

Communications

- Guidance about data reporting will be created and disseminated to providers.
- The water FAQ was approved by MDHHS and GCHD and has publicly disseminated.
- Some minor changes will be made to the infographic before it is sent for GCHD review.

Action Item	Date Initiated	Due Date	Party Responsible	Pending Activities	Additional Notes
Create Testing and Case Management Protocol	October 13	October 14	Eden Wells, Rashmi Travis, Eden Wells, Toni LaRocco (GCHD), and Dr. Gary Johnson (GCHD)	Case management protocol creation.	Testing protocol draft is complete and being vetted.
Send FAQ to Mark Valacak once it's approved by MDHHS Communications	October 13	TBD	Mark Miller	None	Complete
Add fields to cloud-based filter distribution database	October 13	TBD	Kris Schoenow & Mark Valacak (GCHD)		Discussions are on-going and there are no substantial known barriers to completion.
Determine what additional data should be collected for case management and abatement efforts	October 14	October 15	Wes Priem	Draft submitted on 10/15. Revisions forthcoming.	
Create message to Medicaid (billing)	October 14	October 14	TBD	None	Complete

Obtain list of primary care providers from GCHD	October 14	October 15	Mark Miller	None	Complete
Action Item	Date Initiated	Due Date	Party Responsible	Pending Activities	Additional Notes
Develop outreach to lab providers re: reporting requirements	October 15	TBD	Bob Scott		
Develop plan for hiring/training of 4.0 FTE nurses to support case management efforts.	October 15	TBD	Nancy		

Scott, Robert L. (DHHS)

From: Rockefeller, Cheryl (DHHS)
Sent: Thursday, October 15, 2015 4:28 PM
To: Lixey-Terrill, Jennifer (DHHS); Thelen, Richard (DHHS); Scott, Robert L. (DHHS)
Subject: FW: Notes from 12:30 Thur. 10/15 Daily Call.
Attachments: 12.30 pm 10-15-15_Daily Activity Summary.docx

After printing and reading the notes I found your names listed so I'm sending to you also. I'll make sure you get them the first round tomorrow. I apologize.

From: Rockefeller, Cheryl (DHHS)
Sent: Thursday, October 15, 2015 4:18 PM
To: Moran, Susan (DHHS) <MoranS@michigan.gov>; Robinson, Mikelle (DHHS) <RobinsonM18@michigan.gov>; Wells, Eden (DHHS) <WellsE3@michigan.gov>; Miller, Mark (DHHS) <millerm1@michigan.gov>; Miller, Corinne (DHHS) <MillerC39@michigan.gov>; Dykema, Linda D. (DHHS) <DykemaL@michigan.gov>; Peeler, Nancy (DHHS) <PeelerN@michigan.gov>; Priem, Wesley F. (DHHS) <priemw@michigan.gov>; Fink, Brenda (DHHS) <FinkB@michigan.gov>; Travis, Rashmi <TravisR@michigan.gov>; Gonzalez, Jonathan (DHHS) <GonzalezJ6@michigan.gov>
Cc: Anderson, Paula (DHHS) <AndersonP3@michigan.gov>; Bouters, Janese (DHHS) <BoutersJ@michigan.gov>; Barr, Jacqui (DHHS) <BarrJ3@michigan.gov>; Mayes, Nanette (DHHS) <MayesN@michigan.gov>; Colston, Leslie (DHHS) <ColstonL@michigan.gov>
Subject: Notes from 12:30 Thur. 10/15 Daily Call.

Good Afternoon,

Attached are the notes from the Thursday, 10/15, 12:30 pm Daily Flint Water Call.

Thank you,
 Cheryl

*Population Health and Community Services Administration
Flint Water Daily Briefing Summary*

Daily Briefing

Access Code: [REDACTED]

Date: 10-16-15 (Friday) 12:30 to 1 PM Updates in BOLD

Attendees: Mark Miller, Rashmi Travis, Nancy Peeler, Linda Scott, Kris Schoenow, Eden Wells, Jennifer Lixey, Richard Thelen, Bob Scott

Daily Activity Summary

Filter/Water Distribution

- Kris Shoenow (MDHHS) has continued discussions with Tamara Brickey (GCHD) to enhance the cloud-based database to track the type of filter distributed and client type. **Integration of the data from Kris's area into the database is going smoothly.**

Blood Testing

- The draft of the protocol has been completed; however, revisions are expected. **There will be a meeting on Oct 19 to finalize the testing protocol and discuss case management protocols.**
- Politicians are inquiring about the locations of testing sites. **McLaren will be testing on Nov. 5th. At our 3 PM call on Friday, we'll ask if GCHD can put together a comprehensive schedule. There will be testing sites in the City of Flint.**
- Toni LaRocco (GCHD) is in discussions with UM-Flint to provide nurses to increase testing capacity.
- Rashmi will check with Medicaid on whether adults would be covered for testing.
- MDHHS will work with GCHD to cover testing for folks uninsured or who can't pay.

EBL Investigations

- Wes Priem (MDHSS) developed a data collection document that he referenced on Oct 14. **This will be in the testing protocol.**
- There are reporting requirements per administrative rule; however, there is no enforcement mechanism. Currently, the following are collected for each client: child's name, child's date of birth, and child's address. Other data elements are not currently collected as effectively.
- There are concerns with being able to conduct quality assurance on record entries into this database.
- There are also data privacy concerns pertaining to CLPPP surveillance data and who we easily share this data with.
- Guidance on the data collection changes will be sent out to the provider list, including laboratories across the state.
- **Budget and contracts are anxious to assist on the arrangements for the follow-up nurses and environmental personnel.**

Funding

- House and Senate approved \$9.3m supplemental bill on Oct 15. **Bill was signed by Governor.**
- Currently, this is a one-time appropriation and the funding is not currently allocated for testing.
- It was estimated that four nurses would be needed for in-home visit aspect of case management.
- The best option may be to send the nurse funding to GCHD; however, alternative approaches could be to send it to the Children's Healthcare Access Project or Hurley.
- The entity responsible for the training and supervision of the nurses providing case management needs to be addressed. **The GCHD feels that "Sherry Taylor" might be up to the task.**

Communications

- Guidance about data reporting will be created and disseminated to providers.
- The water FAQ was approved by MDHHS and GCHD and has been publicly disseminated.
- Some minor changes will be made to the infographic before it is sent for GCHD review.
- **Mark Miller will inquire as to the status of the MDARD Restaurant information document.**

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Create Testing and Case Management Protocol	October 13	October 14	Eden Wells, Rashmi Travis, Eden Wells, Toni LaRocco (GCHD), and Dr. Gary Johnson (GCHD)	Case management protocol creation.	Testing protocol draft is complete and being vetted. Probably finalized on Oct. 19th.
Send FAQ to Mark Valacak once it's approved by MDHHS Communications	October 13	TBD	Mark Miller	None	Complete
Add fields to cloud-based filter distribution database	October 13	TBD	Kris Schoenow & Mark Valacak (GCHD)		Discussions are on-going and there are no substantial known barriers to completion. Integration of the data is

					going well.
Determine what additional data should be collected for case management and abatement efforts	October 14	October 15	Wes Priem	Draft submitted on 10/15. Revisions forthcoming.	
Create message to Medicaid (billing)	October 14	October 14	TBD	None	Complete
Obtain list of primary care providers from GCHD	October 14	October 15	Mark Miller	None	Complete. GCHD has a complete list and can use that as vehicle for anything needing to go to providers.
Action Item	Date Initiated	Due Date	Party Responsible	Pending Activities	Additional Notes
Develop outreach to lab providers re: reporting requirements	October 15	TBD	Bob Scott		Sandip has a vehicle for distribution of information to the labs.
Develop plan for hiring/training of 4.0 FTE nurses to support case management efforts.	October 15	TBD	Nancy		

Scott, Robert L. (DHHS)

From: Minicuci, Angela (DHHS)
Sent: Wednesday, October 21, 2015 1:05 PM
To: Peeler, Nancy (DHHS); Scott, Robert L. (DHHS); Wells, Eden (DHHS)
Subject: BLLs Latest

Hi Nancy and Bob,

Out of curiosity, could we begin looking at pulling some data about recent Flint BLL data? I think all results have to be reported to us within 5 days of the test result, correct?

If so, is there any chance we can begin taking a look at what that data is telling us? Not wanting to do anything with it yet, but just trying to think a little more proactively.

Thanks,

Angela Minicuci

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Scott, Robert L. (DHHS)

From: Peeler, Nancy (DHHS)
Sent: Friday, October 23, 2015 8:46 AM
To: Scott, Robert L. (DHHS); Lishinski, Karen (DHHS); Cooper, Jessica (DHHS)
Subject: Flint Water Talking Points 100215
Attachments: Flint Water Talking Points 100215.docx

FYI – at one point we discussed needing for all of us to have the talking points about Flint water that MDHHS released at the beginning of October – boy, that feels like a long time ago. Interesting, in that it shows what the Epi study (using CLPPP data) showed about the situation. Happy reading!

Nancy

Blood Lead Levels in Flint Talking Points

October 1, 2015

- Initial analysis of MDHHS data found that blood lead levels (BLLs) of children in Flint have followed an expected seasonal trend; due to small numbers further analysis was initiated.
- While this analysis of blood lead levels in Flint as a whole remains true, after a comprehensive and detailed review down to the zip code level, we have found that the state analysis is consistent with that presented by Hurley.
- Director Lyon is working closely with DEQ and the administration to take active steps to reduce all potential lead exposures in Flint, and across the state.
- Our Chief Medical Executive has been in communication with the lead investigator at Hurley Children's Hospital, and we continue to work with Hurley, the city of Flint, local and state leaders to verify and analyze data trends.
- Zip code-level data does show that there has been an increase in elevated childhood blood lead levels in specific communities.
 - This does not conclusively mean that the water source change is the sole cause of the increase, but data does show an association.
 - There is an increased proportion of children with elevated Blood Levels (ELBs) in several zip codes, particularly 03 and 04. These appear to have increased over the last 1.5 years.
 - Lead exposure can occur from a number of different sources (such as paint, gasoline, solder, and consumer products) and through different pathways (such as air, food, water, dust, and soil).
 - Although there are several exposure sources, lead-based paint is still the most widespread and dangerous high-dose source of lead exposure for young children in the US and Michigan.
- We reviewed MDHHS statewide data using the same methodology used by Hurley, looking at our numbers by zip code and age ranges, and filtering out non-Flint children.
- Routine surveillance of blood lead levels does not analyze data down to the zip code level. Detailed analysis like this occurs when there is reason to focus in on precise locations or populations.
- MDHHS will be working closely with the Michigan Department of Environmental Quality, Hurley Children's Hospital, the Genesee County Health Department, and community organizations to initiate further action steps.
- We understand that cost may be a barrier to following the recommendations of the local health department. We are actively working with public and private partners to make resources available to those who may need assistance.

- MDHHS is recommending that residents follow the Public Health Advisory issued by the Genesee County Health Department, as well as take further steps to reduce exposures to all forms of lead in and around their homes.

MDHHS Stats and Facts

- 'High Risk' Zip codes (48503 and 48504)
 - Blood lead level rates among children under six years of age in the high risk zip codes (48503, 48504) were 2.7 times higher than the rest of Genesee County before the switch to Flint River Water.
 - After the switch to Flint River Water, rates in the high risk Zip codes were 3.2 times that of the rest of Genesee County.
- Other Zip codes in Flint
 - Rates of elevated blood lead levels among children under six years of age in other parts of the city of Flint were 2 times that of the rest of Genesee County before the switch to Flint River Water.
 - The magnitude of the elevated rate remained roughly the same during the period after the water source switch.
- Lead abatement through MDHHS was federally funded up until FY14 when Michigan began providing additional funds to abate homes.
- In FY14, \$1.25M General Fund was added. In FY15, General Fund was bumped up to \$1.75M and FY16, General Fund remains at \$1.75M.

Water Filters

- Our first action item is to work closely with our public and private partners to provide water filters to Flint residents and MDHHS clients.
- To meet this priority, the governor has identified one million dollars in state funding to purchase water filters for Flint residents.
- Given the questions and concerns regarding the change in water source in Flint, MDHHS has authorized the use of emergency services funding to provide water filters for MDHHS clients receiving assistance in the city of Flint.
- We are pursuing a plan for clients who are active Family Independence Program (FIP), Food Assistance Program (FAP), Child Development and Care (CDC), State Disability Assistance (SDA), State Disability Assistance (SDA), or Social Security Insurance (SSI) to that they can obtain filters that are National Sanitation Foundation (NSF) certified to remove lead and ANSI Standard 53.
- We are in discussions with local retailers and will share additional information about where residents can go to purchase filters as soon as those details have been finalized.

- MDHHS currently serves approximately 25,000 households in Flint.

Reducing and Removing Lead Exposure

- In housing built before 1978, it can be assumed that the paint has lead unless tests show otherwise.
- Make sure your child does not have access to peeling paint or chewable surfaces painted with lead-based paint.
- Children and pregnant women should not be present in housing built before 1978 that is undergoing renovation. They should not participate in activities that disturb old paint or in cleaning up paint debris after work is completed.
- Create barriers between living/play areas and lead sources. Until environmental clean-up is completed, you should clean and isolate all sources of lead.
 - Close and lock doors to keep children away from chipping or peeling paint on walls. You can also apply temporary barriers such as contact paper or duct tape, to cover holes in walls or to block children's access to other sources of lead.
- Regularly wash children's hands and toys. Hands and toys can become contaminated from household dust or exterior soil. Both are known lead sources.
- Regularly wet-mop floors and wet-wipe window components. Because household dust is a major source of lead, you should wet-mop floors and wet-wipe horizontal surfaces every 2-3 weeks.
 - Windowsills and wells can contain high levels of leaded dust. They should be kept clean. If feasible, windows should be shut to prevent abrasion of painted surfaces or opened from the top sash.
- Take off shoes when entering the house to prevent bringing lead-contaminated soil in from outside.
- Prevent children from playing in bare soil; if possible, provide them with sandboxes. Plant grass on areas of bare soil or cover the soil with grass seed, mulch, or wood chips, if possible.
 - Until the bare soil is covered, move play areas away from bare soil and away from the sides of the house. If you have a sandbox, cover the box when not in use to prevent cats from using it as a litter box. That will help protect children from exposure to animal waste.
- Avoid using makeup, containers, cookware, or tableware to store or cook foods or liquids that are not shown to be lead free.
- Remove recalled toys and toy jewelry immediately from children.
- Use only cold water from the tap for drinking, cooking, and making baby formula. Hot water is more likely to contain higher levels of lead. Most of the lead in household water usually comes from the plumbing in your house, not from the local water supply.

- Shower and change clothes after finishing a task that involves working with lead-based products such as stained glass, making bullets, or using a firing range.

WIC Children

- There are 855 infants participating in WIC in Flint.
- We are working with partners at the United Way to ensure that WIC families have access to water filters and bottled water.
- In homes with infants on WIC, if the household has documentation from an official source of unsanitary water supply issues, that family may be eligible to receive ready-to-feed formula. Families should contact WIC to see if they are eligible.
- Each household would have to be looked at on an individual basis.
- WIC cannot cover bottled water.

Background

- The results of the Hurley Children's Hospital were reviewed by MDHHS after the study was released last week.
- The analysis that Hurley conducted was different from the initial MDHHS data regarding blood lead levels in Flint.
- MDHHS initial data looked at the entire blood lead levels for the Flint area for the past five years and showed the annual seasonal trends in the area.
- Seasonal exposure is higher in the summer for a variety of reasons including children playing outside in the soil, and when windows are open and lead paint is more likely to be in the air. Further, seasonal variations in water can occur due to changes in temperature, pH, and other factors

Scott, Robert L. (DHHS)

From: Scott, Robert L. (DHHS)
Sent: Thursday, October 01, 2015 8:06 AM
To: Peeler, Nancy (DHHS)
Cc: 'Lishinski Karen (LishinskiK@michigan.gov)'
Subject: RE: Hurley -- follow up about the question on Hurley lab results

We report on testing and elevated levels annually by fiscal year for the legislature--by county/Detroit and the state. We report annually by calendar year for stakeholders and the public--by county, by several funded communities, and by ZIP code; also the Medicaid population by county. These annual reports include tables, graphs and maps to provide detailed information about the past year, as well as trends over several years. We produce other reports by request.

We used to produce similar reports by quarter, and even a special monthly report for funded health departments. But as we have lost funding and staff, and as my own time has been pulled in other directions, these other more-frequent reports have fallen away.

Child- and address-specific data continues to be provided to every local health department every week--via HHLPS on-line system, and via securely-transmitted Excel files--so that they have information on lead levels for children in their jurisdictions.

BLLs >= 20 are faxed to local health departments the same day we receive them. Starting a few months ago, copies of all BLLs >= 5 are provided to our Nurse Consultant weekly, to help her monitor elevated levels in each local jurisdiction.

From: Peeler, Nancy (DCH)
Sent: Wednesday, September 30, 2015 6:50 PM
To: Wells, Eden (DHHS) <WellsE3@michigan.gov>; Miller, Corinne (DHHS) <MillerC39@michigan.gov>; Miller, Mark (DHHS) <millerm1@michigan.gov>; LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; Dykema, Linda D. (DHHS) <DykemaL@michigan.gov>; Priem, Wesley F. (DHHS) <priemw@michigan.gov>; Travis, Rashmi (DHHS) <TravisR@michigan.gov>
Cc: Fink, Brenda (DHHS) <FinkB@michigan.gov>; Scott, Robert L. (DHHS) <ScottR9@michigan.gov>
Subject: RE: Hurley -- follow up about the question on Hurley lab results

I can partially answer your question now, will get additional info from Bob and send more later.

The data flows in daily, year-round. We process several thousand test results every week. We monitor the results daily, and have an algorithm for our follow-up response, based on the blood lead level.

Because we are processing results every day, we do see some patterns if they begin to emerge, especially with the higher lead levels. We normally track and report data at health department level, county level/Detroit. We are still building our capacity and putting new procedures in place via our CDC Surveillance grant to crank out more reports/report cards, and more frequent data reports, especially with the switch in focus to levels of 5 and above (which means we are focusing on a larger number of results than just 10 and above). We develop and share out many maps, charts, graphs, and yes, do publish an annual legislative report.

We have .2 FTE Epi support (Cristin Larder), mostly for special projects and/or reports, for example, Cristin is working with us and Dr. Stan Kaplowitz from MSU to use his research to help pinpoint smaller geographic areas with higher risk, so we can better direct resources toward those areas.

Bob, can you please add more information about frequency of your analysis, and how we detect issues?

From: Wells, Eden (DCH)

Sent: Wednesday, September 30, 2015 6:24 PM

To: Peeler, Nancy (DCH); Miller, Corinne (DCH); Miller, Mark (DCH); LyonCallo, Sarah (DCH); Dykema, Linda D. (DCH); Priem, Wesley F. (DCH); Travis, Rashmi (DCH)

Subject: RE: Hurley -- follow up about the question on Hurley lab results

That sounds about right.

May I ask,, is it CLPP's usual process to collect the lead data on an ongoing basis...if so, at what level is the data usually analyzed (by Epi?) IS it daily, monthly? Quarterly? Annually? How would we normally detect/know if there is an issue in a particular locality---do you look at it at county level or smaller when you peruse your data? This question may arise...

E

From: Peeler, Nancy (DCH)

Sent: Wednesday, September 30, 2015 5:22 PM

To: Miller, Corinne (DCH); Miller, Mark (DCH); LyonCallo, Sarah (DCH); Dykema, Linda D. (DCH); Priem, Wesley F. (DCH); Travis, Rashmi (DCH); Wells, Eden (DCH)

Subject: FW: Hurley -- follow up about the question on Hurley lab results

Hi all -- I talked to Bob to confirm the information I had shared about the Hurley lab results. It is a little more nuanced than I had explained, forwarding Bob's explanation, FYI.

From: Scott, Robert L. (DCH)

Sent: Wednesday, September 30, 2015 5:05 PM

To: Peeler, Nancy (DCH)

Subject: Hurley

Hurley Medical Center is listed as the "Provider" on approximately half of the blood lead results we received for Flint children in 2014—I assume that pattern holds in 2015 and in recent years. Warde Medical Lab is listed as the "Laboratory" on those results. Warde reported the results to CLPPP in accordance with State law.

I can't say whether the blood specimens were a) drawn at Hurley's lab, or b) simply passed through Hurley's lab—from physician office to Hurley to Warde for analysis. As I understand it, both scenarios are common at various hospital labs.

Robert L. Scott

Childhood Lead Poisoning Prevention Program

Michigan Department of Health & Human Services

(517) 335-8178

fax (517) 335-8509

Scott, Robert L. (DHHS)

From: Scott, Robert L. (DCH)
Sent: Tuesday, September 29, 2015 4:25 PM
To: Peeler, Nancy (DCH)
Subject: RE: Public Health Advisory

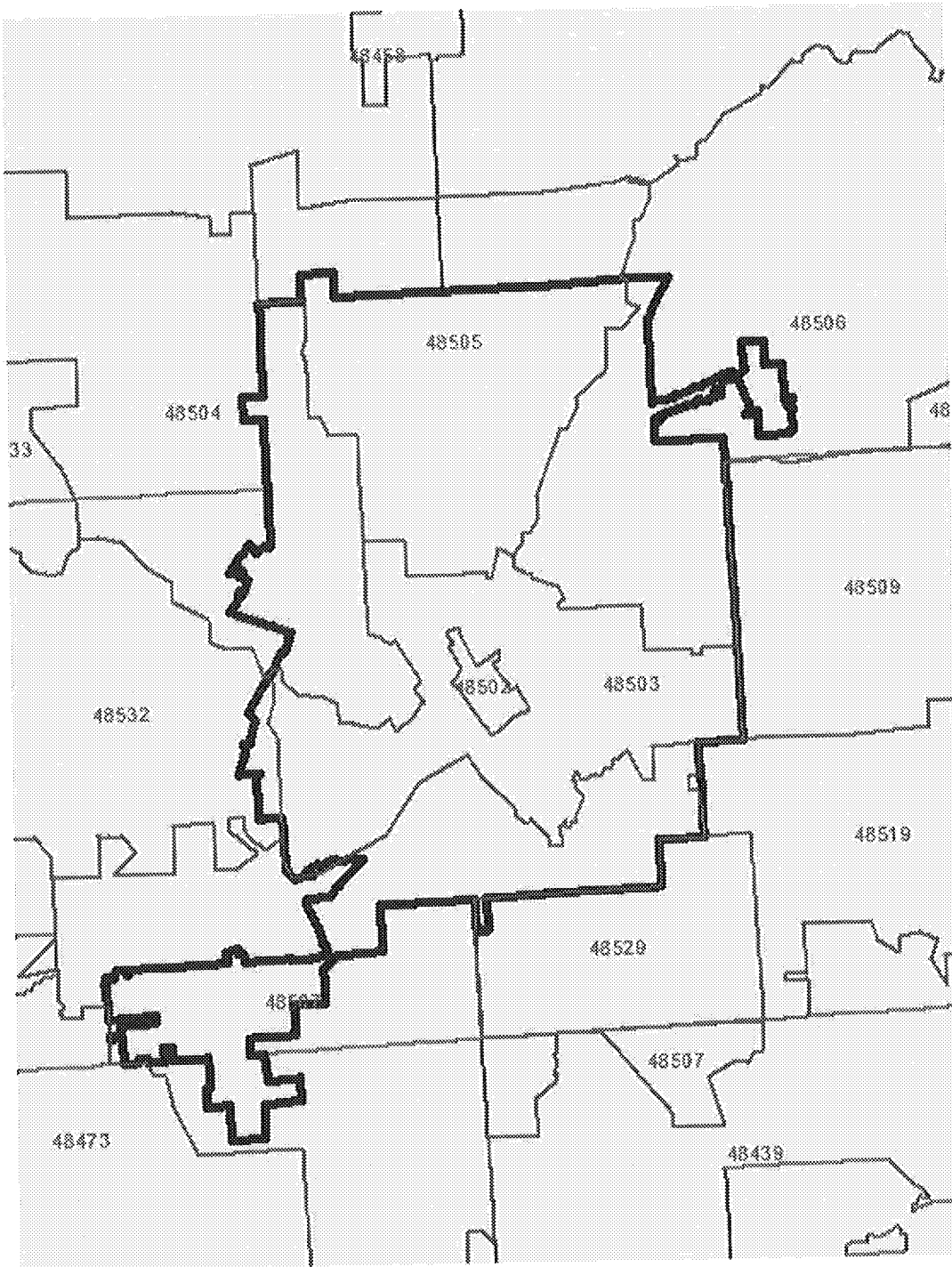
Flint Twp is directly to the west of the city (the number 48532 is in the heart of it). Mundy Twp is directly to the south of Flint Twp. Boundaries are the thin black lines.

From: Peeler, Nancy (DCH)
Sent: Tuesday, September 29, 2015 4:20 PM
To: Scott, Robert L. (DCH) <ScottR9@michigan.gov>
Subject: RE: Public Health Advisory

Can we tell where Mundy Township and Flint Township are on this map?

From: Scott, Robert L. (DCH)
Sent: Tuesday, September 29, 2015 4:17 PM
To: Peeler, Nancy (DCH)
Cc: Fink, Brenda (DCH)
Subject: RE: Public Health Advisory

Hurley said they used zips 48501 through 48507. Yes, 48504 through 48507 all cross the city/township lines. Not sure how well this screenshot shows it (black outline is Flint; blue lines are zips). Cristin was going to geocode to the census block group—those will not cross city/township lines.



From: Peeler, Nancy (DCH)
Sent: Tuesday, September 29, 2015 4:04 PM
To: Scott, Robert L. (DCH) <ScottR9@michigan.gov>
Cc: Fink, Brenda (DCH) <FinkB@michigan.gov>
Subject: FW: Public Health Advisory
Importance: High

Forwarding, FYI. The analysis is now in the hands of Epi, so out of our realm.

Just curious — Bob, what were the zip codes Hurley used, and do they cross over into the townships, or are they completely within city boundaries?

From: Lasher, GERALYN (DCH)
Sent: Tuesday, September 29, 2015 12:06 PM
To: Wells, Eden (DCH); Miller, Corinne (DCH); Moran, Susan (DCH); Robinson, Mikelle (DCH); Dykema, Linda D. (DCH); LyonCallo, Sarah (DCH); Hertel, Elizabeth (DCH); Peeler, Nancy (DCH); Travis, Rashmi (DCH); Miller, Mark (DCH)
Cc: Minicuci, Angela (DCH); Eisner, Jennifer (DCH); Grijalva, Nancy (DCH)
Subject: FW: Public Health Advisory
Importance: High

And Genesee County and the Genesee County Health Department, have just issued the attached public health advisory and on the final paragraph it says:

Recent data provided by Hurley Hospital researchers has indicated that a significant increase in blood lead levels has occurred in children since the switch to Flint River water. The county Health Officer has requested that the Michigan Department of Health and Human Services (MDHHS) provide to the County specific data to support its claim that state data is more comprehensive and does not show a significant increase. To date, the MDHHS has failed to confirm the geographic area included in their findings. We want to assure the state data is specific to the boundaries of the City of Flint, and not Flint addresses which would include addresses in areas outside of the City of Flint. These areas, such as Flint Township, that obtain their water from the Detroit Water Authority and would, therefore, not be representative of Flint River water as the water source. The County is prepared to take further action if the State fails to provide the requested data by September 30, 2015. Further action could include a request for outside independent evaluation of the data and to declare a Public Health Emergency in Flint.

I understand that we are still reviewing the data—but the county has basically issued a ransom date that they want this information by tomorrow.

Eden—please coordinate an answer so Nick can walk into the 1:00 p.m. meeting prepared on this.

From: Minicuci, Angela (DCH)
Sent: Tuesday, September 29, 2015 11:59 AM
To: Lasher, GERALYN (DCH) <lasherg@michigan.gov>
Subject: FW: Public Health Advisory
Importance: High

Last paragraph, last page.

Angela

From: Sandlin, Mary [<mailto:MSANDLIN@gchd.us>]
Sent: Tuesday, September 29, 2015 11:55 AM
Subject: Public Health Advisory
Importance: High

Mary E. Sandlin
 Clerical Coordinator
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Scott, Robert L. (DHHS)

From: Marc Edwards <edwardsm@vt.edu>
Sent: Sunday, November 01, 2015 1:00 PM
To: MDHHS-FOIA
Subject: FOIA Request records on blood lead studies and associated discussion in Flint

I am requesting documents (e-mails, notes, reports, etc) related to blood lead studies on children in Flint Michigan 2014-present.

Robert Scott and Karen Lishinski of DCH would know about these documents, and who else might know about them. In particular, I am interested in:

- 1) all documents and e-mails related to a "study" done by DCH that was repeatedly cited by MDEQ, as showing there was no problem with Flint's children, but acknowledging that there was a "spike" in blood lead in 2014 summer
- 2) communications between MDEQ and DCH and others about this original study and presentations thereof
- 3) all documents about the study of Mona Hanna-Attisha, including the extensive attempts by the State to discredit her work. Again, MDEQ and others were involved in those discussions.
- 4) all documents about finally verifying Ms. Hanna-Attisha's study
- 5) all documents about Ms. Hanna-Attisha's study to the present day, including any e-mails to the U.S. CDC or ATSDR about the work.
- 6) all documents about my work, and my attempt to get the blood lead data from DCH

I would submit the FOIA through the DCH web-link, but that link does not work.

Marc Edwards

3604