From: Wells, Eden (DCH) [WellsE3@michigan.gov]
Sent: Tuesday, September 29, 2015 5:58 PM
To: Mona Hanna-Attisha
Subject: Re: Prelim GIS results

Good evening, Mona,

I am looking forward to our results as well.

I certainly understand your role and the need to address the problem you identified; as physicians, our ethical and professional vows to care for and prevent harm to our patients is paramount. No need for data wars- I think we are all just trying to be sure, as you and I said earlier, that we are are comparing the same data the same way- "apples to apples".

Your point about water versus household sources is important, because that is certainly one of the issues here--how to identify what potential sources of lead are responsible for EBLs in children, particularly in the CLPP database. Household (paint) is the most common culprit---(this one contributes most to the seasonality), and need to get the best analysis of the data that can look at the association to potential water sources. More to follow!

I will follow-up in AM with our IRB folks and be sure they know that we have a wish to expedite--not sure how long the process is but will get an estimate.

Eden

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From: Mona Hanna-Attisha <MHanna1@hurleymc.com>
Sent: Tuesday, September 29, 2015 5:35 PM
To: Wells, Eden (DCH)
Subject: Re: Prelim GIS results

Thanks Eden.

Looking forward to seeing your analysis.

Our intent has never been to go public with anything. However, when we noticed our findings and the glaring correlation to elevated water lead levels in the same locations and learned that corrosion control was never added to the water treatment, we ethically could not stay silent. In addition, your annual EBL% supports our findings - annual decrease (as seen nationally) and then an increase post-water switch. We also knew that releasing our data would only incite a data war; however, the more we dig, the more alarming the results. (Do you know GM stopped using flint river water because it was too corrosive on their parts??? That should have alerted us to its effect on lead pipes.)

So as of now, no plans to release anything to public, although we did share some of the high risk location info to identify priority response areas (bottled water, filters, etc).

Lastly, the state lead screening programs underestimate risk from lead in water. Infants on formula are most at risk yet we screen when they are developmentally likely to be exposed from lead from house hold sources (paint, dust, soil, etc). Lead levels could have peaked at 4 months and dropped by 12 months.

Finally, we do hope we can receive our data request soon so we can do the exact same analysis.

Thanks and sorry for the long email. Mona

Mona Hanna-Attisha MD MPH FAAP
Director, Pediatric Residency Program