something that
2 Flint, Michigan should bear the cost of all these actions or should
3 the federal government help them out.

4 Mr. Beauvais. Well, I think if you are speaking with regard
5 to the infrastructure changes that need to happen and are planned
6 in Flint, it really is, primarily, a state and local
7 responsibility. The assistance that the federal government
8 provides, the primary assistance that is available so far is
9 through the state revolving funds which is one available resource
10 that the state has to fund possible infrastructure improvements.
11 There are, of course, ongoing discussions, I believe, both in
12 Michigan and here in the U.S. Congress, regarding potential other
13 funding mechanisms.

14 Mr. Murphy. Thank you.

15 I recognize I am out of time. Thank you very much, Mr.
16 Chairman.

17 Mr. Pitts. The chairman thanks the gentleman and now
18 recognizes the gentlelady from Florida, Ms. Castor for 5 minutes.

19 Ms. Castor. Thank you, Mr. Chairman, and thank you to the
20 panel for being here today. I also want to thank the committee
21 for calling this hearing because the Energy and Commerce Committee
22 has jurisdiction over the Safe Drinking Water Act, health matters,
23 environmental matters and here it is April 2016 and many people
24 were wondering where the Energy and Commerce Committee was. So,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 I am glad we finally have this hearing.

2 Mr. Lyon, following the April 2014 change of the Flint water
3 source, then, in 2015 where families and medical professionals
4 like Dr. Hanna-Attisha, who is on the next panel, started to say
5 there is lead in the water. People have to stop drinking it.
6 There needs to be a coordinated response. At some point after
7 that, Michigan asked for a Medicaid waiver for health services
8 for Flint children and pregnant women. When did you come together
9 to apply for the Medicaid waiver?

10 Mr. Lyon. Actually, I think we submitted our formal
11 application in February, mid-February, approximately.

12 Ms. Castor. This February.

13 Mr. Lyon. Yes.

14 Ms. Castor. And it was, you had been in discussion for a
15 little while on that?

16 Mr. Lyon. Yes, we were discussing the potential with --

17 Ms. Castor. And it was granted?

18 Mr. Lyon. Quickly. I don't know the exact date but it was
19 -- yes.

20 Ms. Castor. Okay, in February?

21 Mr. Lyon. We applied in February. I am not sure when it
22 was actually approved.

23 Ms. Castor. Okay.

24 Mr. Lyon. But CMS did approve it very quickly.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 Ms. Castor. And this Medicaid waiver is a technical term.
2 And what it really did is say we need help. We need to make sure
3 that the citizens of Flint in the area, children and pregnant women
4 get the health services that they need. Can you sketch that out
5 a little bit more why you thought that was an important part of
6 the response?

7 Mr. Lyon. Yes, I think we wanted to extend benefits to
8 children and pregnant women in Flint because they are most at risk
9 for the impacts of lead exposure.

10 Ms. Castor. And in fact, low-income communities often are
11 more at risk for lead exposure.

12 Mr. Lyon. I am sorry. What was that?

13 Ms. Castor. Oftentimes low-income communities are more at
14 risk for lead exposure.

15 Mr. Lyon. Certainly, that is one of the health disparities
16 that we look at through our programs is that where there are older
17 homes and more lead-based paint in more impoverished areas, that
18 definitely does have an impact on our urban cores, yes.

19 Ms. Castor. So, as part of that Medicaid waiver, does the
20 state receive additional dollars to serve a larger population?

21 Mr. Lyon. Yes.

22 Ms. Castor. How much?

23 Mr. Lyon. I think it is approximately \$25 million, total,
24 state and federal.

1 Ms. Castor. And is there a time line on the waiver and
2 expanded population, treating the expanding population?

3 Mr. Lyon. The Center for Medicare and Medicaid Services has
4 approved the waiver. We are working with our state legislature
5 to get their approval to move forward and those conversations are
6 ongoing. And I hope and anticipate that they will act quickly
7 so that we can get this up as quickly as possible.

8 Ms. Castor. So the Medicaid waiver has been granted by the
9 federal Center for Medicare and Medicaid Services but the state
10 legislature has not put up its share because it is a state-federal
11 partnership. Is that --

12 Mr. Lyon. That is basically correct. What I would say is
13 we have to have the authorization and the funding to do this. And
14 we go through a budget process every single year and that takes
15 some time.

16 So, I think there was a bit of an inkling that this could
17 be done as a regular part of the budget and we have asked that
18 they take a quicker look at this.

19 Ms. Castor. So, realistically, when do you think the
20 legislature will act and do you think they will act?

21 Mr. Lyon. I think we will hear quickly. I mean we have been
22 having conversations at very high levels with leadership and I
23 have been over discussing with them and they understand the
24 importance of doing it.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 Ms. Castor. Okay, so within the next few months you
2 anticipate?

3 Mr. Lyon. Oh, yes, yes, yes.

4 Ms. Castor. Okay. So, Michigan has a Medicaid Managed Care
5 System. Is that right? You rely upon private plans to provide
6 the health services and contract with medical professionals.

7 Mr. Lyon. The end of that cut out. I am sorry.

8 Ms. Castor. To contract with medical professionals for the
9 actual health services?

10 Mr. Lyon. Yes.

11 Ms. Castor. So how do you ensure that children and pregnant
12 women are actually being tested? And I think this kind of goes
13 to the point of there seems to be a consensus that Flint is going
14 to need a registry. But how do you ensure that the residents,
15 the children and pregnant women get the health services they need?
16 Are the Medicaid Managed Care companies required to collect data?
17 And what else will you need going forward?

18 Mr. Lyon. Yes, they are required to collect data. We will
19 work very closely within the populations they serve. We do
20 outreach with the Medicaid health plans. They do outreach to
21 reach out to individuals. It is a capitated model, so they are
22 interested in increasing their participation so they have an
23 incentive to enroll people. And what I would tell you is it is
24 so important because we have to have people identified in the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 system so that these early interventions can occur.

2 Dr. Lurie talked quite a bit about education, nutrition is
3 very important, both to stop the absorption but also to ensure
4 that a child develops the proper way that they can fight off any
5 potential factors that happen. And the next part of that is
6 having the screening in place so that if something is indicated,
7 we can get them the services they need.

8 And the most important part of this to me is the link to the
9 medical home or the primary care physician in ensuring that these
10 children and pregnant women are being seen regularly by their
11 providers. And this allows that access to occur.

12 Ms. Castor. So, in the Medicaid waiver that was granted to
13 Michigan that we are waiting on the legislature to act on, does
14 it contain specific conditions that require the managed care plans
15 to do that screening and testing and data collection?

16 Mr. Lyon. Yes. As Dr. Lurie mentioned, she mentioned the
17 federal standards and she could read that right out of our Medicaid
18 manual. Ages 1 and 2, and if they haven't been tested, ages 3
19 and higher.

20 Ms. Castor. And Michigan's intent is to ensure that the
21 children and pregnant women that get their health services through
22 Medicaid are entered into a registry and are tracked over time?

23 Mr. Lyon. We are going to track them. That is something
24 that anything that we do long-term will have to be well thought

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 89

1 out because we haven't done it before. So, we would work with
2 CDC on that. That would be very important.

3 The other thing I would note in this situation, too, we have
4 encouraged our health plans to test even younger than 1 because
5 we test at 1 and 2 because that is when children begin to be mobile
6 and that is when they start interacting with potential --

7 Ms. Castor. So but the overall infrastructure on data
8 collection and registry is not in place now and that is something
9 you are building right now.

10 Mr. Lyon. We collect data from the health plans but if we
11 are looking to do a really robust, all-encompassing tracking
12 system of these children long-term, I think it is something that
13 we are going to have to work with the CDC and CMS and the local
14 hospitals and the local providers to really get that in place,
15 the local behavioral health system as well.

16 Ms. Castor. Thank you very much.

17 Mr. Lyon. Yes.

18 Mr. Pitts. The chairman thanks the gentlelady.

19 I now recognize Dr. Burgess, 5 minutes for questions.

20 Mr. Burgess. Thank you, Mr. Chairman, and thanks for having
21 the hearing today. Thank you all for being here with us this
22 morning and spending so much time with us.

23 I just have a couple of questions and possibly they could
24 go fairly quickly. But Mr. Beauvais, let me start with you.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 90

1 The Lead and Copper Rule, I didn't want to oversimplify it
2 but to me, as a relative lay person here, it seems like Lead and
3 Copper Rule, is the purpose of that to sort of let people know
4 that the water supply is okay from these two agents, lead and
5 copper? Does it function as an early warning system or does it
6 function or could it function as providing a source of comfort
7 to people who are relying on the municipal water that at least
8 Lead and Copper Rule is being complied with, so we know we are
9 okay?

10 Mr. Beauvais. It needs to, you know the way that Congress
11 wrote the Safe Drinking Water Act it required to set standards
12 and treatment techniques, in this case, that are feasible.

13 Mr. Burgess. But how does it exist today? I recognize you
14 are talking that improvements need to be made.

15 Mr. Beauvais. Right.

16 Mr. Burgess. And I appreciate that.

17 Mr. Beauvais. But when the rule was written in 1991, the
18 focus was on what was the technique that -- it is a
19 technology-based standard, not a health-based standard. So, it
20 focuses on what levels could be achieved by corrosion control,
21 the application of optimal corrosion control, techniques across
22 systems. And the action level was generated off that. But yes,
23 you are absolutely right that the public notice requirements that
24 are in the rule are intended to provide the public with information

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 91

1 about how the system is performing.

2 Mr. Burgess. So even with the imperfection of the lead and
3 copper rule as it existed a year and a half ago, should it have
4 signaled that there is a problem here?

5 Mr. Beauvais. Yes, I think first and foremost to make the
6 switch from Detroit water to Flint water required an approval from
7 the state. And at that time, the system should have been advised
8 to apply corrosion control to the new water source and that was
9 not done.

10 Mr. Burgess. And it is your expectation with the
11 improvements to the rule that you are anticipating these things
12 will be mitigated.

13 Mr. Beauvais. That specific problem we have already issued
14 a memorandum clarifying, in case there was any misunderstanding
15 for large systems that that is a requirement.

16 Mr. Burgess. What about just sort of the ongoing
17 surveillance of my municipal water system back home, do they check
18 it for lead and copper? Are they required periodically to do an
19 assessment?

20 Mr. Beauvais. They absolutely are. However, the Flint
21 experience has brought to light a number of concerns around
22 sampling techniques and approaches and that is something that we
23 are already focusing on. We have already new guidance to states
24 across the country asking them to adopt the most protective

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 sampling techniques and that is something that we will be looking
2 in the course of the rule of revisions.

3 Mr. Burgess. And who checks the checkers to make sure the
4 checkers are checking?

5 Mr. Beauvais. Right, that is our challenge in this
6 federalist system of --

7 Mr. Burgess. I check with my municipal water systems,
8 obviously, after this story is on the front page of the newspapers,
9 are you doing your job. And they are. And I am grateful for that.
10 The numbers are in compliance.

11 But then, Mr. Lyon, as I look at the EPA's map of the City
12 of Flint, Michigan and see the dots on the map that are published
13 as of April 11th, it is pretty startling. You have got about 60
14 dots equally distributed north and south of the river and only
15 one of them is in the zero range. Fortunately, they are not all
16 in the highest range but I am sure they are all in higher ranges
17 than we would like to see. So, that is a significant problem,
18 which I assume you have got on your radar screen and you are zeroing
19 in on those dots that are of the highest intensity. Is that
20 correct?

21 Mr. Lyon. Yes, Dr. Creagh is. He does the water piece with
22 the map that you are referencing. He knows about it.

23 Mr. Burgess. Well, I think it is good that you have made
24 this public --

1 Mr. Lyon. Yes, we are aware.

2 Mr. Burgess. -- so that people can, not real-time but
3 almost real-time, assess it for themselves.

4 Mr. Beauvais, let me just ask you because you mentioned in
5 your testimony something and I am not familiar with this term,
6 an EPA-wide elevation memo was issued. What is an elevation memo?
7 I have been on this committee for 11 years and I haven't seen that
8 term.

9 Mr. Beauvais. That is how we refer to a memorandum that was
10 issued by Administrator McCarthy to all staff at EPA in January
11 of this year, really highlighting the critical importance that
12 in situations where there is an understanding at a staff level
13 in particular that public health may be at risk, that staff take
14 the initiative to elevate those issues to higher levels of
15 management and that we work collectively as managers and leaders
16 across the across the agency to ensure that we are creating an
17 environment where that happens and is welcomed.

18 Mr. Burgess. Can you share with the subcommittees involved
19 the internal memoranda that related to that elevation memo being
20 issued?

21 Mr. Beauvais. Absolutely.

22 Mr. Burgess. And just finally, there will be an EPA OIG
23 report that is generated as a result of all of this. Do you know
24 when that is going to be made public?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 94

1 Mr. Beauvais. I prefer to let the Office of Inspector
2 General speak to the timing of that.

3 Mr. Burgess. Thank you, Mr. Chairman. I will yield back.

4 Mr. Pitts. The chair thanks the gentleman and have a UC
5 request from the ranking member.

6 Mr. Green. Mr. Chairman, I ask unanimous consent to place
7 into the record a statement from the American Public Works
8 Association, the Ohio Department of Health, Director of Health,
9 the American Academy of Pediatrics, and also the National Medical
10 Association. I unanimous consent to place it into the record.

11 [The information follows:]

12

13 *****COMMITTEE INSERT 5*****

1 Mr. Pitts. Without objection, so ordered.

2 The chair now recognizes Mr. McNerney, 5 minutes for
3 questions.

4 Mr. McNerney. I thank the chair.

5 One of the important lessons from the tragedy in Flint is
6 the importance of investing, of course in this case it is in
7 corrosion controls, what may seem like a lower priority investment
8 could avoid a large public debt in the future.

9 Mr. Beauvais, what exactly is corrosion control and are there
10 different types of corrosion control for different water systems?

11 Mr. Beauvais. There are different types of corrosion
12 control and the application of corrosion control really depends,
13 in significant part, on the chemistry of the source water, as well
14 as the configuration of the system.

15 So, one common method of protecting against corrosion is the
16 addition of orthophosphate, which is what is being done in the
17 Flint system now and that effectively provides a coating on any
18 lead service lines or pipes in the system to prevent leaching of
19 lead into the water.

20 Other techniques involve adjusting the pH of the water to
21 reduce corrosion of the system --

22 Mr. McNerney. I realize that Flint is unique. Do we have
23 to worry about lead poisonings in other communities because of
24 corrosion of pipes, of lead pipes?

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 Mr. Beauvais. In any system that has lead service lines or
2 lead premise plumbing, it is important to apply techniques to
3 avoid that corrosion and certainly this is a challenge for many
4 communities across the country.

5 Mr. McNerney. So, is EPA doing anything to incentivize
6 adoption of corrosion control in other communities?

7 Mr. Beauvais. Well, in fact, the Lead and Copper Rule
8 requires it and so one of the things that we are doing, we recently
9 issued a new technical resource to help walk communities through
10 how to do corrosion control to update preexisting guidance. And
11 our regional offices, as I mentioned earlier, engaged with every
12 primacy state across the country to ensure that they are taking
13 a close look at any lead action level exceedances in it.

14 Mr. McNerney. And this crisis has caused other communities
15 to be more aware of the problem, I take it.

16 Mr. Beauvais. Absolutely. There is definitely a strong
17 focus on this now and I am sure members of the second panel will
18 also speak to that.

19 Mr. McNerney. Okay, what more could Congress do to
20 encourage water systems to make those kind of investments?

21 Mr. Beauvais. Well, I think the oversight that Congress is
22 providing and the attention that Congress is helping to bring to
23 the issue is certainly helpful. We appreciate any support that
24 we can get for our efforts to strengthen implementation of the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 97

1 rule now, as we engage with states and water systems across the
2 country. And of course, this will be an important element of the
3 Lead and Copper Rule revision so, we appreciate the committee's
4 strong support for moving forward with that.

5 Mr. McNerney. Very good. Well, corrosion controls are
6 only one part of what the City of Flint needs to do to operate
7 its water systems safely and sustainably. For example, Mr.
8 Creagh, you mentioned that the city is losing large amounts of
9 treated water in its distribution system every day.

10 Now, being from California, we have a water crisis almost
11 every year. So, this is an issue that we care about very deeply,
12 as well as contamination. What do you recommend?

13 Mr. Creagh. So, we are working very closely with EPA and
14 the city looking at the reliability study, doing hydraulic
15 monitoring, doing tracer studies to figure out how long the water
16 is in the system and how best to address those concerns for the
17 community.

18 Mr. McNerney. So, there is technology that is good at
19 detecting these leaks.

20 Mr. Creagh. Yes, sir.

21 Mr. McNerney. Okay. Is it pretty expensive to implement
22 that?

23 Mr. Creagh. The monitoring technology I wouldn't say is the
24 expensive part. The right sizing the infrastructure would be the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 cost concern.

2 Mr. McNerney. Thank you. Well, as we look to the future,
3 we must invest aggressively in our water infrastructure. I think
4 everybody knows that. But when you do so in a sustainable way,
5 this should include incentivizing corrosion controls, water loss
6 audits, and other methods to ensure that our water systems can
7 afford safe and affordable water well into the future.

8 The EPA has committed a year ago to developing health-based
9 household action level for lead to help parents, pediatricians,
10 and local officials understand the risks to formula-fed infants
11 so that they can protect children. Why hasn't the EPA issued this
12 level yet?

13 Mr. Beauvais. In fact, that was a recommendation that we
14 had just received from the National Drinking Water Advisory
15 Council this past December and we are, in fact, actively working
16 on that.

17 Mr. McNerney. So, you are not overdue on that
18 recommendation.

19 Mr. Beauvais. It really was a recommendation that came in
20 the context of the Lead and Copper Rule revisions and we are
21 actively working on it. That is a somewhat complex scientific
22 endeavor that will require peer review and so forth.

23 Mr. McNerney. So, you are not ready to give a commitment
24 as to when you are going to release that information, that value.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 Mr. Beauvais. I can't. I can only say that we are working
2 actively on it and when a product is ready for peer review, that
3 will be done.

4 Mr. McNerney. All right. Thank you, Mr. Chairman. I
5 yield back.

6 Mr. Pitts. The chair thanks the gentleman.

7 I now recognize the gentleman from West Virginia, Mr.
8 McKinley, 5 minutes for questions.

9 Mr. McKinley. Thank you, Mr. Chairman.

10 I have got a couple of questions, Mr. Beauvais, if I could
11 start with you on it. Maybe at first you are not going to be able
12 to answer, but if you could get back to me.

13 And that is, in your testimony you say there are 68,000 water
14 systems in America. I have asked this question of other panels
15 on this and no one has gotten back to me. I would like for you
16 to get back to me.

17 What would be the breakout of communities, let's just say
18 rural communities of 5,000 or fewer out of that 68,000? Could
19 you get back to me on that?

20 Mr. Beauvais. Absolutely. I think I can probably give you
21 a --

22 Mr. McKinley. You are not going to be able to give me that
23 right now but we are looking for some kind of breakdown on the
24 68,000. How many of them are coming? Because in the rural

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 100

1 communities, often, they are going to be poorer, perhaps, less
2 affluent, perhaps. So, they are going to face some other
3 difficulties as we deal with this problem.

4 I would also like to know from you, if you could, put together
5 something that, based on the 1986 Safe Drinking Water Act, the
6 number of homes that were constructed prior to 1986. I have got
7 to think that that is going to be the majority of homes built in
8 America, especially in rural areas that they are going to have
9 older homes there that could have internal lead-inducing issues
10 with it.

11 So, that leads to the next question of I think you are going
12 to answer the question a posit, and that is, our plumbing fixtures,
13 our lead solder, our galvanized pipe, just piping in general, our
14 distribution within a house, even if we have the freshest,
15 cleanest water coming into the home, aren't we possibly subjecting
16 the homeowners and the people that live in there, the children
17 and all, aren't they going to be subject to higher lead levels
18 as well?

19 Mr. Beauvais. Premise plumbing is certainly part of the
20 issue. The lead service lines, the laterals that connect the
21 water mains to the homes are one big concern but premise plumbing
22 can also be as significant.

23 Mr. McKinley. Okay, I would like to understand more of that
24 significance on that. I often refer to Mildred Schmitt. She is

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 101

1 your neighbor. She is my neighbor. Mildred Schmitt, when this
2 issue was raised, contacted the EPA to find out what do I do. I
3 have heard it on Fox News. I have heard it on the news. I have
4 got a problem. What am I supposed to do? And she is fortunate
5 enough they have the internet, because that is what everyone tells
6 you, you are supposed to go to the internet. And she may or may
7 not have internet access. But if she does have it, this is what
8 she got was this one-inch thick panel of papers that she is 82
9 years old and she doesn't know what do with that. So, she is
10 overwhelmed with this. This is not a user-friendly system that
11 we have set up for people, Mildred Schmitt, to be able to address
12 this problem. She doesn't know whether she has a problem or not.

13 And so I am trying to understand -- we have known about this
14 problem, apparently since 1986 and it goes far beyond Flint. What
15 differentiates this lead problem that manufacturers in solder,
16 fixtures, plumbing lines, distribution systems and the like, what
17 differentiates them from all the other settlements and litigation
18 that we have had across this country over things? I just was
19 listing them: the cigarette manufacturers, \$206 billion
20 settlement on that; the mesothelioma, the asbestos issue that was
21 \$30 billion that the manufacturers had to come up with; air bags;
22 thalidomide; Corvair auto; ignition switch; engine coolant;
23 breast implants. All of these manufacturers have had to step up
24 and take care of this but we look over to the manufacturers of

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 a lead-induced system in our homes and we are letting them pay
2 no responsibility.

3 What differentiates that? Why aren't they involved in
4 helping out the homeowners, whether it is in rural America, rural
5 West Virginia, or elsewhere? What is your response to that?

6 Mr. Beauvais. I think it is a very good question. It is
7 not something that I have thought about before but I would be happy
8 to give it some thought and get back to you.

9 Mr. McKinley. Not that I am trying to get litigation started
10 on this but I don't understand the difference. If these
11 homeowners don't know -- Mildred Schmitt doesn't have two nickels
12 to rub against each other and she may be faced with something that
13 could cost \$5,000 or \$10,000 to fix the lead problem in her home.
14 What is she supposed to do? She is living on Social Security.

15 I think we have a real serious problem here as it relates
16 to homeowners. So, I would really like to hear back what some
17 solutions should be. Is this something governments should step
18 up or is this the manufacturer should take care of it?

19 So, I have run out of time, apparently. So, if any of the
20 rest of the panel, if you could get back, I would sure like to
21 know which direction we want to go in this. Okay?

22 Thank you very much.

23 Mr. Pitts. The chairman thanks the gentleman and now
24 recognizes Mr. Lujan, 5 minutes for questions.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 Mr. Lujan. Thank you very much, Mr. Chairman.

2 I have been dismayed by the events that have unfolded in
3 Flint, Michigan, which are deeply tragic, because all of these
4 could have been prevented. It was all preventable. And that is
5 what I just heard from my colleague as well from West Virginia,
6 that is where this frustration is coming from.

7 And so I also hope that the crisis in Flint serves as a wake-up
8 call to all of us in Congress and all across America that public
9 health vital programs cannot be cut, that protections that should
10 be in place should not be eliminated.

11 I am reminded as we are hearing this debate, Mr. Beauvais,
12 that there is questions about the standards set with the clean
13 water drinking standard. And when there as a breach about a year
14 ago in New Mexico and Colorado in the Animas River, it turned
15 orange. There were heavy metals flowing through it. And we were
16 told in New Mexico that it met the clean water drinking standard.
17 I don't know one of you that would have picked up a glass water
18 out of that river that day and put it into your body. We have
19 got to look into this stuff because if it is making people sick
20 and killing people, we have got to get our hands around it.

21 So, with that being said, I am trying to understand what is
22 going on in Flint and across the country but it has become apparent
23 that there is a lack of good data on where kids are being exposed
24 to lead. In my home State of New Mexico, I have become

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 increasingly concerned by the risk level for lead exposure faced
2 by many of our counties. New Mexico has received 3-year funding
3 from the Centers for Disease Control and Prevention for lead
4 poisoning prevention programmatic activities. However, just
5 this week, the Associated Press analysis of data from the U.S.
6 Environmental Protection Agency and the New Mexico Environment
7 Department found that 20 small water systems across the State of
8 New Mexico have exceeded the federal lead standard at least once
9 in the last 5 years. This is truly alarming. And I know, Dr.
10 Lurie, that you share that concern with me.

11 Is it true that the Federal Government does not require
12 states to submit lead exposure data?

13 Dr. Lurie. So, I think as we have been looking at how to
14 strengthen lead program, one of the things and improvements we
15 have been talking about is publicly posting lead data and
16 obviously in a way that provides anonymity for patients but makes
17 clear what the levels and issues are. And as we look forward to
18 strengthening the lead program in general, I think we very much
19 look forward to working with Congress on a set of proposals to
20 do that.

21 Mr. Lujan. So, Dr. Lurie, the answer to that question is
22 no, the Federal Government does not require states to submit --

23 Dr. Lurie. Does not require states to submit --

24 Mr. Lujan. -- lead exposure data.

1 Dr. Lurie. No.

2 Mr. Lujan. Do you believe that the variability between
3 state reporting standards makes it difficult for decision-makers
4 to understand the level of lead exposure risk across the country?

5 Dr. Lurie. I am not totally sure that I understand your
6 question but it does seem as though there needs to be readily
7 understandable, interpretable standardized data that let us all
8 be able to act.

9 Mr. Lujan. That is the essence of the question, Dr. Lurie.
10 It is my understanding that there is not a standard for how states
11 even report that. That from one jurisdiction to the next, the
12 data that is being reported is very different. And so there needs
13 to not only be a requirement that this data be sent to the Federal
14 Government, there needs to be a standard that is established as
15 well.

16 And what steps should be taken to strengthen state and
17 federal programs to screen children for elevated blood levels?

18 Dr. Lurie. So, on the part of your question I would really
19 like to get back to you on the facts because that is not a level
20 of detail that I am familiar with.

21 On the state and local level, otherwise, there is a very good
22 Medicaid standard, for example, about screening but I think we
23 also know that while there have been vast improvements over the
24 last decade or so and we are up to somewhere in the low 60 percents

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 106

1 for Medicaid screening, we are really looking toward universal
2 screening of young children to be sure that we can catch kids with
3 lead. And strengthening the surveillance programs and
4 potentially even automating some of those systems so that we can
5 have an early warning system that is in real-time and is better
6 is a real focus of the discussion going forward.

7 Mr. Lujan. I think you just described, Dr. Lurie, why there
8 is such an importance with preventative care with screenings and
9 with checkups on a regular basis so that we were able to catch
10 as much of this as we can as early as we possibly can.

11 And then lastly, as my time runs out, Dr. Lurie, I just want
12 to appreciate the attention that you brought to the behavioral
13 and mental health aspect of this. There are too many people that
14 have been traumatized over this and the emotional toil that has
15 been experienced is traumatic. It also brings us back to the
16 importance of what needs to be done for mental and behavioral
17 health programs. So, thank you very much for your time today for
18 this important hearing.

19 Mr. Chairman, with that, I yield back the balance of my time.

20 Mr. Pitts. The chairman thanks the gentleman.

21 I now recognize the gentleman from Virginia, Mr. Griffith,
22 5 minutes for questions.

23 Mr. Griffith. Thank you very much.

24 The two witnesses from Michigan referenced Dr. Mark Edwards

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 of Virginia Tech. I will ask each of you, it is kind of a yes
2 or no except it is not, question and that is, Dr. Mark Edwards
3 hero or gadfly troublemaker? We will start with you, Mr.
4 Beauvais.

5 Mr. Beauvais. Well, Dr. Mark Edwards, the collaboration
6 between EPA and Dr. Edwards has been extremely useful to us. So,
7 he surely is a hero in this.

8 Mr. Griffith. Dr. Lurie?

9 Dr. Lurie. Similarly, he has been a very important
10 collaborator and someone who has also earned the trust of the
11 community in important ways for moving forward.

12 Mr. Griffith. Mr. Lyon?

13 Mr. Lyon. Not only would I want to recognize Dr. Edwards
14 for his work but I would want to recognize Dr. Hanna-Attisha, who
15 is going to testify later. Their independent look at this
16 certainly brought us around. So, thank you.

17 Mr. Griffith. Mr. Creagh?

18 Mr. Creagh. I would echo Director Lyon to thank both those
19 doctors for providing the leadership to resolve this issue also.

20 Mr. Griffith. All right. So, here is the problem.

21 Because he dropped everything he was doing, didn't teach class,
22 in fact in an article that appears in the Roanoke Times today,
23 he says he is not sure why Virginia Tech still has him on staff
24 because he hadn't taught any classes, hadn't had time to write

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 108

1 grant money, spent \$250,000 out of their funds, 5 years' worth
2 of man hours working on this project. They have got a cash flow
3 problem and in fact have set up a GoFundMe page Flint Study VT,
4 trying to raise money to offset the work that they have done.

5 I ask each of you, do your programs, do your agencies have
6 a fund available? And to the folks in Michigan I would say if
7 you don't have a fund available, you have a full-time legislature,
8 if I remember correctly, perhaps a bill ought to be put in to help
9 offset or defray some of these costs.

10 I don't know about the other person that you mentioned. She
11 is not my constituent. But when I read an article about one of
12 my constituents who has done the right thing for another part of
13 the country and expended funds that have now put them into a little
14 bit of a financial hole, that is what I am looking for.

15 So, again, Mr. Beauvais, just because you are at that end
16 of the table, if you would start. Are there funds available at
17 the EPA to help defray these costs?

18 Mr. Beauvais. Well, in fact, we have provided support to
19 some of Dr. Edwards' recent work in Flint.

20 Dr. Lurie. I am going to have to look into the kinds of funds
21 that are available, although I am not aware that we have received
22 any requests for funding.

23 Mr. Griffith. I understand. Mr. Lyon, and either one of
24 you can speak for Michigan.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 109

1 Mr. Lyon. I was going to defer.

2 Mr. Creagh. So, I do know that that is a direct conversation
3 being held in Michigan to see how we can support Dr. Edwards in
4 his research.

5 Mr. Griffith. All right, I appreciate that very much.

6 Mr. Chairman, if I might, I would ask unanimous consent for
7 that article from the Roanoke Times in today's paper to be
8 submitted to the record.

9 [The information follows:]

10

11 *****COMMITTEE INSERT 6*****

1 Mr. Pitts. Without objection, so ordered.

2 Mr. Griffith. And let me move on, then, to other newspaper
3 articles that I have read. Miguel Del Toral, according to some
4 recently released emails in an article that I read out of The
5 Detroit News back at the end of March, indicated that in an email
6 that was released that, at one point in time, he had offered to
7 do more tests in Flint, Michigan on his own dime to prove that
8 what he was saying up the chain, that there is a problem here,
9 would come out.

10 I have to wonder if the EPA has just got too much bureaucracy
11 when they can't even listen to their own people in the field and
12 they are offering to do it on their own dime and, instead, they
13 get the stiff arm. I know that you didn't have anything to do
14 with that, but Mr. Beauvais, what are we going to do in the future?
15 I mean that is what this hearing is about to make sure that when
16 your own people are saying there is a problem, they are not just
17 totally dismissed and, in fact, he would appear punished. Again,
18 I know that is debatable but it appears that he was punished for
19 a short period of time.

20 Mr. Beauvais. Well first of all, let me just say that Miguel
21 Del Toral is an incredibly valued member of EPA's team, one of
22 the national experts in this area. I am not aware of any
23 punishment of him but I --

24 Mr. Griffith. I understand.

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 111

1 Mr. Beauvais. -- do think that it is very important that
2 concerns that get raised at a staff level be appropriately
3 elevated and get appropriate attention. And that is precisely
4 the point of the policy memo that was discussed.

5 Mr. Griffith. And I know your position and I am not fussing
6 at you but I will tell you in another hearing that I attended,
7 not this committee, in regard to this, the mom, the hero mom in
8 this situation was told that he had been dealt with and he
9 disappeared for a period of time because he had been dealt with.
10 I consider that a form of punishment. The EPA may not consider
11 it that but I do.

12 And that is the kind of thing that bothers when we have folks
13 saying that we need more money. And I am sure that there is always
14 use for more money but if you just listened to the folks on the
15 ground, you could have stopped this problem sooner. And that is
16 my concern as a federal representative talking to the federal
17 representatives of the EPA. You all had a chance. You missed
18 it. I am not trying to bust your chops but I want to make sure
19 that you all get the system right so when this happens again,
20 because the same article in the Roanoke Times says they are looking
21 at Philadelphia.

22 I yield back, Mr. Chairman. Time is up.

23 Mr. Pitts. The chair thanks the gentleman.

24 I now recognize the gentlelady from Illinois, Ms.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 112

1 Schakowsky, 5 minutes for questions.

2 Ms. Schakowsky. Thank you, Mr. Chairman, for holding this
3 important hearing.

4 I was one of a pretty large delegation that went to Flint
5 last month. I know Dr. Lurie was part of the -- was one of the
6 presenters and was there. I don't know if I met the others of
7 you when the 25 members led by Leader Pelosi, the Congressional
8 Progressive Caucus, the Congressional Black Caucus for a
9 speak-out but we also had a panel and had an opportunity to see
10 the incredible resources that were pulled together at that point
11 to really address the problem. And, obviously, nothing is too
12 much for us to do to correct this problem.

13 And it is not really contained to the City of Flint. There
14 may be some particular circumstances, as was mentioned, but cities
15 across the country have these aging water systems, these
16 underground infrastructure problems and there could be lead, I
17 know, in Chicago because so many kids live in homes with lead
18 paint. The latest data we have for the City of Chicago shows that
19 in 2014 approximately 675 children had elevated levels at ten
20 times the amount but I think that is really underestimated. We
21 don't do a lot of testing.

22 So, Dr. Lurie, as a key part of the state's response, and
23 this has been discussed somewhat in Flint, was its application
24 for a Medicaid waiver to extend Medicaid coverage to thousands

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 113

1 of children and pregnant women in Flint to ensure that our most
2 vulnerable receive the comprehensive and ongoing care that they
3 need. And thankfully, this waiver was approved.

4 The coverage provided through this new Medicaid waiver,
5 which also eliminated premiums and cost-sharing and broadened
6 case management benefits for all the beneficiaries in Flint is
7 clearly going to make a difference in the lives of Flint residents
8 for years to come.

9 So, I am wondering if you could speak to why Medicaid
10 coverage, in particular, was and continues to be such a vital part
11 of the broader Federal response in this situation.

12 Dr. Lurie. Thank you. I appreciate the question. And as
13 we have discussed, one of the situations we had here was that we
14 had all kids in Flint exposed to the Flint water system and all
15 kids in Flint and families in Flint potentially exposed to very
16 concerning levels of lead. Medicaid is the healthcare
17 infrastructure particularly for low-income people in this
18 country. It not only provides, however, access, to basic
19 healthcare, in this case, Medicaid is a terrific solution because
20 it also can provide through expanded services case management,
21 behavioral and developmental services and other things like
22 transportation for people who have difficulty getting to medical
23 care.

24 So if, in fact, we want to get kids into see a primary care

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 114

1 provider through their medical home and help them use the services
2 that are available to them, often we need case management,
3 transportation services, as well as all the other things we call
4 wraparound services, the developmental behavioral services, the
5 home visiting, all of those things that are required to be sure
6 kids get what they need.

7 Ms. Schakowsky. So, that is on the list of things that now
8 are available. How is it going in Flint?

9 Dr. Lurie. So, right now, we are waiting for the state
10 legislature to approve the Medicaid expansion so that we can
11 actually get those services off the ground. We understand from
12 the state that that is coming. And meanwhile, the Center for
13 Medicare and Medicaid services and all of us are looking at ways
14 to lean forward both to monitor uptake but to be really proactive
15 within the community about being sure that people know the
16 services are available and are able to take advantage of them.
17 Many, many community organizations are on the ground poised and
18 ready to get kids enrolled.

19 Ms. Schakowsky. So, the legislature in Michigan has to
20 approve this. What is the time line there?

21 Mr. Lyon. Thank you for the question. We are working with
22 them, at this point, daily on getting their approval to do this.
23 So, it is something that we are working on. It was what I
24 referenced a little bit earlier. They were looking, as part of

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 115

1 the budget request, where it would have taken a little bit longer
2 to get this in place. We have asked them to expedite that. And
3 we are ready to implement as well.

4 So, there are some technology revisions that will have to
5 happen. There are things that have to occur but it should be a
6 pretty quick implementation time frame, once we have that off the
7 ground.

8 Ms. Schakowsky. Now, is this administered in the same way
9 or funded in the same way that Medicare is with the state match
10 as well as the Federal dollars?

11 Mr. Lyon. The same with Medicaid. It is matched with state
12 dollars, yes.

13 Ms. Schakowsky. So, do you have any expectation on when the
14 money can be approved?

15 Mr. Lyon. I would want to be careful speaking on behalf of
16 the state legislature for obvious reasons. But again, I think
17 we have an education process we are doing with them. They had
18 a lot of other priorities in front of them as well and we have
19 gotten to the right people to assure that decisions can be made
20 quickly.

21 Ms. Schakowsky. Thank you. I yield back. Thank you.

22 Mr. Pitts. The chairman thanks the gentlelady and now
23 recognizes the gentleman from Florida, Mr. Bilirakis, 5 minutes
24 for questions.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 116

1 Mr. Bilirakis. Thank you, Mr. Chairman, I appreciate it.
2 Thanks to the panel for your testimony.

3 The first question would be for Mr. Beauvais. I pronounced
4 that right, correct?

5 Mr. Beauvais. Yes, that is right.

6 Mr. Bilirakis. Okay. You mentioned that the EPA's role is
7 to maintain federal oversight of the state's drinking water
8 programs. Why, then, didn't the EPA intervene after numerous
9 violations, including the complete absence of corrosion control
10 treatment by the City of Flint that was noted apparently in the
11 June 2015 by Mr. Del Toral? Why didn't the EPA intervene?

12 Mr. Beauvais. Well, in fact, the EPA staff were intensively
13 engaged with their state counterparts from the period as soon as
14 they -- they were initially told that corrosion control was being
15 applied and then later informed that it, in fact, was not being
16 applied. From that point in time, EPA was intensively engaged
17 with state counterparts to MDEQ. Ultimately --

18 Mr. Bilirakis. When? Can you give me a date on that?

19 Mr. Beauvais. EPA was informed in April of 2015 that
20 corrosion control was not being applied. A series of engagements
21 ensued. By July of 2015, MDEQ had indicated that it would go and
22 ask Flint to apply corrosion control.

23 Mr. Bilirakis. Thank you. The next question, sir.

24 There have been Safe Drinking Water Act violations in several

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 117

1 states, including my home State of Florida. What administrative
2 steps has the agency taken to ensure that similar problems that
3 may occur across the country are acted upon quickly, of course,
4 and do not lead to another public health crisis?

5 Mr. Beauvais. Well, we focused on two key actions that are
6 closely related to one another. One is that our regional offices
7 are engaged with every single state drinking water program that
8 has primacy across the country to review all of the data with
9 regard to lead action level exceedances to ensure that those are
10 being addressed and that corrosion control is being applied where
11 needed and that any other steps that need to be taken are taken.

12 The second is that we sent letters to every governor and every
13 state drinking water regulatory agency head for the primacy states
14 in the country asking them to focus appropriate attention and
15 resources on this, asking for a series of concrete steps, both
16 with regard to implementation of the rule and increased
17 transparency and accountability in the way that sampling results
18 and other information are being provided to the public.

19 Mr. Bilirakis. Thank you. Next question.

20 While lead levels are improving, Flint water still exceeds
21 Federal standards and virtually all homes must still be considered
22 at risk. Do you have an estimate as to when drinking water in
23 Flint will be back in compliance with the Safe Drinking Water
24 standards?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 118

1 Mr. Beauvais. I mean I think I would share the view that
2 Director Creagh articulated earlier, which is that I don't feel
3 that we can hazard a guess as to the timing.

4 At this point in time, directionally, things are improving
5 and we really need to be guided by the data and the experts in
6 assessing when we are back to a situation where it is safe to drink.

7 Mr. Bilirakis. Well, can you get back to us on this one?

8 Mr. Beauvais. Absolutely, we are happy to do it.

9 Mr. Bilirakis. Thank you.

10 Experts stress the importance of water use in homes so that
11 the orthophosphate and chlorine added to improve the water quality
12 that flow through the pipes. Given that many Flint residents are
13 hesitant to run their water, and you can't blame them, whether
14 it be for safety or financial reasons, and that there is a growing
15 vacancy in the housing market how will a flushing program be
16 successfully implemented?

17 Mr. Beauvais. Well, I want to give Director Creagh and
18 opportunity to respond to this as well. I think that is exactly
19 the challenge that we are now grappling with is both to identify
20 an appropriate protocol and then to develop an approach to make
21 that happen on the ground. And of course I think the question
22 of water bill forgiveness is certainly going to be an element of
23 that discussion.

24 Mr. Bilirakis. Director?

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 119

1 Mr. Creagh. I certainly agree with Mr. Beauvais. Our
2 staffs are working together to agree upon with Dr. Edwards on an
3 agreed upon flushing protocol and then there is high-level
4 conversations looking at forgiveness of any of that cost because
5 we do need to have the assistance to participate in this effort.

6 Mr. Bilirakis. Director, I have a question for you. Do you
7 believe that those in your agency, appointed or otherwise, had
8 the necessary training and/or certification for managing the
9 city's drinking water system with regard to implementing and
10 enforcing regulations mandated by the Safe Drinking Water Act?

11 Mr. Creagh. I think it goes beyond the technical training
12 of staff. And that is one of the reasons why we are exploring
13 apprenticeship programs with the American Water Works Association
14 and some of the municipalities so that employees get more hands-on
15 training, so they understand what happens inside the plant and
16 the results of their actions.

17 Mr. Bilirakis. Thank you, Mr. Chairman, I yield back. I
18 appreciate it.

19 Mr. Pitts. The chairman thanks the gentleman and now
20 recognizes the gentleman from Mississippi, Mr. Harper, 5 minutes
21 for questions.

22 Mr. Harper. Thank you, Mr. Chairman, and thanks to each of
23 you. And it appears that I am the last person to ask questions.
24 So, thank you for being so patient on this.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 Mr. Beauvais, I know that you followed up on some questions
2 that Mr. Green had asked earlier and Chairman Upton followed up
3 with about the EPA intends to make long-term revisions to the Lead
4 and Copper Rule, a question about when. What are the key issues
5 for EPA in hammering this out?

6 Mr. Beauvais. Well, I think some of the key issues relate
7 to lead service line replacements. That is a very, without
8 getting into all the gory details, that is a very complex and
9 challenging area because of the way that ownership and control
10 of lead service lines works and the expense associated with lead
11 service line replacements. So, that will be one of the key issues
12 to grapple with.

13 Another, for example, is the recommendation of the
14 development of a household action level that would be used to
15 trigger notification and intervention from public health
16 officials.

17 And there is a series of others which I would be happy to
18 outline.

19 Mr. Harper. Sure but thank you very much.

20 Does EPA have any concerns about National Drinking Water
21 Advisory Council recommendations? And if so, which ones?

22 Mr. Beauvais. I wouldn't say concerns. I guess what I
23 would say is we have also had -- we have received recommendations
24 and input from a number of other concerned stakeholders. There

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 121

1 was a dissenting member of the Council who submitted a separate
2 opinion or set of recommendations. And the other thing to mention
3 is just, as I was saying earlier, the working group, the Lead and
4 Copper Rule Working Group's recommendations that ultimately came
5 up through the council were really developed before the whole
6 experience in Flint came into the national consciousness in the
7 same way. So, we are learning a lot on the ground and we are
8 learning a lot as we engage across the country and that will also
9 influence our thinking on the proposed rule.

10 Mr. Harper. You know you have said there is a lot of data
11 coming in that has got to be evaluated, reevaluated and continuing
12 input that is going to go on that. But what is go beyond the
13 requirements?

14 Mr. Beauvais. Well, one of the things that we have asked
15 the state regulators to look at and drinking water system
16 operators to look at is the current rule, for example, doesn't
17 require public posting of the individual sampling results.
18 Regulators are required to report to us the 90th percentile
19 results but we really felt strongly that consumers and resident
20 citizens would benefit from having that information be made
21 publicly available. So, that is one area.

22 And we have provided some information on recommended
23 sampling protocols that are not strictly speaking regulatory
24 requirements of the current rule but we have encouraged people

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 122

1 to adopt those as more protective. And there is a couple of other
2 areas, as well, that we have focused on.

3 Mr. Harper. And Mr. Beauvais, one of the other cities that
4 has received some national news is Jackson, Mississippi in my
5 district as well. And I know that city officials have been
6 working with EPA during this time and we certainly appreciate that
7 assistance.

8 In your testimony, you state that Administrator McCarthy's
9 called for an IG investigation to investigate EPA's response to
10 the Flint crisis. Do you know when that IG investigation and
11 report will be completed?

12 Mr. Beauvais. I think I will have to defer to the Office
13 of Inspector General on the timing of their report.

14 Mr. Harper. Well, on February 29th, the EPA sent a letter
15 to ensure water systems were following the lead and copper rule
16 to the Mississippi State Department of Health and agencies in each
17 state across the country to enforce that rule. In it, EPA asked
18 the states to work with public water systems with a priority
19 emphasis on large water systems to increase transparency in
20 implementing the Lead and Copper Rule by posting that information.

21 Any idea why there was an emphasis put on large water systems?
22 Is it just the sheer volume of customers or is it a starting point?
23 Explain that.

24 Mr. Beauvais. I think something in the nature of triage.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 123

1 This is a huge level of effort that needs to be made by state
2 drinking water system operators. So, there was an encouragement
3 to start with large systems and then kind of work down the stack.
4 We understand there is a number of unique challenges that small
5 systems face and it is important to grapple with those as well.

6 Mr. Harper. I think we all understand the importance of
7 clean drinking water and we want to say we appreciate the
8 assistance and look forward to a resolution.

9 And with that, I yield back.

10 Mr. Pitts. The chair thanks the gentleman.

11 At this point, the members' questions are concluded. We
12 will have follow-up questions we will send to you in writing. We
13 ask that you please respond promptly to that.

14 And so at this point, we are going to take a short break while
15 the staff sets up the witness table for our second panel. The
16 subcommittee will stand in recess for 3 minutes.

17 [Recess.]

18 Mr. Pitts. All right, the time of recess having expired,
19 the subcommittee will reconvene.

20 I will ask our second panel to please take their seats and
21 the witness table. I will introduce them in order of their
22 presentations.

23 First of all, Dr. Mona Hanna-Attisha, MD, MPH Program
24 Director Pediatric Residency, Hurley Children's Hospital, Hurley

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 124

1 Medical Center, Assistant Professor of Pediatrics, Michigan State
2 University College of Human Medicine. Welcome.

3 Second, Joan Alker, Executive Director at the Center for
4 Children and Families, Georgetown University. Welcome.

5 Mr. Steve Estes-Smargiassi, Director of Planning and
6 Sustainability, the Massachusetts Water Resources Authority.
7 Welcome.

8 June Swallow, President and Administrator, Rhode Island
9 Drinking Water Program, Rhode Island Department of Health.
10 Welcome.

11 Finally, Mae Wu, Senior Attorney, Health and Environment
12 Program, Natural Resources Defense Council.

13 Thank you for coming, each of you. Your written testimony
14 will be made a part of the record. You will each be given 5 minutes
15 to summarize your testimony. Our little light system is not
16 working so they are on the floor, along with the wires. So be
17 careful, anyone walking, not to step on the wires. But at 4
18 minutes, I will give you a couple of taps to give you a signal
19 that you have got 1 minute left of your 5-minute testimony and
20 please ask you to wrap it up at 5 minutes.

21 So, we will start with Dr. Mona. You will be recognized now
22 for 5 minutes to summarize your testimony. You are recognized.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 125

1 STATEMENTS OF MONA HANNA-ATTISHA, MD, MPH, PROGRAM DIRECTOR
2 PEDIATRIC RESIDENCY, HURLEY CHILDREN'S HOSPITAL, HURLEY MEDICAL
3 CENTER, ASSISTANT PROFESSOR OF PEDIATRICS, MICHIGAN STATE
4 UNIVERSITY COLLEGE OF HUMAN MEDICINE; JOAN ALKER, EXECUTIVE
5 DIRECTOR, CENTER FOR CHILDREN AND FAMILIES, GEORGETOWN
6 UNIVERSITY; STEVE ESTES-SMARGIASSI, DIRECTOR OF PLANNING AND
7 SUSTAINABILITY, THE MASSACHUSETTS WATER RESOURCES AUTHORITY;
8 JUNE SWALLOW, PRESIDENT AND ADMINISTRATOR, RHODE ISLAND DRINKING
9 WATER PROGRAM, RHODE ISLAND DEPARTMENT OF HEALTH; AND MAE WU,
10 SENIOR ATTORNEY, HEALTH AND ENVIRONMENT PROGRAM, NATURAL
11 RESOURCES DEFENSE COUNCIL.

12
13 STATEMENT OF MONA HANNA-ATTISHA, MD, MPH

14 Dr. Hanna-Attisha. Thank you. Good afternoon. Now, I
15 would like to begin by thanking Chairman John Shimkus and Chairman
16 Joe Pitts, along with Ranking Member Paul Tonko and Ranking Member
17 Gene Green, for the opportunity to testify at today's joint
18 subcommittee hearing on the Flint Water Crisis and most
19 importantly, on the plan to move forward.

20 I would also like to thank Chairman Fred Upton from Michigan,
21 Ranking Member Frank Pallone, and their respective staff members
22 for their continued interest and work on this issue.

23 This is a very important topic and I am pleased these two
24 subcommittees have chosen to devote today's joint hearing to the

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 126

1 public health situation in Flint the and long-term needs of our
2 community.

3 It has been said that pediatricians are the ultimate
4 witnesses to failed policies. And as a pediatrician in Flint,
5 I can attest to that. Our children were failed by every agency
6 that was supposed to protect them. I am not going to go into the
7 details. You know what happened with Flint. A lack of corrosion
8 control created a perfect storm for lead to leach out from our
9 plumbing into our drinking water and into the bodies of our
10 children. There is no safe level of lead. Lead is a potent,
11 irreversible neurotoxin that impacts our children for decades and
12 generations to come. The treatment for lead is to prevent all
13 exposure to lead because there is no magic pill for lead. There
14 is no lead antidote.

15 So, since we were able to prove that lead was getting into
16 the bodies of children, our focus has always been on their
17 tomorrows and what are we going to do next for our kids. And we
18 are focused on that moving forward. Flint is an incredibly
19 resilient community with a proud past and we are hopeful and
20 determined to create an even more promising future. Our
21 community is committed to rebuilding and to creating a sanctuary
22 where our children can recover and flourish. We cannot wait to
23 see the potential cognitive and behavioral consequences of lead
24 exposure. We must act and we must act quickly.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 We are grateful for the state and the federal support that
2 has come in thus far and while these are helpful and appreciated,
3 most are, unfortunately, only temporary expansions or increases
4 in funding and will not adequately address the long-term needs
5 of Flint's children.

6 On the academic side, Michigan State University and Hurley
7 Children's Hospital have launched something called a Pediatric
8 Public Health Initiative. This is our model public health
9 program, a center of excellence, almost ground zero on lead, where
10 we hope to continue the assessment of what happened to follow these
11 children for decades but, most importantly, to intervene. To
12 intervene for these children, which has never been done before
13 and to become a model to create benchmarks so that the rest of
14 the nation can learn about what happened in Flint and how we were
15 able to change the story and change a trajectory for our children.

16 These evidence-based interventions span many domains, most
17 importantly, education, nutrition, and health. Because there is
18 no medical treatment for lead, the treatment for lead is
19 mitigating the impact of lead. Early literacy programs,
20 universal preschools, school health services, quality education
21 systems are key for our children. Nutrition plays a tremendous
22 role not only for preventing ongoing exposure but preventing
23 long-term re-exposure. Lead eventually gets stored in your bones
24 and it can last there for decades. When you are stressed or

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 128

1 pregnant or have poor nutrition in your future, it comes back out
2 of your bones and an cause that neurotoxicity all over again. So,
3 that is why nutrition plays a critical role in mitigating this
4 exposure.

5 In terms of healthcare, we are grateful for the Medicaid
6 expansion but that only covers our children. The adults were also
7 exposed to lead and many other things in this water, including
8 Legionnaire's Disease and many skin manifestations.

9 So, current efforts at both the state and federal level
10 efforts -- our efforts on the academic front are not enough. We
11 need congressional action to address the necessary short- and
12 long-term response. I firmly believe that it is the imperative
13 of public policymakers at all levels of government, regardless
14 of party or affiliation, to act quickly to address the urgent needs
15 of the Flint community. We need congressional lawmakers to
16 respond to this manmade disaster with the same impetus and robust
17 response as they do for any other kind of disaster. Our nation
18 has never been reluctant to aid victims of hurricanes and floods
19 and tornadoes.

20 Short-sighted cost-cutting and willful bureaucratic
21 blindness caused the calamity in Flint but it is nothing short
22 of a natural disaster. In addition, the magnitude of this
23 disaster is much worse in the long-run. We are not a remote city
24 in a developing world with a contaminated water supply. We are

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 129

1 a great American city situated in the middle of the Great Lakes,
2 the largest source of fresh water in the world, yet we are going
3 on our third year with a contaminated water supply.

4 Hopefully you agree that Flint families need our help. And
5 it is my hope that our discussion today and with your committee's
6 interest we will cut through the gridlock and spur significant
7 action by Congress to create some legislation.

8 Thank you for the opportunity to address the committee today
9 and I look forward to your questions. Thank you.

10 [The prepared statement of Dr. Hanna-Attisha follows:]

11

12 *****INSERT 7*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 130

1 Mr. Pitts. Thank you for your testimony.

2 Ms. Alker, you are recognized for 5 minutes for your summary.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 STATEMENT OF JOAN ALKER

2

3 Ms. Alker. Thank you very much, Chairman Pitts, Ranking
4 Member Green, and members of the committee. I am glad to be here
5 today, thought the topic is, indeed a sobering one.

6 I am not here today to talk about why the Flint crisis
7 happened but rather to respond to the committee's charge of
8 examining lessons learned. This is an especially important
9 exercise for children around the country, not just in Flint,
10 because they may, too, be at risk of high levels of lead exposure
11 or some of them reside in places that are known to have high levels
12 of lead exposure. So, we must examine the Flint crisis not only
13 for the children of Flint but for children nationwide, especially
14 low-income children, who are at greater risk of lead exposure.

15 Of course, prevention is the key to ensure that such
16 tragedies do not happen again. But sadly, prevention is too late
17 for the children of Flint and other children who have already been
18 identified with elevated blood lead levels. Policymakers must
19 act immediately to ameliorate the harm that has been done. One
20 essential part of this response is to ensure that these children
21 have health coverage going forward, so that they may access the
22 treatment they need now and in the future.

23 And while there is so much bad news here, I would like to
24 focus the committee's attention on some good news that emerged

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 132

1 from this debacle. Governor Snyder, a Republican and President
2 Obama's Administration, a Democrat, were able to come to agreement
3 on a Section 1115 Medicaid waiver very quickly at a time of sharp
4 partisan discord, especially on health policy. The waiver relies
5 on the Medicaid program to form the backbone of the state's
6 response to the health crisis for families in Flint.

7 The terms and conditions of this waiver include an expansion
8 of Medicaid and CHIP for children and pregnant women with incomes
9 up to 400 percent of the federal poverty level who were served
10 by the Flint water system until they are age 21.

11 This is not the first time that Medicaid has played a vital
12 role in our nation's response to an emergency. After the
13 terrorist attacks of 9/11, the State of New York also obtained
14 a Section 1115 waiver to extend Medicaid coverage to additional
15 groups and simplify the application process.

16 Following Hurricane Katrina, 15 states, D.C., and Puerto
17 Rico were granted Section 1115 waivers to provide temporary health
18 coverage to those displaced by Katrina.

19 Medicaid's financing structure and the flexibility afforded
20 by the waiver process allow for this kind of nimble and
21 comprehensive response in times of crisis. Because Medicaid
22 funding is not capped, it is able to respond to unanticipated
23 emergencies, whatever their cause.

24 For children in situations such as that which has emerged

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealgross.com

1 in Flint, Medicaid's comprehensive pediatric benefit, and this
2 is a real tongue twister, the Early Periodic Screening Diagnosis
3 and Treatment or EPSDT benefit is essential. The Medicaid
4 statute requires coverage of laboratory tests, including lead
5 blood level assessments. And once a problem is identified through
6 a screen, the EPSDT benefit requires that treatment must be
7 provided. Children may not be charged premiums or copays in the
8 Medicaid program, which can be a barrier to needed care.

9 These features of Medicaid made it the obvious choice for
10 Governor Snyder to turn to in responding to the crisis in Flint
11 and responding to the health needs of those families.

12 But the crisis in Flint creates an opportunity and, indeed,
13 a responsibility to reexamine Medicaid policy with respect to lead
14 more broadly and I would like to offer two suggestions for the
15 committee to consider.

16 Congress should consider ways to improve lead screening
17 rates in Medicaid. Despite the requirement to screen for lead
18 in the Medicaid program, screening rates are not where they should
19 be. We don't have great data on this but it looks like for 1-
20 to 2-year-olds across the U.S., the screening rate is only about
21 40 percent.

22 States must ultimately be held accountable for low screening
23 rates but it is also worth noting that most children in Medicaid
24 in Michigan and elsewhere, as has been discussed, are receiving

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 134

1 services through managed care. So, ensuring that managed care
2 plans are held accountable for improving screening rates would
3 go a long way towards ensuring that public health objectives are
4 being met.

5 Secondly, I would encourage you to review CMS policy, which
6 allows states to request exemptions from universal screening
7 requirements for lead. As a result of recommendations made by
8 the centers for disease control, in 2012, CMS established a
9 process by which states can request permission to target lead
10 screenings, rather than screen all children in Medicaid.

11 Recent events in Flint suggest to me that this option should
12 be carefully reviewed and perhaps reconsidered. At a minimum,
13 there needs to be a more robust public process for states
14 requesting exemptions from universal screening requirements.

15 Thanks for inviting me to testify today and I look forward
16 to your questions.

17 [The prepared statement of Ms. Alker follows:]

18

19 *****INSERT 8*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 135

1 Mr. Pitts. Thank you.

2 Mr. is it Estes-Smargiassi? You are recognized or 5
3 minutes.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 STATEMENT OF STEVE ESTES-SMARGIASSI

2
3 Mr. Estes-Smargiassi. I am here today on behalf of the
4 American Water Works Association.

5 What I would like to do today is to discuss how what we already
6 knew about the issues of lead in drinking water was underlined
7 and emphasized by the events in Flint and some of what we think
8 needs to be done going forward. I will do that in part by focusing
9 on the recent recommendations of the National Drinking Water
10 Advisory Council, MDWAC. And I would say that the AWWA Water
11 Utility Council and its Board of Directors have both voted to
12 support those recommendations.

13 I will concentrate on three principle elements of shared
14 responsibility. First, the important role of corrosion control
15 in reducing the natural tendency of water to dissolve lead and
16 other metals. Second, that we, as a nation, must do more to reduce
17 the amount of lead-containing materials that are in contact with
18 the water we drink, especially the lead service lines connecting
19 our older buildings with the water mains in the street. And
20 third, how water supply and public health professionals can
21 effectively communicate about the risks of water -- of lead and
22 work with our customers to reduce and eliminate those risks.

23 Flint should have but did not do corrosion control treatment
24 when they switched sources. It was required by the LCR. It is

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 137

1 sound water treatment practice. It is not clear exactly why they
2 didn't do it. What is clear is that treatment can dramatically
3 reduce the corrosivity of water. In the Boston area, we began
4 monitoring corrosion control treatment in 1996, after careful
5 planning, pilot testing, consultation with national experts. We
6 went from having some of the highest levels in the nation, being
7 able to show our customers a 90 percent reduction.

8 That same success story was repeated across the country,
9 prompting the NDWAC to recommend that the requirements and
10 guidance for corrosion control treatment be retained as the rule
11 is revised and strengthened. The NDWAC specifically recommended
12 retaining the current rule requirements to reassess corrosion
13 control if changes to source water and treatment are planned.
14 Even before the publicity surrounding Flint, the group underlined
15 this existing provision as key to protecting public health.

16 The NDWAC called for additional monitoring and the effective
17 use of that date to ensure that treatment was being operated in
18 a consistent manner and that water systems be required to review
19 EPA guidance and update treatment as the science of corrosion
20 control advances.

21 While the root of the problem in Flint was that corrosion
22 control was ignored, it was the fact that perhaps half of the homes
23 still had lead services that caused lead exposures to rise so
24 significantly. Estimates are that there are about 6 million lead

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 138

1 service lines in the U.S. installed a long time ago. They have
2 been gradually replaced but the existing rule has not been
3 effective at mandating substantial reduction. These factors
4 caused NDWAC to recommend that over the long-term all lead
5 services should be replaced from the main all the way to the house.

6 The NDWAC recognized that a national program of lead service
7 line replacement would need to be implemented locally, that each
8 water system might have a different approach to dealing with the
9 complex issues of identifying lead services, communicating with
10 the property owner about the need to replace their portion and
11 dealing with issues of cost, access and need of authority.

12 The recommendation called for ongoing and regular outreach
13 and efforts continue until every last service line is replaced.

14 My system just announced \$100 million zero-interest loan
15 program our member communities to remove funding as an impediment
16 to progress. Boston just enhanced their incentive program,
17 doubling their subsidy to \$2,000 and a no-interest repayment
18 period to 48 months.

19 The NDWAC also called for improved access to information
20 about the location and ownership of lead services. A good example
21 is the Boston Web site. Type in an address and up pops a map
22 showing lead services.

23 AWWA believes in a future with no lead services. In the
24 meantime, we need to do better informing the public. That was

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 139

1 a significant failing in Flint, a lack of transparency and a
2 failure to take their customers' complaints seriously.

3 The NDWC recommended targeted outreach to consumers with
4 lead services and other vulnerable populations be a regular part
5 of communication efforts and that the lead data be accessible.
6 They also called on EPA to establish a national clearinghouse and
7 Web site to provide up-to-date risk information, communication
8 templates for use by water systems, models brochures, videos
9 targeting different topics and audiences. AWWA is already
10 providing additional materials for use by its members in their
11 outreach.

12 At the MWRA, we believe in transparency. All of our samples,
13 collected under the LCR since 1992 are up on our Web site. We
14 believe that public data provides public confidence.

15 In summary, making further progress on lead is a shared
16 responsibility. Water systems have made substantial investments
17 in successful corrosion control and the enhancements recommended
18 by the NDWAC should help many water systems do even better. As
19 a community of professionals, water systems are committed to
20 effective programs to alert our customers if they have lead
21 services, to communicate the risk and to work with them to replace
22 them.

23 Our state and federal regulators must exercise responsible
24 oversight and provide useful technical assistance, especially to

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 140

1 smaller systems.

2 We and our partners in the public health community can
3 implement more effective outreach so our customers are informed
4 and empowered to make sound decisions about their drinking water.

5 Thank you for the opportunity to appear today.

6 [The prepared statement of Mr. Estes-Smargiassi follows:]

7

8 *****INSERT 9*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 141

1 Mr. Pitts. The chair thanks the gentleman.

2 Ms. Swallow, you are recognized for 5 minutes.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 STATEMENT OF JUNE SWALLOW

2

3 Ms. Swallow. Thank you.

4

5

6

7

8

9

10

Good afternoon. My name is June Swallow and I am the Administrator of Rhode Island Department of Health drinking water program and also President of the Association of State Drinking Water Administrators. ASDWA represents the women and men in the 50 states, territories, D.C., and the Navajo Nation who are responsible for administering the requirements of the Safe Drinking Water Act.

11

12

13

14

I also served on the National Drinking Water Advisory Council Working Group that recommended long-term changes to the federal Lead and Copper Rule. Those recommendations were forwarded to the EPA Administrator in December, 2015.

15

16

Today, I will primarily focus on the lessons learned and the path forward.

17

18

19

20

21

22

23

Flint was something of a perfect storm and we don't believe there are exactly comparable situations in other parts of the country. But it did expose vulnerabilities in our collective approach to providing safe drinking water and these we very much want to shore up. We will learn the lessons of Flint and apply them across the country so that we restore peoples' trust and, most importantly, help ensure safe drinking water for everyone.

24

Deputy Assistant Beauvais' letter to the 50 states provides

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 143

1 a good overall template for our collective near- and medium-term
2 actions. We want to be ensure that water systems are implementing
3 and the states are overseeing the current rule optimally and as
4 intended. Where further guidance and clarifications are needed,
5 those gaps need to be filled as quickly as possible.

6 We will also work with our water systems to go above and
7 beyond what the rule requires, such as transparently sharing
8 information and sample results while working on long-term changes
9 that will further solidify some of those above and beyond steps.

10 For the long-term, we support the recommendations of the
11 NDWAC, the most important of which is to get the lead out, removing
12 entire lead service lines and installing lead-free plumbing
13 components. To accomplish that lofty, but I believe attainable
14 goal, we need a national effort across federal, state, and local
15 players, as well as some non-traditional partners, such as the
16 real estate community.

17 We also support the other key NDWAC recommendations,
18 including establishing a household action level for lead, setting
19 up a lead information clearinghouse, and providing greater
20 overall transparency and timeliness in sharing sampling results
21 with customers. We encourage EPA to move the revisions forward
22 as quickly as possible and will actively assist.

23 It is not just the lead, though. There are many other
24 challenges. We urge the committee, as it considers this matter

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 144

1 and possible actions, to be mindful of the fact that implementing
2 the Safe Drinking Water Act is akin to playing three-dimensional
3 chess. The rule requirements for the 90 plus regulated
4 contaminants must be met all of the time at all of the 155,000
5 water systems that states oversee, most of which are small. And
6 we, states, EPA, and utilities, must also be mindful of a host
7 of new and emerging threats from which we need to keep the public
8 safe, such as perfluorinated compounds, hexavalent chromium,
9 perchlorate, and algal toxins, to name but a few.

10 As critically important as the challenge of addressing lead
11 in water is, we may not shift all of our time, attention, and
12 resources; thus, creating other vulnerabilities.

13 We also need to be mindful of what we call the multi-barrier
14 source-to-tap approach to this collective task. To best protect
15 public health, the sources of drinking water need to first be
16 protected through a variety of other statutes, authorities, and
17 programs, including the authorities provided under the Clean
18 Water Act, as well as USDA's various programs. Sources of surface
19 and groundwater used by water treatment facilities need to be
20 adequately protected from point and non-point sources of
21 pollution.

22 We are most successful in our collective efforts when EPA,
23 the states, and local governments work together in partnership,
24 respecting and fulfilling our various roles and responsibilities.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 145

1 States remain firmly committed to these partnerships and we
2 believe they have been mutually beneficial and essential to
3 protect public health.

4 Finally, I would like to mention the importance of Support
5 for both physical and human infrastructure. You are well aware
6 of the issue of aging drinking water infrastructure, including
7 service lines, and the costs and challenges of replacement. We
8 appreciate the various bills that are seeking to address this
9 need. Managers of state drinking water revolving loan fund
10 programs stand ready to help in that task.

11 But, there is also a human infrastructure shortfall in states
12 of which you need to be aware. State drinking water programs need
13 far greater support than they receive now. Congressional support
14 for the federal principal appropriation for state drinking water
15 programs, the PWSS grant, has been level funded at about \$2 million
16 per state for the past decade. To address the increasing
17 responsibilities and assure adequate oversight, at least twice
18 that amount is needed for states.

19 In summary, we are eager to apply the lessons learned in
20 Flint, while being vigilant about all of the other challenges
21 associated with providing safe drinking water, in collaboration
22 with our Federal and local partners and with congressional
23 support.

24 Thank you for the time to speak to you today.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 146

1 [The prepared statement of Ms. Swallow follows:]

2

3 *****INSERT 10*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 147

1 Mr. Pitts. The chair thanks the gentlelady.

2 Ms. Wu, you are recognized for 5 minutes for your summary.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 STATEMENT OF MAE WU

2
3 Ms. Wu. Thank you. Good afternoon, Chairman Pitts,
4 Ranking Member Tonko and members of the subcommittee. I am
5 honored to have this opportunity to testify before you today. My
6 name is Mae Wu. I am a senior attorney at the Natural Resources
7 Defense Council and I am heartened to see the bipartisan concern
8 and support for the struggles of this community. It is a primary
9 role of government to make sure that its citizens have access to
10 safe and affordable drinking water and it is failing right now
11 and it is going to take bipartisan and a concerted effort to
12 resolve these problems.

13 So, I am going to focus my testimony today on three things
14 that we need to do. One, we need to fix Flint. Two, we need to
15 fix the pipes. And three, we need to fix monitoring.

16 So, the first thing we need to do is we need to help the
17 residents of Flint. The water infrastructure must be immediately
18 repaired and replaced and safe and reliable water must be supplied
19 to them. And for those who have been exposed, then the types of
20 interventions that Dr. Hanna-Attisha mentioned also need to be
21 given to them.

22 The second thing we need to do is we need to fix everyone's
23 pipes. Even the best run system is going to have lead issues,
24 as long as lead pipes are in the ground. So, a truck rolling by

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 or construction, any of this stuff could help dislodge lead into
2 the drinking water.

3 And so we need an inventory of where all those lead service
4 lines are and then we need to get them fully replaced but it is
5 not just about lead. The whole infrastructure needs replacing.
6 Leaking pipes contribute to bacterial contamination. It wastes
7 a lot of water and a lot of money and causes serious property
8 damage.

9 So, I am asking on you all to help identify the mechanisms
10 to fund this necessary overhaul.

11 The third thing we need to do is we need to fix monitoring.
12 One of the craziest things about Flint was that Flint had no
13 recorded violations of the Lead and Copper Rule. And it is one
14 of the dirty little secrets is that there are some utilities that
15 know how to do sampling to avoid finding problems.

16 The Lead and Copper Rule's monitoring system is designed to
17 target high-risk homes but some of the utilities can employ
18 techniques that defeat the intent of the rule. And so for
19 example, they could have homeowners flush the water for 5 to 10
20 minutes before it sits for the 6 hours that are required. They
21 can use the smaller-necked bottles, which force the samplers to
22 use a lower flow of water, which can also lower the amount of lead
23 that gets captured. They can remove the aerators, which have lead
24 particles sometimes get lodged in those. And that can also help

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 lower the amount of lead that gets collected.

2 And there are many more techniques that they can use. It
3 is wrong and it needs to stop. And EPA can stop these types of
4 activities as it is revising the Lead and Copper Rule.

5 And I really appreciated Mr. Upton's call for EPA to get the
6 revisions done before 2017.

7 But I also wanted to address the NDWAC recommendations that
8 have been mentioned several times. As Mr. Beauvais said, because
9 Flint has happened, I think that there are more lessons that can
10 be learned after the report was given out. And so some of those
11 things that should be in the revised rule are a more robust
12 monitoring program that has mandatory and frequent sampling, not
13 voluntary sampling of the tap water in people's homes and in
14 schools. And there should also be a rapid and clear notification
15 to people when the samples detect a problem.

16 So, on a broader level, when it comes to drinking water,
17 citizens have very limited ability in what they can do in the face
18 of the catastrophic failure of the state and local government.
19 Citizens should be given the ability to bring suits to enforce
20 the Safe Drinking Water Act when there is a substantial and
21 imminent endangerment like there was in Flint. Then they
22 wouldn't have to be at the mercy of EPA waiting to see whether
23 EPA is going to act and exercise its emergency authority over the
24 states.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 151

1 And finally, an important part of the story that I don't want
2 us to forget in Flint, the Flint community is predominately
3 African American and it has a high percentage of residents living
4 at or below the poverty line or who are working but struggling
5 to make ends meet and communities of color all over this country
6 often bear the burden of environmental contamination and the
7 resulting health problems.

8 And so as you are working to identify the funding mechanisms
9 to upgrade our drinking water infrastructure, I just urge you to
10 find ways to prioritize assistance going to these communities
11 because we don't want to create a two-tier system, where the
12 wealthy get access to clean and safe water and the less wealthy
13 get second class water.

14 And so I have other recommendations in my testimony for how
15 we can protect our drinking water and how doing so can help our
16 economy and I would be happy to answer any questions. Thank you.

17 [The prepared statement of Ms. Wu follows:]

18

19 *****INSERT 11*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 152

1 Mr. Pitts. The chair thanks the gentlelady.

2 That concludes the testimony of Panel 2. We will now go to
3 questioning. I will recognize myself 5 minutes for that purpose
4 and I will begin with you, Dr. Mona.

5 The administration announced \$3.6 in Head Start, Early Head
6 Start funding for the City of Flint. Can you elaborate on the
7 impact this intervention will have on the children exposed to lead
8 and their families?

9 Dr. Hanna-Attisha. Yes, great question. So, education is
10 one of the solutions here and what we do in the 0-5 age range is
11 the most important thing and that is where Early Head Start and
12 Head Start plays a role.

13 The \$3.6 million expands three more classrooms and gives one
14 more year of funding. So, it is a temporary thing for a limited
15 number of children. The children most at risk from this exposure
16 are the infants and the babies and we need funding for at least
17 5 to 10 years to address those exposed children. So, we are
18 grateful for that one-year of funding but it is not enough.

19 Mr. Pitts. Thank you.

20 Ms. Alker, thank you for coming to the committee again to
21 share your insights on Medicaid waivers. As you noted in your
22 testimony, CMS moved quickly to approve a waived expanding
23 Medicaid coverage to children and pregnant women. Your testimony
24 explained how children can benefit from early periodic screening

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 and diagnosis and treatment but you didn't mention how the Flint
2 waiver expands coverage to pregnant women and newborns.

3 Can you talk a little bit about some of the services, benefits
4 available to pregnant women and newborns under the waiver?

5 Ms. Alker. Well, newborns should also be subject to the
6 EPSDT benefit that I mentioned. That does provide for
7 comprehensive screening and treatment.

8 With respect to the pregnant women, I would mention that,
9 and I am certainly not an expert, but there were a few ways in
10 which the waiver could have been improved in my judgment. And
11 there were comments submitted by the American College of
12 Obstetricians and Gynecologists with respect to the pregnant
13 women piece, where they thought the coverage needed to be little
14 bit more comprehensive and I don't think those comments were
15 adopted in the final waiver. So, that would be something that
16 the committee might want to look into.

17 Mr. Pitts. Thank you.

18 Director Estes-Smargiassi, what lessons have you learned
19 from the experience in Flint?

20 Mr. Estes-Smargiassi. It is clear that shared
21 responsibility from the operators to the plant to the folks who
22 deal with financing, to our regulators, to paying attention to
23 citizens is necessary to avoid this type of crisis.

24 One lesson that I see in this is that we have rules. We need

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 to make sure that the rules are paid attention to. We can't create
2 rules that fix every problem. We need to pay attention, as
3 citizens and as operators of systems pay attention to what is going
4 on.

5 My system, we try and train our operators, train our customer
6 service folks that when complaints come in that we take them
7 seriously. If that had happened in Flint, when the water changed
8 colors and it was not palatable, folks really investigated what
9 was going on, even though bad decisions had been made about
10 corrosion control, they might have stopped it earlier. Likewise,
11 if that information had gotten up to the regulators and it was
12 taken seriously.

13 So, it is a case where we all need to be vigilant to avoid
14 a crisis.

15 Mr. Pitts. Do you have any comments on what Panel 1 said
16 about the Lead and Copper Rule?

17 Mr. Estes-Smargiassi. Not specifically. I think I would
18 emphasize a couple of things. One, that so long as lead lines
19 are out there, there is a risk that some change in treatment --
20 it may be that we have a new contaminant that we are worried about
21 and we change our treatment -- to account for that. And if those
22 lead lines are out there, there is a chance that that lead could
23 become mobile and end up in the drinking water. Or, if there is
24 a change in the source, change in climate, change in weather

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 155

1 different circumstances that changes the quality of the source
2 water without changing the location of the source, those lead
3 lines could become a problem.

4 So, as an operator of a system and as a member of the AWWA,
5 I kind of look to a long-term view that there aren't any lead
6 service lines out there. Maybe not in 5 years or 10 years but
7 getting to that point of not having lead in contact with the water
8 is a major step forward.

9 Mr. Pitts. Thank you.

10 Administrator Swallow, yesterday EPA announced it had
11 reached an agreement with state health officials on environmental
12 exposures and public health. Can you give us some personal
13 examples of whether this will enhance coordination or create
14 overlapping federal responses?

15 Ms. Swallow. I am sorry, I am not familiar with that
16 agreement.

17 Mr. Pitts. Okay. All right, thank you. My time has
18 expired.

19 The chair recognizes the gentleman, Mr. Tonko, 5 minutes for
20 questions.

21 Mr. Tonko. Thank you, Mr. Chair. And welcome to our
22 panelists.

23 First let me offer a thank you to Dr. Hanna-Attisha for all
24 of your work on behalf of the children of Flint. It is so greatly

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 appreciated. And I am also glad we are joined by a number of
2 members of the National Drinking Water Advisory Council.

3 And Ms. Wu, thank you mentioning other contaminants.

4 In my home State of New York, a number of communities are
5 dealing with toxic substances in their water systems. This is
6 about more than just lead and you made that very clear. But
7 without strong federal support, we cannot incentivize greater
8 response on many contaminants to protect public health.

9 Ms. Wu, would you agree with my assessment that the federal
10 share of investment has not been adequate to truly carry out our
11 goal of reducing public health risks from unsafe drinking water?

12 Ms. Wu. Yes, I would agree that even more funding needs to
13 go to the state revolving fund programs for drinking water and
14 it has been woefully underfunded.

15 Mr. Tonko. And what role would you site that aging and
16 deteriorating infrastructure plays in that whole outcome?

17 Ms. Wu. It is a big part of the problem. So, as I mentioned
18 you have leaking pipes and if you have pipes that are leaking that
19 happen to be in the same part of the say ditch as like sewer lines,
20 you could get bacterial contamination leaking into drinking water
21 and that could lead to waterborne disease outbreaks. That is a
22 big part of the problem.

23 And then there are other issues with contamination that can
24 get in through broken water towers and things like that. The big

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 part.

2 Mr. Tonko. And I am told that billions of gallons of water
3 lost through leaking pipes on any given day. So, it is textiles
4 flowing out of those pipes also.

5 And Ms. Swallow, you point out in your testimony the
6 importance of maintaining the human infrastructure of our
7 drinking water programs. We need to attract and maintain quality
8 people, qualified people to operate these systems. We need to
9 ensure that system operators have access to ongoing training and
10 certification programs to tackle new problems that arise.

11 You mentioned the public water system supervision grant
12 program. Will you please expand a bit on the importance of that
13 funding?

14 Ms. Swallow. Yes, the public water system supervision grant
15 is the primary grant from Congress to the states to implement the
16 safe drinking water act. That is our base funding to operate the
17 program. It has been level funded for the past 10 years and that
18 has been while we have had a reauthorization of the Safe Drinking
19 Water Act. There are quite a lot of more requirements that we
20 are implementing among the water systems.

21 And the state programs are, essentially, pretty much
22 stretched to the breaking point. Our resource needs estimate is
23 that the state programs are 41 -- this is a 2014 estimate -- that
24 the drinking water programs with the states have a 41 percent

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 shortfall in funding, amounting to roughly \$308 million.

2 Mr. Tonko. Wow. And are there other items or other things
3 we can do to support the drinking water workforce that we require?

4 Ms. Swallow. Yes. Certainly technology improvements
5 help, improvement of the database. The states are in the process,
6 and EPA, in doing a major improvement in our data system which
7 will be transparent to the public and EPA and, of course, the state
8 programs. So, I think that will help.

9 And another thing that is much needed is greater funding of
10 the state revolving loan fund programs, so that we can better meet,
11 better address the needs both for lead service line replacement
12 and all of the other infrastructure improvements that are
13 necessary.

14 Mr. Tonko. I would think not focusing on our water
15 infrastructure has also like not provided the attention to the
16 career paths that are associated with that work. So, I think by
17 investing we will just draw more attention to that career
18 opportunity.

19 Administrator, you mentioned the value of using a
20 multi-barrier approach for drinking water. It is certainly less
21 costly for water utilities if we prevent contaminants from
22 entering their water sources. Should we be strengthening source
23 water protection programs?

24 Ms. Swallow. Yes, we should be strengthening source water

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 159

1 protection programs, particularly of the nine-point source
2 pollution variety. Many states are challenged, especially by a
3 nitrate and phosphorus contamination issues that are leading to
4 nitrate contamination but also cyanotoxins.

5 Mr. Tonko. And how are states and water utilities
6 addressing this environmental infrastructure issue?

7 Ms. Swallow. States also have the clean water revolving
8 loan fund, which is used to help address this environmental issue.

9 Mr. Tonko. Okay.

10 Ms. Swallow. And of course all of the other authorities that
11 are environmental program partners.

12 Mr. Tonko. Okay. I have exhausted my time but I have, Mr.
13 Chair, other questions that I will enter into the record, so as
14 to get responses to those.

15 And with that, I thank our panel and I yield back.

16 Mr. Pitts. The chair thanks the gentleman. We will send
17 you those questions in writing, if you will please respond.

18 The chair now recognizes the gentleman from Virginia, Mr.
19 Griffith, 5 minutes for questions.

20 Mr. Griffith. Thank you very much, Mr. Chairman. Thank you
21 all for being here and waiting through the first panel to get to
22 testify. I do appreciate that. And I do appreciate the
23 testimony that you have given here this morning.

24 I mentioned in the previous panel that there was an article

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 160

1 in the Roanoke Times, Roanoke, Virginia, my area, at least the
2 beginning of my area, and in the article that was talking about
3 the Virginia Tech water study team, it said that Edwards said he
4 and those involved in the Flint study are gauging interest in doing
5 a similar project in Philadelphia. There are some initial
6 similarities between Philadelphia and Flint, Edwards said. What
7 do you know about it?

8 Who wants to tackle it? Does anybody know anything about
9 a Philadelphia situation where the initial similarities are
10 there? Do you know about other situations? I mean what can we
11 do to be aware of these types of things?

12 And they went on to mention some other things dealing with
13 some private wells and that kind of thing. And obviously, that
14 is always going to go on. But do we know of any other major
15 municipal areas that are distressed?

16 Dr. Hanna-Attisha. I can quickly comment and then I will
17 pass it on to the water experts.

18 Mr. Griffith. Yes, ma'am.

19 Dr. Hanna-Attisha. But understanding is that in
20 Philadelphia, like in Michigan, they are gaming the sampling.
21 So, they are doing maybe pre-flushing or removing aerators or
22 using small wattles. It is very easy to manipulate the sampling
23 to detect low levels of lead but I will have the others comment
24 as well.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 161

1 Mr. Griffith. And I will accept that. So, that gives you
2 some of what may be happening and it might be fine; it might not
3 be.

4 Now, for those people who might be concerned, wherever they
5 might be in the United States, watching this most likely sometime
6 in the wee hours of the morning, is there a kit that you can just
7 go out and buy and test your own water and follow the instructions?
8 Is that available to the general public?

9 Dr. Hanna-Attisha. I am not sure.

10 Mr. Griffith. No.

11 Mr. Estes-Smargiassi. We would not recommend you go to Home
12 Depot and pick up a water test there. It will not be very helpful.
13 But many utilities do -- every state has a list of certified labs
14 and many utilities maintain that information for their own rate
15 payers to get access to. Some systems provide discounted or free
16 water testing, all local decisions. But in any state, anywhere,
17 if you were to contact the state Drinking Water Act program, you
18 could get a list of labs and for something on the order of \$20
19 to \$30 or \$35, get a sample taken of water in your own home, using
20 whatever sample technique to help to understand your own
21 particular problem.

22 Mr. Griffith. Okay. So, it is --

23 Mr. Estes-Smargiassi. That information is available.

24 Mr. Griffith. It is available and you can get a list of the

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 162

1 labs that might come to your -- will they come to your house or
2 you take the water yourself and send it?

3 Mr. Estes-Smargiassi. Typically, they will mail a sample
4 kit to you and then you would return it to them by mail.

5 Mr. Griffith. All right. Ms. Wu, go ahead.

6 Ms. Wu. Well, I was going to mention that I believe there
7 is also a group called Healthy Babies, Bright Futures that are
8 doing -- that have online test kits that you can purchase at
9 whatever price you can afford, if your system doesn't have that
10 available.

11 Mr. Griffith. They are listed here as well. And
12 apparently, the Virginia Tech water project folks are working on
13 a number of the kits that they, Healthy Babies, Bright Futures,
14 has put out. That is a nonprofit group but then you still have
15 to get somebody to analyze it.

16 Ms. Wu, you indicated that as we go forward, we need to do
17 more testing, make it mandatory testing, do it at the schools and
18 the homes. Now, would that be done by an agency or would that
19 be done by a third party? What do you think would work better?

20 Ms. Wu. Well, I mean the idea that I had was they would be
21 part of the revisions of the Lead and Copper Rule where right now
22 the utility is supposed to send people out to do the sampling in
23 the homes and the idea would be to keep that. And I mentioned
24 it only because in the recommendations from NDWAC that were

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 mentioned, it was talking about more of a customer-initiated
2 voluntary program. And so I wanted to make sure that we kept it
3 as a mandatory program for testing.

4 Mr. Griffith. Okay and I do appreciate that.

5 Dr. Hanna -- help me.

6 Dr. Hanna-Attisha. Dr. Mona is fine.

7 Mr. Griffith. Dr. Mona. Thank you, I appreciate that.

8 I did mention earlier that Dr. Edwards is out a lot of money
9 that they expended to bring the team out from Virginia Tech to
10 do the research in Flint. The folks from Michigan indicated you
11 had been very helpful as well. Are you out substantial funds as
12 well?

13 Dr. Hanna-Attisha. You know this work doesn't involve
14 money. It is something that is so important that you do and you
15 don't sleep. It is not a 9 to 5 issue. There is no cost.

16 You know Dr. Edwards is a hero. You asked that earlier.
17 When he heard that Michigan wasn't listening to its residents and,
18 every day that went by, children were being poisoned with lead,
19 he packed his minivan with grad students and some slides and he
20 came up to bring science to test the water.

21 So you know we have all had opportunity costs because of this
22 work but this is incredible work and it has been incredibly
23 rewarding.

24 Mr. Griffith. Right. And even though they are out of funds,

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 164

1 it is interesting that you say that because in the article that
2 I didn't mention earlier, he says this was priceless. We will
3 go to our graves knowing we stood up for Flint kids when no one
4 else could or would.

5 Dr. Hanna-Attisha. Absolutely.

6 Mr. Griffith. And with that, my time is up. I yield back.
7 But thank you all very much.

8 Mr. Pitts. The chair thanks the gentleman.

9 I know recognize the ranking member, Mr. Green, 5 minutes
10 for questions.

11 Mr. Green. Thank you, Mr. Chairman.

12 As I said during the first panel, the Safe Drinking Water
13 Act is intended to ensure safe and reliable drinking water for
14 customers of public drinking water systems across the United
15 States. Clearly, it failed the citizens of Flint. Listening to
16 this panel, it seems like it is failing citizens nationwide.
17 Everyone has a role to play in improving the situation -- cities,
18 counties, states, the EPA, and Congress. One of the most
19 important things we can do is quickly adopt important revisions
20 to the Lead and Copper Rule and those of you who were here heard
21 the EPA statement that maybe this summer, maybe next year, which
22 is not acceptable when you have something like Flint.

23 And really, there are a lot of Flints around the country that
24 just haven't been discovered. And that is what I think we need

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 to be planning for.

2 Ms. Wu, you are a member of the National Drinking Water
3 Advisory Committee, which is playing an important role in LCR
4 revisions. Before the Flint crisis, was there any clear
5 revisions to the LCR that were needed?

6 Ms. Wu. No, not during while everything was happening. But
7 just to note that I am not actually on the council anymore.

8 Mr. Green. Okay.

9 Ms. Wu. My term ended in December of 2014.

10 Mr. Green. Anybody else have -- were there any -- I mean
11 obviously, they have been working on it for a few months.

12 Ms. Swallow. Sure, there were many important pieces in the
13 NDWAC recommendations, primarily, get the lead out. Remove the
14 lead service lines from the street to the house but also the
15 household lead action level, which is a health guide for
16 individuals in their homes when they get their lead results. And
17 the greater transparency, so that the public can see the data and
18 also can know if they have a lead service line to the best of the
19 knowledge of the water system.

20 And I guess that is enough for now and Steve can follow-up
21 with more.

22 Mr. Estes-Smargiassi. So, I was on the working group that
23 worked on that. And I would say a number of things in addition
24 to what June said.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 One, the group clearly felt that there were opportunities
2 beyond the regulatory structure to improve this situation. I
3 will give you a couple of examples. Huge frustration among the
4 group, as we discussed the fact that current HUD programs, Housing
5 and Urban Development programs, will set up under The Healthy
6 Homes to go in and remove lead paint. They might spend \$25,000
7 or \$30,000 in my neighborhood to remove all the lead paint in
8 someone's apartment but they can't spend a nickel on removing the
9 lead service line.

10 So, they will spend all that money, make the house sort of
11 lead-free but not remove the lead service line. So, there are
12 opportunities that aren't EPA regulatory programs that could make
13 a huge differences.

14 Other places are in better coordination of communication
15 tools between various federal programs and even at the local level
16 between various parts of organizations.

17 Frequently, when we speak to folks who are doing lead
18 education, they don't talk about water. Folks talk about lead
19 paint, they talk about lead dust because those are huge and
20 important areas but the person they are dealing with doesn't get
21 the piece on water.

22 When we were doing the beginning of our program on corrosion
23 control, we were actually initially admonished not to talk about
24 water because it would confuse people. And we said no, that is

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 167

1 not right. We need to talk about all the aspects uniformly, make
2 sure that the citizens get all that information.

3 So, there is a lot we can do that is outside the regulatory
4 framework.

5 Mr. Green. Well, and I know we have programs and, like I
6 said in the opening statement, the City of Houston has been really
7 aggressive with lead paint on the walls and in dealing with that
8 but, again, the galvanized pipes, that was the state-of-the-art
9 over the last 50 years, I guess, or so. And what happened in
10 Flint, we see that there are ways that that can be eroded.

11 Although, my other question is when I first elected to
12 Congress, years ago, I was told not to drink the water in D.C.
13 I haven't seen those warnings in the last few years so, obviously,
14 we know how to fix it. But it is very expensive because you have
15 to replace those lines and, obviously, you replace the worst ones
16 first and it takes a cooperation between the city government, the
17 state, and the federal government to try and do it. And that is
18 why the revolving fund is so important to do that.

19 But again, it is not just a Flint. It is just Flint fell
20 into it because of a decision-making and they didn't recognize
21 that was a wrong decision until it was too late.

22 Thank you, Mr. Chairman.

23 Mr. Pitts. The chair thanks the gentleman.

24 I now recognize the gentleman from Maryland, Mr. Sarbanes,

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

1 5 minutes for questions.

2 Mr. Sarbanes. Thank you, Mr. Chairman. I want to thank the
3 panel.

4 We have heard a lot about the physical consequences on
5 children in terms of their physical health from the lead in the
6 water. Most of the discussion has been on that and how we address
7 it going forward. But I was hoping, Doctor, maybe you could speak
8 to the psychological impact because I think in the prior panel
9 we heard that the recent testing shows maybe only two percent of
10 the children now have elevated lead levels but they have going
11 through all kinds of testing.

12 So, you have the larger context of just heightened anxiety
13 of parents, community leaders, teachers, principals, which
14 obviously must be producing some effect. Then, within that, you
15 have got testing regimens happening. I don't know how frequently
16 but it has got to be contributing to a sense among these children
17 that something is terribly wrong and they are under siege. So,
18 maybe you could speak to that a little bit and kind of what is
19 being done about it and what the potential lingering effects of
20 that are going to be.

21 Dr. Hanna-Attisha. Absolutely. So, the psychological
22 trauma is real and I see it every day in the clinic. When a mom
23 brings her kid in, there is a look of fear and anxiety and trauma.
24 These are families that for 2 years were told everything was okay.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 169

1 Even when in their gut they knew that the brown water was not okay,
2 they were told it was okay. So, they feel betrayed and
3 traumatized and a huge, huge, lack of trust in government.

4 And then there is the fear of the unknown. What is going
5 to happen to my child? All they hear on the news is brain damage,
6 irreversible neurotoxin. They think that their children may be
7 damned for generations.

8 So, we are actively trying to do reassurance and provide
9 hope. Not every kid is going to have every problem but it takes
10 a lot of rapport-building and a lot of time. There is definitely
11 the beginning of mental health first-aid that is ongoing. Just
12 like in any crisis, the American Red Cross and our community mental
13 health is in there. There is a crisis line that is set up.
14 Because just that trauma and that stress can lead to chronic
15 diseases and more health problems.

16 So, of any health issue right now, it is the mental health
17 that is most pressing. You talk to a family and after the first
18 sentence, they are in tears or they are yelling and rightly so.
19 There is almost a sense of a truth and reconciliation process that
20 needs to happen. They are so angry and they want to know what
21 happened so that they can start healing. It is going to be a long
22 path for healing that is going to take decades.

23 Mr. Sarbanes. Does anyone else want to comment on that to
24 mention anything? Okay.

1 Thanks very much. I yield back the rest of my time.

2 Mr. Pitts. The chair thanks the gentleman.

3 We are voting on the floor at this time. The chair now
4 recognizes Mr. Cardenas for 5 minutes for questions.

5 Mr. Cardenas. Thank you very much, Mr. Chairman. I want
6 to thank the panel for coming together and also doing the wonderful
7 work that you attempt to do and do every single day for everyone.
8 So, thank you so much.

9 What happened in Flint is atrocious and gut wrenching but
10 today we can't just talk about getting lead out of the water. We
11 need to address the future and do what it will take for the children
12 to heal. I want to be clear that this scenario was the result
13 of another effort to prioritize cuts in government spending
14 without any regard for the protection of the public's health. In
15 other words, this was a cost-saving measure estimated to save only
16 \$2.5 million a year but now, we are looking at mounting human and
17 economic costs that will take decades and hundreds of millions
18 of dollars to address.

19 There is a saying that goes water is for life and sanitation
20 is dignity. In Flint, water also stands for dignity. But where
21 is the dignity when children's futures have been robbed? The
22 Michigan State government's choices to cut the budget where they
23 did should have been made elsewhere, in places where the lives
24 of children would not have been put at risk.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 171

1 While I know that most of my Republican colleagues
2 continually seek to reduce or eliminate government department by
3 department and service by service, we have an obligation to make
4 sure that we invest in the lives of children and every American.
5 No American child should have to suffer from a manmade disaster.

6 This is an atrocity that should not have ever happened. This
7 is a reminder that when we are unwilling to invest in people's
8 safety, Flint is going to happen again. The brain does not fall
9 on the EPA or the constituents. This dark moment should remind
10 all elected officials that we have a responsibility to do what
11 is right. When an idea may not seem popular, it is critical for
12 us to do what is right for the wellness and safety of every American
13 so that we never have what happens in Flint, Michigan ever happen
14 again.

15 Unlike earthquakes, mudslides, and hurricanes, Flint was not
16 a national disaster. The government-appointed commissioner and
17 the State of Michigan made this happen. They thought it was
18 appropriate to do something they were warned not to do. The
19 disaster was manmade. It was not made out of ignorance. This
20 disaster was made out a willfulness to ignore a responsibility
21 to an entire community.

22 The brains of the children poisoned with lead will not fully
23 recover. What happened in Flint happens every day in Third World
24 countries. It should never happen anywhere in the world, much

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

1 less the United States of America. There were individuals
2 responsible for the community who knew the water wasn't safe
3 enough to drink and yet they did nothing and said nothing.

4 Every time we insist on cutting resources from communities,
5 the tragedy in Flint is bound to happen over, and over, and over
6 again.

7 I want to be clear. What happened in Flint is a disaster
8 that was manmade and at the tip of the spear is the Michigan
9 government, its complicity in many levels of government. So, we
10 need to be willing to do our job to make sure that this never
11 happens again. Because with all due respect, ladies and
12 gentleman, at every level, the infrastructure of America is
13 crumbling and we need to address these issues. We have a
14 responsibility to be there for the children. Let this be a lesson
15 that the \$2.5 million a year that the State of Michigan wanted
16 to save is now a drop in the bucket of the amount we now need to
17 invest due to this manmade disaster.

18 Dr. Hanna-Attisha, in your testimony, you observed that the
19 state and federal government had begun to make an impact in Flint
20 through important services offered through Medicaid, Head Start,
21 community health centers and WIC. However, as you note, most of
22 these are temporary. Correct?

23 Dr. Hanna-Attisha. Correct.

24 Mr. Cardenas. Should this be something that we should

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 173

1 continue to address for many, many years as these afflicted
2 children and families will have these effects for many, many years
3 to come?

4 Dr. Hanna-Attisha. Absolutely. We have yet to see the
5 long-term investment in our children and in our community.

6 Mr. Cardenas. Thank you.

7 In my closing seconds, I would just like to remind us,
8 finally, let me remind our colleagues that when you advocate for
9 billions upon billions of dollars in cuts, we will guarantee and
10 put in motion that we have failed to prevent the future disasters
11 in America and Flint will happen again and again, and again.

12 Thank you, Mr. Chairman. I yield back.

13 Mr. Pitts. The chair thanks the gentleman.

14 That concludes the questions of the members present. We
15 will have follow-up questions. Other members will have written
16 questions. We will send them to you. We ask that you please
17 respond.

18 Thank you very much for your expertise, for sharing with us
19 today.

20 Members are advised there are still 7 minutes left on the
21 clock for the vote on the floor.

22 I remind members that they have 10 business days to submit
23 questions for the record. So, members should submit their
24 questions by the close of business on Wednesday, April 27.

NEAL R. GROSS

COURT REPORTERS AND TRANSCRIBERS
1323 RHODE ISLAND AVE., N.W.
WASHINGTON, D.C. 20005-3701

(202) 234-4433

www.nealrgross.com

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available. 174

1 This is a very, very important issue. We all must have
2 clean, safe drinking water. We will work together to accomplish
3 this. Thank you very much for all of the testimony and members'
4 interest on this.

5 Without objection, the subcommittee hearing is adjourned.

6 [Whereupon, at 1:40 p.m., the subcommittees were adjourned.]