

Hines, Maurice

From: Kathleen Meunier [kmeunier1@aol.com]
Sent: Sunday, October 23, 2011 6:20 PM
To: Columbia River Crossing
Subject: feis comments
Attachments: Mom_CRC_comments-1.odt

document is attached and below.

P-072-001

As a physician I am deeply concerned about the health consequences that will be suffered by the residents of Hayden Island Manufactured Home Community (HIMHC) if the CRC project goes forward as proposed in the FEIS.

The residents of the HIMHC are of low income. It is well documented that low income populations are less healthy than wealthy communities. Less healthy individuals are more likely to become ill and/or die when exposed to threats to their health, than healthier persons. More low income residents will become ill and/or die when their health is threatened than would a healthier wealthier community.

The residents of the HIMHC are primarily elderly, 60% are 65 years or older. The community also includes about 100 children. It is well documented that the segments of society most likely to become ill and/or die when their health is challenged are the young and the old. A threat to health that the general population can tolerate with minor transitory diminished health, can kill the young and the old.

The HIMHC residents compound the intolerance for health risks known to be found in low income populations as well as the intolerance for health risks known for the young and old segments of society. A low income population which is also composed of the elderly, as well as children, maximizes the inability of the group to tolerate challenges to their health without suffering illness and death.

In the HIMHC, in addition to the well documented diminished capacity to tolerate health challenges found in the low income populations as well as found in the young and old segments of society, there is already established illness present, including those with respiratory illness, so severe they are already requiring home supplemental oxygen treatment. The HIMHC residents are not a typical community and are not adequately protected by mandated minimum environmental standards.

The CRC would be hard pressed to find a population more at risk to suffer significant adverse consequences from the CRC construction than the HIMHC. Members of the HIMHC will become ill and die if the CRC project proceeds as planned, especially if it uses the Thunderbird Hotel site, which is immediately adjacent to the HIMHC.

Standards for air quality, and other environmental factors assume a typical demographic which has the capacity to withstand health challenges. The CRC is choosing to site the project directly impacting a low income community of the young and old with preexisting significant illnesses and physical limitations, the HIMHC. Therefore the allowable air quality and other environmental factors must be tailored to the much much stricter criteria of what a low income young and/or old person with preexisting significant illness can tolerate without increased ill health. Either the project should be maximally moved away from the known location of these low income young and old or the CRC should be held to meet strict environmental standards that a low income young and/or old person with preexisting illness can tolerate without increased ill health.

There are alternatives, rather than what the CRC proposes, which would move the main construction away from the HIMHC, a community which will suffer significant adverse outcomes, including death, disproportionate to what virtually any other population would experience if exposed to the same assault to their health and well-being. An example of such an option is Jim Howell's "Common Sense Alternative."

The threat to the health and well-being of the HIMHC is not limited to the decrease in air quality, the noise and vibration, the disruption of utilities in a population uniquely dependent on access to utilities for the

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You have asserted that if the CRC project proceeds as planned it will result in the illness and death of some residents of the Hayden Island mobile home community. The analysis of air quality, noise, and other impacts that can affect health indicate that the project will not result in any violations of air quality standards, can mitigate most long-term noise impacts (to fewer noise impacts than occur under existing conditions), and can keep construction-related air and noise impacts below standards established to protect human health. You note that a larger threat to health from the project is chronic stress. The effects of the project on chronic stress of residents were not specifically evaluated for the FEIS. However, the project has committed to staging construction and mitigating construction impacts as much as practicable (measures are listed in the FEIS and in the mitigation commitments included in the ROD) in order to minimize disturbance and inconvenience to nearby residents.

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operation of medical equipment. The larger threat to the health, well-being and lives of the HIMHC residents as a direct result of the CRC project are the well documented significant adverse health consequences of chronic stress. Chronic stress increases the atherosclerotic plaques of vascular disease. Vascular disease is the #1 cause of death in the United States of America. Chronic stress depresses the immune system, reducing a person's ability to resist infection and cancer. Chronic stress increases irritability which correlates with isolation which correlates with decreased health. Chronic stress correlates with shallow respirations which decrease oxygenation as well as leaving the dependent portions of the lung unexpanded and therefore predisposed to developing pneumonia. Pneumonia frequently results in death in elderly people. The chronically stressed person holds him/herself more stiffly and is less able to concentrate. The chronically stressed elderly person is more likely to fall and break their hip. There is a high incident of death in the six months following a hip fracture suffered from an elderly person.

80-90% of patient visits to a primary care doctor are regarding stress related symptoms. Chronic stress is a very real threat to health and well-being. The very real significant adverse and well documented consequences of chronic stress will be especially devastating to the residents of HIMHC as they have the diminished capacity to tolerate challenges to their already fragile health status being of the compounded high risk groups of low income and the elderly and/or young.

The intensity of adverse health consequences of chronic stress correlates with a person's sense of powerlessness. The poor and the elderly and the young lack a sense of power. The CRC has made it clear they do not regard the HIMHC as having any real input into the CRC project thereby maximizing chronic stress in the HIMHC.

What the CRC proposes would subject the HIMHC's fragile citizens to at least 10 additional years of unrelenting high chronic stress. Many will become ill. Many will die. Illness and death that will happen as a direct result if the CRC project goes ahead as planned. The CRC should have to acknowledge and adequately accommodate the fragile health of HIMHC or move their project distant from this endangered low income elderly community.

The CRC should acknowledge the highly toxic consequences of chronic stress and that the CRC project has been posing a very real threat to the health of HIMHC residents for several years already by invoking chronic stress in the HIMHC residents. The CRC should immediately begin offering weekly sessions on abating the consequences of chronic stress that are taught at HIMHC by qualified instructors on a variety of practical techniques that can decrease the highly adverse health impacts the CRC is already inflicting on this low income elderly population.

There are alternatives to what the CRC is proposing. There is no necessity to cause avoidable illness and death in a low income elderly population. If a wealthy community was situated where the HIMHC is situated, the site would never have ever been considered. Don't we have laws about not taking advantage of disadvantaged groups like the poor and the elderly? Shouldn't they apply here?

I am deeply concerned.

Sincerely,

Kathleen Meunier, M.D.

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