

Congress of the United States
Washington, DC 20515

August 16, 2012

Thomas R. Frieden, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Frieden:

We write to request information regarding the study on the reproductive and developmental impacts associated with non-occupational exposure to abandoned uranium mine and waste sites in the Navajo Nation that is being conducted by the Centers for Disease Control (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR). This study was mandated by Congress due to public health concerns associated with past uranium mining and milling on tribal lands. It is our understanding that participant enrollment for the study is expected to begin soon. We believe this study is of great importance, as it would be the first detailed look at the public health impacts of past uranium mining and milling operations on Navajo children. It is therefore imperative that appropriate resources be directed to its completion.

Uranium mining on and near tribal lands that occurred over four decades (from the 1940s through the 1980s) has left behind hundreds of abandoned uranium mines, inactive uranium milling sites, former dump sites, contaminated groundwater, structures that contain elevated levels of radiation, and numerous environmental and public health concerns. Many of these remaining sites require extensive remediation to clean up structures and water sources that are contaminated above safe levels. For example, the Pryor Mountain Mine in Montana, located close to an Indian reservation and near hiking trails and campsites, presented levels of radioactive contamination that were up to 369 times higher than normal background levels.¹ Another site, the 320-acre open pit Midnite Mine site in Washington State is located within the reservation of the Spokane Tribe of Indians and remediation is estimated to be as high as \$193 million. Although this mine has not been in operation since 1981, cleanup is ongoing and includes treatment of acid drainage, removal of 33 million tons of waste materials, remediation of high levels of toxic and radioactive chemicals and treatment of contaminated surface and groundwater.²

¹ GAO-12-544. *Uranium Mining: Opportunities Exist to Improve Oversight and Financial Assurances*. May 2012.

² Ibid 1.

While there are currently no active mines located on tribal lands, an increase in the value of uranium has led to a renewed interest in mining for uranium on these and other federally managed sites.

The Navajo Nation Reservation, comprising approximately 27,000 acres in Arizona, New Mexico, and Utah, was heavily mined for uranium to support development of the atomic bomb and subsequent cold-war weapons production from 1942 through the late-1960s. Although the last operating mines on the Navajo nation closed in the mid-1980s, five hundred abandoned uranium mines and additional waste sites were left behind, most of which have never been remediated. In spite of the potential for long-term, chronic exposures to community members, no comprehensive health studies have ever been conducted to assess the impact on the Navajo people from exposures to this uranium contamination.

In 2008, in response to a request by Congress, five federal agencies developed a 5-year plan to begin addressing the uranium contamination in and around the Navajo Nation. The plan includes a study of the health effects of non-occupational uranium exposure.³ In response to community concerns, the study was to focus primarily on pregnancy and neonatal outcomes in a uranium-exposed population. When completed, this study, frequently referred to as the Navajo Birth Cohort Study, will be the first effort to identify whether and how confirmed exposure to uranium contamination affects the development of children in these communities.

Congress directed ATSDR to conduct this study and, beginning in FY2010, appropriated funds as a part of CDC's budget. In August 2010, CDC awarded a three-year \$1 million per year (FY 2010-2012) cooperative agreement to the University of New Mexico Community Environmental Health Program to work with CDC/ATSDR, the Navajo Area Indian Health Service (NAIHS), and the Navajo Nation to design and conduct the Navajo Birth Cohort Study. Congress continues to support this study. The FY2013 Interior-Environment Appropriations bill that passed the House Committee on Appropriations on June 28, 2012 includes language that preserves \$2 million for this purpose.

The study is designed to enroll approximately 1,500 expecting mothers, assessing their uranium exposure at key points during pregnancy, and then following their children post-birth to evaluate any associations with birth defects and developmental delays. Moreover, the research is intended to provide broad public health benefits for Navajo communities through increased use of prenatal care and earlier identification and referrals of developmental delays.

We request that you provide us with a written update on the status of this important study, including the timeline and process for initiating and completing enrollment of participants, the schedule for completion of the study, a description of the reasons for any past or current delays in implementation, and the study's anticipated

³ A copy of the Five-Year Plan is available at <http://www.epa.gov/region9/superfund/navajo-nation/pdf/NN-5-Year-Plan-June-12.pdf>

future resource needs. We support this study and look forward to working with you to ensure that it is successfully completed.

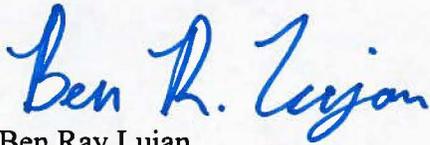
Sincerely,



Edward J. Markey
Ranking Member
Natural Resources Committee



Henry A. Waxman
Ranking Member
Energy and Commerce



Ben Ray Lujan
Ranking Member
Subcommittee on Indian and Alaska Native Affairs



Frank Pallone
Ranking Member
Subcommittee on Health