



Renal Section



Boston University
School of Medicine

Evans Biomedical Research Center
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16 May, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I am writing to express support for the National Emerging Infectious Diseases Laboratories at Boston University Medical Center (BUMC).

The Biosafety Level 4 Laboratories in North America have a very good safety record. With more than 77 years of combined operations, there has never been a community incident or an environmental release.

I am familiar with the design of the proposed laboratory at BUMC and believe that it is being designed and built using some of the most sophisticated and state-of-the-art safety and security systems. I firmly believe that BUMC has a deep commitment to ensuring the safety of the laboratory, the researchers and the community.

A BSL-4 laboratory will provide much needed capacity to study emerging infectious diseases and will be very beneficial for scientists and researchers throughout the region who are looking for cures and vaccines for some of the world's deadliest diseases. This laboratory will safely conduct research on infectious diseases that threaten the safety and security of our city, of the nation and indeed, of the world.

I support BUMC's research efforts and its plans to build the NEIDL.

Sincerely,

Ian Rifkin MD, PhD
Assistant Professor of Medicine
Boston University School of Medicine

LETTER 79

Ian Rifkin, MD, PhD

LETTER 80
Col M. Riley

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

**Re: Supplemental Draft Environmental Impact Statement-National Emerging
Infectious Diseases Laboratories**

Dear Ms. Nottingham:

I write to you in support of the Biosafety Lab at BUMC.

When I first heard about the laboratory, I must admit I was a bit apprehensive. However, the staff at Boston University Medical Center took the time to address my concerns and answer all my questions about the project.

I feel that this lab is important to find cures for infectious diseases. We need to have the appropriate facilities to do this important research. I believe that this lab will be built safely and that the redundant systems and the security plans will ensure that we are all safe.

Also, the development of this laboratory will create 1,300 construction jobs and 660 permanent jobs—jobs at all levels. This lab will have a positive economic impact at all levels in our community.

Sincerely,



Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

**Re: Supplemental Draft Environmental Impact Statement-National Emerging
Infectious Diseases Laboratories**

Dear Ms. Nottingham:

Our community needs projects like the proposed biosafety laboratory.

The biosafety lab will create jobs. Boston University Medical Center (BUMC) has said that 1300 construction jobs and 660 permanent jobs will be created. Our community needs these jobs.

In addition, BUMC, has committed \$1 million to training Boston residents to be lab technicians. The training will be part of the City Lab program. After nine months, the graduates are able to find meaningful jobs at a laboratory at the medical center or in a similar laboratory in the City. This will be a great partnership and illustrates BUMC's strong commitment to our community.

I support the Biosafety Lab.

Julio Vega Rivera

LETTER 81

Julio Vega Rivera

LETTER 82
Manuel Rodrigues

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

**Re: Supplemental Draft Environmental Impact Statement-National Emerging
Infectious Diseases Laboratories**

Dear Ms. Nottingham:

I write to you in support of the Biosafety Lab at BUMC.

When I first heard about the laboratory, I must admit I was a bit apprehensive. However, the staff at Boston University Medical Center took the time to address my concerns and answer all my questions about the project.

I feel that this lab is important to find cures for infectious diseases. We need to have the appropriate facilities to do this important research. I believe that this lab will be built safely and that the redundant systems and the security plans will ensure that we are all safe.

Also, the development of this laboratory will create 1,300 construction jobs and 660 permanent jobs—jobs at all levels. This lab will have a positive economic impact at all levels in our community.

Sincerely,

Manuel Rodrigues

Valerie Nottingham
NIHB13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Dear Ms. Nottingham,

- 83.1 As a resident of the Greater Boston community, I do not believe that the supplemental environmental impact statement (SDEIS) concerning Boston University's proposed biolab seriously addresses my concerns. It was not prepared by an organization independent of Boston University, which renders it irretrievably flawed. It correctly
- 83.2 states that the area surrounding this lab faces a "growing challenge of housing affordability," but nowhere does it give a hint as to how such a lab would do other than exacerbate this problem by taking up valuable space. In addition, it gives precious little
- 83.3 reassurance to those who DO live in the area that a realistic worst case scenario has been imagined or dealt with in any serious fashion.
- 83.4 It would, of course, be impossible to guarantee immunity to human error in such a project. Human error is inevitable (check out the news on the Big Dig), but when the consequences include possible exposure to deadly, incurable pathogens (e.g., Ebola, anthrax, hemorrhagic fever, plague) any risk is unacceptable.

It is now time to Just Say No.

Sincerely,


J. H. Rooks
467 W. Endover St.
Cambridge, MA 02141

LETTER 83

J. H. Rooks

- 83.1 See Response to Comment 1.1.
- 83.2 See Response to Comment 1.2.
- 83.3 See Response to Comment 1.3.
- 83.4 See Response to Comment 1.4.

Bayha, Ryan (NIH/OD/ORS)

From: Nottingham, Valerie (NIH/OD/ORF)
Sent: Tuesday, May 24, 2005 11:01 AM
To: Bayha, Ryan (NIH/OD/ORS)
Subject: FW: Oppose BioLab in Boston

-----Original Message-----

From: Marguerite Rosenthal [mailto:mrosenth@verizon.net]
Sent: Wednesday, May 18, 2005 4:50 PM
To: NIH NEPA Comments
Subject: Oppose BioLab in Boston

I am writing to add my voice to the many others who are opposed to the development of a Level 4 Biohazard Laboratory at the Boston University Medical School. This lab would be located in the very heart of a crowded Boston neighborhood that is characterized by traffic congestion and a high density of residents (not coincidentally largely non-Caucasian). Such a laboratory threatens the health and safety of this neighborhood and beyond.

84.1

As you must be aware, Boston University has recently been severely criticized for failing to adhere to standard safety procedures in one of its biological research labs, with the consequence that a number of lab workers became seriously ill. How can such an institution be trusted to keep their employees and those with whom these employees will come in contact safe when they will be working with highly contagious and very dangerous biological agents?

84.2

We have been assured that there is no intent to use this lab for research related to biological agents to be used as weapons, but many of us are dubious about the true purpose for the proposed laboratory.

Again, I urge you to deny the application for the construction of this laboratory in the heart of Boston.

Very truly yours,

Marguerite Rosenthal, Ph.D.
12 Enfield St.
Boston, MA 02130

LETTER 84

Marguerite Rosenthal, Ph.D.

84.1 See Response to Comment 19.5.

84.2 See Response to Comment 4.17.



Renal Section
DAVID J. SALANT, M.D.
Chief, Renal Section
Boston Medical Center

Professor of Medicine
Boston University School of Medicine



Boston University
School of Medicine

Evans Biomedical Research Center
Renal Section, Room 504
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Email: djsalant@bu.edu

May 2, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I am writing in support of the National Emerging Infectious Diseases Laboratories (NEIDL) at Boston University Medical Center (BUMC).

I believe that research into the causes, treatment and prevention of serious infectious diseases is of paramount importance and the BSL-4 laboratory will provide much needed capacity to study emerging infectious diseases. The laboratory will greatly benefit scientists and researchers throughout the region who are looking for cures and vaccines for some of the world's deadliest diseases.

I am familiar with the design of the proposed laboratory at BUMC and believe that it is being designed and built using some of the most sophisticated and state-of-the-art safety and security systems. My own office and laboratory are immediately adjacent to the site identified for the new facility, and I firmly believe that BUMC has a deep commitment to ensuring the safety of the laboratory, the researchers who will work in it, those of us who work close by, and those who live in the surrounding neighborhood.

In brief, I support BUMC's research efforts and its plans to build the NEIDL.

Sincerely,

David J. Salant

BOSTON UNIVERSITY MEDICAL CENTER

Boston Medical Center
Boston University School of Medicine
Boston University School of Public Health
Boston University Henry M. Goldman School of Dentistry

LETTER 85
David J. Salant

LETTER 86

John C. Samuelson, MD., Ph.D.

Nottingham, Valerie (NIH/OD/ORF)

From: John Samuelson [jsamuels@bu.edu]
Sent: Monday, May 02, 2005 5:44 PM
To: NIH NEPA Comments
Subject: National Emerging Infectious Diseases Laboratories at Boston University Medical Center

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

May 2, 2005

Dear Ms. Nottingham:

I am writing to express the strongest support for the National Emerging Infectious Diseases Laboratories (NEIDL) at Boston University Medical Center (BUMC). I am writing with considerable knowledge of the proposed laboratories as I have been studying human pathogens including *Entamoeba*, *Giardia*, and *Schistosoma* with NIH support for 28 years and have been a member of the Boston University Institutional Biosafety Committee (IBC) for the past two years. I will focus on three points.

First, Boston University is an excellent place for the NEIDL, because there is so much expertise in infectious diseases and microbial pathogenesis. In addition to Jack Murphy and Mark Klempner, who are experts in bacterial pathogenesis, there are experts in viral pathogenesis (e.g. Paul Skolnik), fungal pathogenesis (e.g. Stu Levitz), and immunology (e.g. Ron Corley and Ann Marshak-Rothstein). In addition, collaborating experts in microbial pathogenesis are just a couple of miles away at Harvard Medical School (e.g. John Mekalanos and John Collier), Tufts Medical School (e.g. Matt Waldor and Ralph Isberg), or Massachusetts General Hospital (e.g. Martin Hirsch). If Boston is the Hub of the Universe, Boston University is at the Hub of the microbial pathogenesis universe. Because it is in Boston, it will be easier to recruit first-rate investigators to the NEIDL, and it will be easier for these investigators to consult with experts at BU and adjacent institutions.

Second, it is optimal to have NEIDL in a medical center moments from a terrific hospital (BUMC) rather than in a rural location, which is distant from any hospital if, God forbid, there was a medical emergency. Having worked for many years in both places, I know that hospitals are constantly dealing with infectious diseases and are much more dangerous places than research laboratories. In addition, the BUMC has a very conscientious and cautious IBC, which tightly regulates work with infectious agents and closely monitors recombinant DNA experiments. This is a senior rather than a junior group of reviewers, many of whom are physician scientists, who typically have 20+ years experience studying human pathogens. In addition to meeting once per month, the IBC is constantly working with investigators to make sure there proposals are well-written and are safe.

Third, it is optimal that the NEIDL be placed in a lively, thoughtful community, which is present in Boston. Important medical research should be in a place that is seen and penetrated (intellectually if not physically) rather than behind fences in an obscure and possibly neglected location. While it might be easier to place a research facility somewhere where no one asks any questions, it is better in the long run that questions about safety, purpose, and management of the NEIDL be aggressively discussed and answered before the facility is built. With regards to efforts to understand, prevent, and treat infectious with significant potential morbidity and mortality, the work must be transparent rather than hidden.

Sincerely,

John C. Samuelson, MD.-Ph.D.
Professor

5/4/2005

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Boston University Goldman School of Dental Medicine
715 Albany St, Evans 426
Boston MA 02118
Phone 617 414 1054
FAX 617 414 1041
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LETTER 86

John C. Samuelson, MD., Ph.D.

5/4/2005



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Boston, MA 02118-2393
Tel: 617-638-6525 (#3)
Fax: 617-638-6529
E-mail: Paul.Schroy@bmc.org

Section of Gastroenterology

PAUL C. SCHROY III, M.D., M.P.H.
Director of Clinical Research
Section of Gastroenterology
Boston Medical Center



Boston University
School of Medicine

Professor of Medicine
Boston University School of Medicine

Professor of Epidemiology
Boston University School of Public Health

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I write to you in support of the Biosafety Lab also known as the National Emerging Infectious Diseases Laboratory (NEIDL) proposed at Boston University Medical Center (BUMC).

As you are aware, biomedical research laboratories operate under strict procedures and protocols at BUMC and at other academic and private laboratories throughout the Greater Boston region. This research is done safely and makes important medical contributions to the nation and the world.

I believe that the NEIDL at BUMC will be one of the safest laboratories in the world. I have been briefed on the systems and the design and am familiar with operations in biomedical research laboratories. I am impressed by the building's safety and security features and by the team BUMC has assembled to build this important project.

I should also note that there are some who have incorrectly raised the city of Boston's rDNA regulations, as a reason the laboratory should not be built. This is simply misinformation. rDNA research is conducted in Boston under the Boston Public Health Commission's regulations. On numerous occasions, BUMC authorities have stated that they will do all research in compliance with the Health Commission's guidelines.

This laboratory will be an important project for the research community and those interested in finding cures for emerging infectious diseases and I fully support it.

Sincerely,

Paul C. Schroy III, MD, MPH

LETTER 87

Paul C. Schroy III, MD

Nottingham, Valerie (NIH/OD/ORF)

From: jeremy schug [jeremyschug@hotmail.com]
Sent: Friday, April 15, 2005 12:50 PM
To: Nottingham, Valerie (NIH/OD/ORF)
Subject: Boston NEIDL

Ms. Nottingham,
I was just reading the Notice of Intent to file an EIS for the NEIDL in Boston and i had a few quick questions. I noticed that the NEPA process was scheduled so as to end in the summer of 2004, but that as far as i can tell, they are currently still in the process of drafting a Supplemental EIS. I was just wondering if there were specific reasons for the delays? Also, i was wondering what the timeline is for completion of the NEPA process now?
My last question is that i read that opponents of the NEIDL in Boston have alleged that the NEPA process should have been done before the decision to locate the NEIDL in Boston was made, i was wondering if there was any official response to those allegations and if those allegations are a threat to the process? I hope that you are the right person to ask . Also, if there is a resource where i can find information to follow along with the NEPA process, i d really appreciate it. Thanks for your time.
Jeremy Schug

LETTER 88

Jeremy Schug

- 88.1 There was no delay in the publication of the Supplemental Draft EIS. NIH followed the procedures for drafting a Supplemental Draft EIS and did not issue the SDEIS until all elements of the SDEIS were in accordance in with applicable laws and regulations.
- 88.2 The decision on whether to partially fund the Boston-NBL has not been made. The final decision on this project will be issued in a Record of Decision once the NEPA process is finished and all public comments have been taken into account.

88.1

88.2

May 1, 2005

Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892
Fax (301) 480-8056
nihnepa@mail.nih.gov

Dear Dr. Nottingham:

I am writing to voice my concern over the Supplemental Draft Environmental Impact Statement (SDEIS) for the proposed National Biocontainment Laboratory (NBL) on the Boston University Medical Campus (BUMC). I have reservations about the Project as a resident, living just 2 miles away from the proposed site. More importantly, I have serious concerns about the Project because I am familiar with the proposed science and how accidents occur in the laboratory environment. I have a B.S. and M.S. in Chemical Engineering as well as 6 years of research experience as a genomic scientist and molecular biologist. As a resident and scientist, I feel that the DEIS and SDEIS does not provided the public with sufficient information to make an educated decision concerning the citing of this laboratory in the densely populated South End neighborhood of Boston. I offer the following comments and concerns to all parties involved in reviewing the SDEIS:

1. In Appendix 4-3 of the SDEIS, a dismissive reference to the recent Tularemia exposures at the BUMC is included. The series of events surrounding these infections has been grossly under-emphasized. Key dates, events, and explanations involving these infections need to be elucidated, including:
 - a. May 22, 2004 – First researcher becomes ill in Dr. Peter Rice lab.
 - b. May 24, 2004 – Second researcher becomes ill in the same lab.
 - c. September 20, 2004 – Third researcher becomes ill in the same lab.
 - d. October 28, 2004 – BUMC tests samples being used by the researchers and university occupational health is notified.
 - e. November 4, 2004 – BUMC orders Rice lab to stop all tularemia vaccine research.
 - f. November 8, 2004 – The public comment period for the Final Environmental Impact Report (FEIR) under the Massachusetts Environmental Policy Act (MEPA) ends.
 - g. November 9, 2004 – BUMC informs the Massachusetts Department of Public Health (MDPH) of the three possible tularemia infections.
 - h. November 10, 2004 – Public hearing for the federal DEIS. BUMC informs Boston Public Health Commission of the infections.
 - i. January 19, 2005 – Boston Globe article about tularemia infections provides the first public report of the infections.

First and foremost, it should be noted that BUMC broke the law. Tularemia is a reportable disease in Massachusetts, and state law requires cases or suspected cases of this disease to be reported to public health authorities immediately, but in no case more than 24 hours after being identified. The DNA tests of October 28, 2004 should have triggered reports to health authorities. Instead, BUMC waited at least 11 days before contacting the MDPH. Secondly, the reason for this delay appears to be rooted in the timing of state MEPA and federal DEIS public comment periods. Clearly, the tularemia exposures should have been included in both of these documents and by not doing so the BUMC has deliberately deceived the residents of Massachusetts.

This incident sets a dark precedent on BUMC's capacity to safely manage a BSL-4 facility. Full disclosure of the tularemia incident is necessary for the public (as well as city, state, and federal officials) to assess the BUMC's ability to operate the proposed NBL with the necessary level of integrity, safety, transparency, and accountability.

2. In chapter 2-3 of the SDEIS, a discussion of alternative locations for the NBL is presented. One location is a Boston University property 30 miles from downtown Boston in the town of Tyngsborough. The SDEIS

LETTER 89

Jeff Shearstone

89.1 See Response to Comment 29.9.

89.2 As described in Chapter 2, the distance of the Tyngsborough and Peterborough sites from the City of Boston was not the only determining factor in their removal from the universe of sites for location of the facility. Other factors include lack of appropriate zoning; lack of infrastructure and medical trauma facilities; increased costs and lack of efficiencies gained by ability to use existing BSL-2 and BSL-3 laboratories at the BioSquare Research Park; and inefficiencies in personnel costs.

89.1

89.2

LETTER 89

Jeff Shearstone

89.3 See Response to Comment 4.8.

89.4 Dr. Johnson's report in Appendix 4 of the FEIS represents a factual study of the BSL-4 at USAMRIID among others. Nobody working in BSL-4 at USAMRIID suffered a clinical infection. The statement in Section 4.2.1.1 "Community Safety and Risk – Other Potential Risk Scenarios (a)" in the FEIS is correct with just one caveat. BSL-4 containment did not exist as such until 1984 when the first edition of Biosafety in Microbiological and Biomedical Laboratories came out. That's why Dr. Johnson covered a 20 year period through most of 2003. No clinical infections occurred in BSL-4 work at USAMRIID in that 20 year interval.

89.2

states that the rationale for dismissing the Tyngsborough site is that it could not "incorporate existing BUMC institutional programs and objectives, support the research of other institutions in the greater Boston area, and be considered in proximity to the proposed Harvard University Medical School's NIAID-Sponsored Regional Center of Excellence" because of its location 30 miles from the BUMC. Similarly, a property in Peterborough, NH was dismissed because it is 70 miles from the BUMC. I find the rationale behind these dismissals completely flawed for two reasons:

- a. Since the invention of the automobile, 30 miles has become a trivial distance to travel. Certainly, many of the scientists who work at the BUMC have to commute that distance every day in order to attend work.
- b. The University of Texas at Galveston BSL-4 NBL is currently located well over 100 miles away from the Western NIAID-Sponsored Regional Center of Excellence facilities, with member institutions across Texas, New Mexico, Oklahoma, Arkansas, and Louisiana. In their case, distance from the BSL-4 facility has not seemed to hinder progress, so why should a mere 30 or 70 miles provide an obstacle to the researchers at the BUMC?

The \$128 million dollar grant from National Institute of Allergy and Infectious Diseases (NIAID) to BUMC was contingent on the lab being placed at this site, placing huge monetary pressure on the outcome of a site comparison. A nonbiased review of alternative locations has not been conducted by the BUMC because such funding is hanging in the balance. The casual dismissal of alternative sites, especially those locations in much less densely populated areas, makes the SDEIS an incomplete document. An honest and unbiased assessment of alternative sites for this laboratory has yet to be conducted.

89.3

3. The BUMC does not present a true worst-case release scenario risk assessment. The Massachusetts Institute of Technology (MIT) Security Studies Program Technical Working Group (TWG) is one of the largest and most effective groups of independent academic technical analysts of arms control and international security issues. On their website (<http://web.mit.edu/ssp/twg/level4/>), TWG member Jeanne Guillemain reports that "High-risk scenarios of biological agents causing harm to civilians are usually discussed in terms of *intentional terrorist attacks or unanticipated risks*, such as laboratory accidents, that could affect communities." While the SDEIS does offer an unanticipated risk worst-case release scenario, in the form of a laboratory accident involving anthrax, it does not provide the public with a clear explanation of the risks associated with an intentional terrorist attack.

The BUMC has recognized the risk of an intentional terrorist attack on page ES-4 of the DEIS and again on page 4-13 of the SDEIS, stating: "Scenarios involving terrorists, intentionally destructive acts or other malevolent acts at the proposed Boston-NBL have been analyzed in an independent Threat and Risk Assessment (TRA). Because the analysis contains sensitive information, the TRA is a confidential/official use only document." Since a terrorist attack of this nature would directly impact the residents of Boston and surrounding communities, the DEIS must include a full public disclosure of the TRA such that community members and the Massachusetts residents at large can make an informed decision. Furthermore, the BUMC DEIS needs to specifically address this issue in regards to attacks against the facility and attacks during agent transport, in order to complete a thorough worst-case release scenario risk assessment.

89.4

4. The information concerning the Safety Record of Biocontainment at BUMC and NIAID's intramural facilities in Appendix 4 of the DEIS is completely false. The most notable omissions concern the USAMRIID record of safety from 1972-2004 on page Appendix 4-11. The DEIS reports only two incidents at this facility, occurring in 1979 and 1982, both involving finger punctures with a virus containing object. The SDEIS reconciles the notable omission of a 3rd accident at this facility in 2004 involving Anthrax. This incident was an obvious omission from the original DEIS.

However, there are no other incidents reported in either the DEIS or SDEIS. The reality is that many additional documented accidents have occurred at this facility. BUMC must reconcile their omission of the following documented accidents at the USAMRIID and similar facilities to appropriately represent the environmental impact of this lab to the community:

LETTER 89

Jeff Shearstone

89.5 BUMC operates in the service area of the Massachusetts Water Resources Authority (MWRA), owner of the treatment works handling the majority of the wastewater for Greater Boston area. MWRA has some of the strictest wastewater discharge limits in the country, especially regarding mercury discharges. Complying with MWRA discharge limits is a challenge faced by all institutions in the area, and BUMC's compliance history is comparable to every other institution of similar size under MWRA jurisdiction. Complicating matters is the fact that the Medical School was operating a medical waste incinerator during the period in question. Even using the best available control technology, incinerator wastewater discharges proved impossible to consistently keep below MWRA's mercury limit. The vast majority of wastewater discharge violations since 2000 are mercury violations. BUMC has worked hard to eliminate mercury and other wastewater discharge violations, and the compliance record reflects this. The ubiquitous nature of mercury and the strict MWRA limits make this task difficult. However, in 2004 BUMC violated MWRA discharge limits only 5 times (3 BUMC, 2 BMC). So far in 2005, there has not been a single wastewater violation. BUMC disputes the notion that its wastewater management program is poor. The history of violations is reflective of a strict and changing regulatory presence, and is shared by other institutions in the Boston area.

The Rocky Mountain Laboratory memo referred to in the comment was never officially signed or sent, and its author is unknown. NIH does not support the content of the memo as rationale for the location of any laboratory. NIH would have to believe that the proposed facility was unsafe, which it does not. Where the staff lives is not as important as where they work to facilitate collaboration. All the facilities listed are within a close distance, and not far removed from the city.

89.4

89.5

- a. On April 8, 2002 two researchers at USAMRIID tested positive for exposure to anthrax spores, which were also released into the adjacent hallway and office. The institute declined to release their investigative report on the incident. (David Dishneau, "Fort Detrick worker tests positive for anthrax exposure", *Associated Press* 04/19/02. Rick Weiss and David Snyder, "Anthrax Leaks a 2nd Time at Army Lab", *Washington Post* 04/24/02)
 - b. On June 1, 2003 the U.S. Army uncovered 113 bacteria-containing vials during an excavation to eliminate toxic chemicals and hazardous waste. These vials included live anthrax and ebola virus. Also buried in this pit were infected animal carcasses that were supposed to have been incinerated (Lois Ember, "Fort Detrick Cleans Up", *Chemical and Engineering News* 06/02/03. Charles Piller, "Biodefense Lab on the Defensive", *Los Angeles Times* 02/12/03)
 - c. During a 1988 Senate investigation, a former USAMRIID virologist, Neil H. Levitt, said that two quarts of Chikunguya virus, which causes a flu-like illness, had disappeared from his lab. (Charles Piller, "Biodefense Lab on the Defensive", *Los Angeles Times* 02/12/03)
 - d. In addition, there have been at least 9 incidents of infected personnel at non-USMRIID BSL-3 and BSL-4 facilities involving SARS, HIV, West Nile Virus, anthrax, and plague. (<http://www.genewatch.org>)
5. There are various additional inconsistencies and omissions in the DEIS and SDEIS which make me question the ability of BUMC to operate the proposed facility in a safe and transparent manner.
- a. DEIS and SDEIS does not include any reference to BUMC's environmental, health, and safety record between 2000 and 2004. During this time, BUMC has been cited as violating wastewater laws and regulations 75 times, including discharges of mercury, silver, formaldehyde, xylenes, chloroform, ethyl benzene, and copper into the city sewer. BUMC needs to publicly reconcile their poor wastewater management program, in light of the severity of an accidental release of an infectious agent via this channel.
 - b. The DEIS does not reconcile the decision to locate the NBL in a densely populated urban setting with an NIAID Director of Intramural Research memorandum that states BSL-4 laboratories should be placed in unpopulated areas to avoid major public health disasters. (<http://www.ace-ej.org/BiolabWeb/Biolabdocs/NIAIDmemoRMLsiting.pdf>, page 4)
 - c. As an attendee at various local informational meetings held by the BUMC, I have observed members of the community repeatedly request documentation on various aspects of the proposed facility. I have yet to see these reasonable questions answered with the appropriate level of disclosure or directness. As a case in point, the community has asked for documentation concerning the nature of the projects that will be studied at the facility. After repeated urging from the community, BUMC reluctantly released the Technical Proposal authored by the Trustees of Boston University and filed with the National Center for Emerging Infectious Diseases and Biodefense. A majority of this document, and virtually all of the relevant information relating to the original inquiry, was blacked out or deleted from the text. The BUMC and the DEIS needs to resolve the Environmental Protection Agency position on environmental justice with it's lack of responsiveness to the repeated requests and concerns of the community.

I thank you for your time and care in reviewing my comments. I look forward to your thorough and unbiased review of the SDEIS.

Sincerely,



Jeff Shearstone
58 Village Way
Brookline, MA 02445

LETTER 89

Jeff Shearstone

BUMC implemented several strategies, outside the NEPA process, to respond to community requests for information on the Boston-NBL. Weekly Breakfast Briefings, supplemented by office hours in various neighborhood locations and attendance at community meetings, provided access and opportunity to receive project information and updates directly from members of the BUMC research and safety and security teams. Information repositories were created at four branches of the Boston Public Library for ease of access to project information; some of these materials were translated into Spanish. The technical proposal for the Boston-NBL, redacted to secure proprietary information, was placed at each of the information repositories. Finally, the website for the Boston-NBL was revised with the goal of responding to community concerns by increasing access to information and providing updates on the project on a more timely basis.

Section 1.76, Section 3.4, and Section 4.11.4 address the Environmental Justice issues raised by the Environmental Protection Agency.

May 16, 2005

Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Dear Ms. Nottingham:

I am writing to comment on the *Supplemental Draft Environmental Impact Statement for the National Emerging Infectious Diseases Laboratory, Boston, MA*. I continue strongly oppose locating a BSL4 laboratory at BioSquare in the South End/Roxbury neighborhood of Boston.

As I stated in my previous letter, I am a resident of the Jamaica Plain neighborhood of Boston as well as a member of the biomedical research community. I have a Ph.D. in Bioengineering, have worked in BL2 laboratories for over 9 years, and currently do postdoctoral work in a laboratory at MIT. I think it is relevant to cite my credentials because I think that the debate around the proposed lab has been shaped by BU as those with scientific truth versus uninformed, irrational scare-mongers.

I continue to have a great deal of concern over the transmission of information from Boston University to the community of concerned citizens asking questions about this lab. I continue to take issue with the way that opposition to this lab has been framed as an opposition to infectious disease research. I am highly in favor of infectious disease research as are all of the individuals opposing the lab that I have spoken to. As many of them are people of color from low-income neighborhoods, they know more than many the importance of finding cures to infectious diseases such as HIV.

Further, given BU's recent withholding of the report of tularemia infection of some of its workers only serves to fortify my feelings of unease and mistrust around their accountability to the community. It cannot go unnoticed that they failed to report these infections during a public comment period for this BSL4 laboratory. If they cannot immediately report a small infection such as this one as they are supposed to, how can I know, and how can the surrounding community know what they will do if there is a release of an even more deadly organism?

While the SDEIS has been provided, we have not been provided with reports on what the concerns raised by the public were and how they were addressed. However, I see that many of the concerns I initially have remain. With specific regard to the SDEIS I have the following comments:

90.1

1. The scope of the Environmental Justice analysis is inadequate. It should look at a larger area that encompasses the parts of Roxbury and Dorchester that are near the lab site. It should recognize that locating the laboratory at BioSquare would locate another undesirable land use in an environmental justice community. It should analyze the cumulative impacts of all the undesirable facilities that are in the area.

90.2

2. The worst case scenario in the SDEIS is continues to be inaccurate and incomplete (for a more complete analysis see Professor Guillemin's critique that was submitted to the

LETTER 90

Dr. Alisha Lilly Sieminski

90.1 The analysis area for the project is determined by where effects are likely to occur. Increasing the size of an analysis area dilutes the effects. "Undesirable land use" is a subjective interpretation as is "undesirable facilities" making this request impossible to fulfill.

90.2 *Bacillus anthracis* is fully capable of replicating itself. Anthrax was chosen as the worst case release simply because, in a dried spore form, it is readily dispersed into the air. In the worst case scenario, a vial containing spores is dropped at the time of a simultaneous failure of the redundant HEPA exhaust filters. The spores are then exhausted into the external environment and dispersed by the prevailing wind.

In practice, anthrax spore preparations that would be used in the Boston-NBL would never be in a dried, milled, and coated (*i.e.*, weaponized) form that is readily aerosolized. Rather, anthrax spores that would be used for challenge experiments would always be in liquid suspension, and therefore the projected numbers of spores that would become aerosolized following a spill is overestimated by at least 3 orders of magnitude. This overestimation gives at least a 1,000-fold margin of safety to the projected numbers of spores that would be released into the environment in the worst case scenario. Furthermore, in contrast to any of the hemorrhagic fever viruses, anthrax spores are resistant to environmental inactivation by sun light and/or dehydration; therefore magnifying the environmental impact of a release as is appropriate for such an analysis.

In order to be transmitted from person to person, one must be directly exposed to infected bodily fluids from patients with end stage disease. There is little scientific evidence to support the contention that infection by this group of viruses occurs by the aerosol route. This lack of evidence supports the argument that an accidental spill of any hemorrhagic fever virus in the Boston-NBL would be completely contained within the facility even with a concomitant failure of the redundant HEPA exhaust filter system.

LETTER 90

Dr. Alisha Lilly Sieminski

Further, accidental laboratory acquired infection by any of the hemorrhagic fever viruses in the BSL-4 laboratory is extremely unlikely. There is no documented case of a laboratory acquired infection in North America after decades of work with these agents under BSL-4 containment. Were a laboratory worker to be potentially infected by an accidental needle stick, that worker would be identified during the decontamination shower as having a puncture in their BSL-4 suit / gloves by their "buddy" (under the two person rule), and would be placed under mandatory clinical observation under infectious disease isolation in the hospital. In the event this individual presented with clinical hemorrhagic fever virus disease, he/she would be under containment and would be treated by medical staff trained to work under containment. Using such procedures, the secondary spread of hemorrhagic fever virus infection, even under primitive field hospital conditions in developing countries is extremely rare. In those instances where there has been documented hospital acquired infection, epidemic community outbreak of disease has not been reported. See Section 4.2.1.1 "Community Safety and Risk – Other Potential Risk Scenarios" in the FEIS.

90.3 See Response to Comment 26.9.

90.4 The NIH had nothing to do with the 1999 plans for BioSquare. The Council of Environmental Quality, in its direction on implementing NEPA, provides the discretion of determining the No Action Alternative in the hands of the federal agency making the proposal. In this instance, the NIH chose to define no action as not building the Boston-NBL so as to provide a benchmark, enabling decision makers to compare the magnitude of environmental effects of the action alternative. See Response to Comment 4.22.

90.5 See Response to Comment 4.15.

90.6 Compliance with the many environmental health and safety regulations and internal policies and procedures is a shared

90.2 Massachusetts MEPA office). There should be an accurate, appropriate, and comprehensive analysis of risk. That analysis should include a worst case scenario report that considers the release of the most virulent organisms that will be in the lab and that cause communicable diseases. Consideration of anthrax, an organism that does not replicate itself, is not enough. More appropriate "worst cases", such as infection by organisms that can be transmitted by infected persons, such as hemorrhagic fever viruses, must be considered. Additionally, as organisms would be transported using common carriers, the FEIS should also analyze the impact of a release when organisms are in transit to the lab.

90.3 3. The possibility of release/infection due to removal from the lab (such as happened with the weaponized anthrax released in this country) must be considered. We are assured that everyone will have complete mental evaluations, but the possibility of mental instability and human error MUST be addressed. I work in a laboratory and see human error and carelessness every day.

90.4 4. NIH must analyze other locations for the laboratory. It is unacceptable and circular reasoning to use the "No Action" alternative, particularly for economic and employment analysis. A more appropriate comparison would be to compare the proposed laboratory with the benefits that would have been derived from the 1999 plans for BioSquare.

90.5 5. NIH must explain how the laboratory will operate without violating the Boston prohibition on using rDNA in the BSL4.

90.6 6. NIH must explain the system of accountability that will be in place - who will check to see if BU is operating the lab according to safety standards? NIH must explain how the public and local agencies will be able to monitor whether the laboratory is being run safely.

90.7 7. NIH must explain whether there will be classified or other confidential research done at the laboratory. While BU publicly claims that there will not be, documents from the NIH web pages, such as the RFA, imply that there may be.

90.8 8. NIH must provide supporting documentation for all the claims made about the benefits of the laboratory. Without the documentation the public will be unable to assess the accuracy of the claims.

90.9 9. NIH should withdraw the DEIS and its grant to BU and prepare a programmatic EIS for its entire biodefense program.

Thank you for the opportunity to comment.

Sincerely,



Dr. Alisha Lilly Sieminski
65 Sedgwick Street, #2
Jamaica Plain, MA 02130

LETTER 90

Dr. Alisha Lilly Sieminski

responsibility. The Principal Investigators, researchers, lab workers, OEHS staff, radiation protection staff and occupational medicine staff are all involved in monitoring compliance. A variety of approaches are taken to monitor compliance. For example, regular lab inspections are conducted by professional safety experts from the Office of Environmental Health and Safety and the Radiation Protection Office. The Lab Safety Committee, Institutional Biosafety Committee and Radiation Safety Committee monitor compliance, review inspection results and address any issues identified. External government agencies provide additional monitoring of compliance. These local, state and federal agencies monitor compliance by conducting inspections, issuing permits, licenses and approvals and if necessary, issuing penalties or even closing down unsafe lab operations. See Table 1-4 for a listing of the relevant regulatory authorities.

90.7 The facility is required to provide support for NIAID-funded research for the period of twenty years. The National Institute of Allergy and Infectious Diseases does not perform classified research and the proposed facility would not perform classified research.

90.8 The Boston-NBL would bring with it direct and indirect economic benefits to both residents and the local economy. First, the project is expected to create 1,300 construction jobs and 660 permanent jobs at all levels. These job estimates are based on BU's past experience as the largest developer of research buildings in the City of Boston, as well as on the specific program and design of the proposed building. During construction, BUMC is committed to working with City agencies to ensure that Boston residents have the opportunity to benefit from the new employment opportunities. Post-construction, it is expected that 37% of the permanent positions created would be held by City of Boston residents.

LETTER 90

Dr. Alisha Lilly Sieminski

90.9 A Programmatic Environmental Impact Statement is not necessary to assess the potential environmental impacts of the various biocontainment facilities proposed to be either constructed by the NIH itself or partly funded by the NIH. The various proposed biocontainment facility projects are not located in the same geographic region, and the proposed projects' potential impacts are neither synergistic nor cumulative. The various projects are not so interrelated or connected that their possible environmental impacts cannot be considered independently. Moreover, the NIH's approval of one project does not commit the agency to approve the other projects. As required by NEPA, the NIH is conducting an environmental review for the various biocontainment facilities.

Bayha, Ryan (NIH/OD/ORS)

From: Nottingham, Valerie (NIH/OD/ORF)
Sent: Tuesday, May 24, 2005 10:58 AM
To: Bayha, Ryan (NIH/OD/ORS)
Subject: FW: BUMC BioContainment Level 4 Lab - Boston, Massachusetts

From: Hsimmonds@aol.com [mailto:Hsimmonds@aol.com]
Sent: Tuesday, May 17, 2005 7:11 PM
To: NIH NEPA Comments
Subject: BUMC BioContainment Level 4 Lab - Boston, Massachusetts

Dear Ms. Nottingham May 17, 2005

To begin with, we incorporate our remarks sent in earlier on the Draft Environmental Impact Statement.

We remain opposed to the siting of the BUMC Bio Containment Level 4 Lab at the Albany Street site and are disillusioned by the process. We feel that our time has been wasted and that there was no true intent to listen to the community. This was confirmed when someone who works for Mayor Menino stated that once the train left the station there was no stopping it. We were further chagrined that Mayor Menino and Governor Romney and most of the other public officials, who supported the project, failed to show up at the public forums to defend their position. And yet the city councilors met privately with the developers in apparent violation of the open meeting laws.

91.1



Why should we bother to continue to plead our case when the decision was already made before the votes were even taken? The results were clearly in, regardless of what the community input was to be. The process was used to camouflage the decision that had already been made. Why waste our time? We should have realized that this "done deal" had occurred when for the first time since the ongoing development for the Bio Square Parcel a proposal was not first presented to the Project Advisory Committee and the abutting neighborhood.

91.2



After reviewing the SDEIS, we were chagrined to see that there were very few changes of substance and that, as the Conservation Law Foundation states, the SDEIS fails to justify why the location near BUMC is better than the alternatives, except to basically say that the scientists want to work near each other and NIH wanted the Level 4 Lab to be near other Level 2 and 3 labs. As the Foundation stated, convenience should not trump analysis.

91.3



Even though BUMC violated the law by not immediately reporting the tularemia exposures, the powers that be continue to place their trust in an untrustworthy institution. This was further demonstrated at the BRA hearing when BU officials continued to emphasize the exemplary safety record of BUMC, even though they knew the tularemia exposures had occurred. They knew that the public did not know

5/24/2005

LETTER 91

Helaine Simmonds, Cinda Stoner

- 91.1 The National Institutes of Health has not yet made its decision regarding the proposed action. The final decision would be issued in a Record of Decision after the publication of the Final Environmental Impact Statement and all consideration would be given to public comments before a decision is made by the NIH.
- 91.2 Justification of the decision would be made in the Record of Decision, not the EIS. NEPA does not require the NIH to select a particular alternative. NEPA requires the NIH to consider the reasonable alternatives to a proposed action, to disclose and analyze the potential environmental effects of the alternatives, to consider fully public comments on the action and its impacts, and to make an informed decision on whether to proceed with a proposed action or an alternative to the proposed action.
- 91.3 See Response to Comment 19.5.

LETTER 91

Helaine Simmonds, Cinda Stoner

91.4 West Nile Virus is contained on the CDC category A, B, C priority pathogens list which includes those infectious agents which are currently of highest priority for study at the Boston-NBL.

91.5 See Response to Comment 4.22.

91.6 Anthrax was chosen for use in the worst case scenario evaluations because the Centers for Disease Control and Prevention determined that second to smallpox (possession is restricted under international agreement), anthrax has the greatest potential for causing public health harm. The 2002 report, *Public Health Assessment of Potential Biological Terrorism Agents* (Rotz, et al. 2002) outlines the overall selection and prioritization process used to determine the biological agents for public health preparedness activities. This report was used as a basis for using anthrax in worst case modeling.

Biological Material Shipment and Transport. The packaging, labeling, and transport of etiologic agents are regulated by 42 CFR 72 (Interstate Shipment of Etiologic Agents); 49 CFR 172 and 173 (U.S. Dept. of Transportation regulations concerning shipment of hazardous materials); 9 CFR 122 (U.S. Dept. of Agriculture [USDA]-Restricted Animal Pathogens), and International Air Transport Association (IATA) rules. In addition, special rules apply for the transport of materials regulated by the U.S. Food and Drug Administration (21 CFR 312.120, Drugs for Investigational Use in Laboratory Research Animals or in Vitro Tests). Recent legislation – the USA PATRIOT Act, and the Public Health Preparedness and Bioterrorism Response Act of 2001 – have further strengthened the regulations controlling transport of certain etiologic agents, referred to as Select Agents, to include controls over possession and use. Boston-NBL will be registered with the Centers for Disease Control and Prevention and the USDA for possession, use, and transport of these agents. A Responsible Official will be designated at Boston-NBL and approved by the regulating agencies to oversee the

91.3 and deliberately chose to conceal it from the public in order not to delay or sidetrack the necessary approvals for this lab.

91.4 Further evidence of their deception is the fact that at the Faneuil Hall hearing, Dr. Klempler misled the public by focusing on the West Nile Virus, which does not even need a Level 4 lab to be researched. It is difficult under these circumstances to trust the "collective wisdom", as he put it, of the people desiring to place the lab at this location.

91.5 Additional evidence of their untrustworthiness is their continuing statement in the DEIS that the "no alternative scenario" would mean that the parcel would remain a parking lot even though for years they had told the PAC and the neighborhood association that they would build a hotel, a garage, and additional Level 2 and 3 labs there. Also, the untrustworthiness of the developers is further demonstrated by their selecting for the BioLab Advisory Group, the so-called community oversight group, numerous individuals who are beholden to the city for development contracts and funding and who have never shown up at any of the meetings that have been held.

91.6 With regard to the SDEIS, the worst case scenario analysis should have dealt with other pathogens besides anthrax, should have dealt with the risk of transporting the material, should have dealt with presentation of an evacuation plan for the community in case of an accident, and should have dealt with the threat of a terrorist attack. How do you expect us to place trust in a plan or individuals who submit such a plan with such glaring omissions. What they did not deal with causes as great a concern, if not greater, as what they chose to present. Their silence will not protect us.

Finally, the Cooperation Agreement with the neighborhood for this parcel should be referenced in the Construction Management Plan Section of the SDEIS.

Thank you,

Helaine Simmonds,
49 East Springfield St. (one block up and three blocks over from the site)
Boston, MA 02118

Cinda Stoner
107 East Brookline St. (directly across the street from the site)
Boston, MA 02118

5/24/2005

LETTER 91

Helaine Simmonds, Cinda Stoner

shipping, receipt, and usage. These individuals are subject to security risk assessments performed by the Federal Bureau of Investigation. Packaging requirements are strictly implemented in accordance with IATA regulations.

There have been no cases of illness attributable to the release of infectious materials during transport, worldwide, although incidents of damage to outer packaging of properly packaged materials have been reported (World Health Organization 2002; U.S. DOT 2001).

The risk to the community surrounding the Boston University and specifically the Boston-NBL from transport of infectious agents or other biologically-derived material is negligible.

Risk of a Terrorist Attack. A scenario evaluating the impact on the community as result of a deliberate release incident was included in the Maximum Possible Risk modeling. See Appendix 12.

Community Evacuation. Local, State and Federal authorities have developed disaster response plans that would be implemented if the Department of Public Health felt the need to declare such an emergency.

BOSTON UNIVERSITY MEDICAL CENTER
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PROJECT TRUST

BOSTON
MEDICAL
CENTER



Boston University
School of Medicine

May 2, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging
Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I am writing to express support for the National Emerging Infectious Diseases
Laboratories (NEIDL) at Boston University Medical Center (BUMC). The
Biosafety Level 4 Laboratories in North America have an excellent safety
record; with more than 77 years of combined operations, there has never been a
community incident or an environmental release.

I am familiar with the design of the proposed laboratory at BUMC and believe
that it is designed, and will be built, using sophisticated and state-of-the-art
safety and security systems. I firmly believe that BUMC has a deep commitment
to ensuring the safety of the laboratory, the researchers, and the community.

A BSL-4 laboratory will provide much needed capacity to study emerging
infectious diseases and will be a central and unique resource for scientists and
researchers throughout the region who are looking for cures and vaccines for
some of the world's deadliest diseases. This laboratory will conduct research on
infectious diseases that threaten the safety and security of our city, of the nation,
and indeed, of the world.

I support BUMC's research efforts and its plans to build the NEIDL.

Sincerely,

Paul R. Skolnik, M.D.
Chief, Section of Infectious Diseases

CENTER FOR HIV/AIDS
CARE AND RESEARCH

100 Brookline Avenue
Boston, MA 02115
Tel: 617-552-3100
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PAUL R. SKOLNIK, M.D.

100 Brookline Avenue
Boston, MA 02115
Tel: 617-552-3100
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www.bumc.bu.edu

LETTER 92

Paul R. Skolnik, M.D.

Bayha, Ryan (NIH/OD/ORS)

From: Nottingham, Valerie (NIH/OD/ORF)
Sent: Tuesday, May 24, 2005 11:01 AM
To: Bayha, Ryan (NIH/OD/ORS)
Subject: FW: Boston University SDEIS for proposed biosafety level-4 laboratory

From: Bill Sloan [mailto:bill.sloan@comcast.net]
Sent: Wednesday, May 18, 2005 4:48 PM
To: NIH NEPA Comments
Subject: Boston University SDEIS for proposed biosafety level-4 laboratory

Comment to *Supplemental Draft Environmental Impact Statement*
National Emerging Infectious Diseases Laboratories

Dear Director:

While the Supplemental Draft Environmental Impact Statement (SDEIS), like the original Final Project Impact Report/Final Environmental Impact Report (FPIR/FEIR), is flawed on many counts, I prefer to focus here on just one issue. The SDEIS relies on superficial speculation and spurious logic to rule out alternative locations for the proposed biosafety level-4 laboratory.

It is disingenuous to define close physical proximity to Harvard's planned Regional Center of Excellence as an absolute requirement for the proposed BU biosafety level-4 laboratory. This reduces the SDEIS conclusion that no more distant site is feasible to mere tautology. In reality, no evidence is presented to bolster the supplemental statement's implication that competent research scientists would be unwilling or incapable of commuting to one of the more rural locations named in this document. The Massachusetts Institute of Technology's Lincoln Laboratory, to name one example, has operated successfully for 54 years near Boston University's proposed alternative site at Tyngsborough.

Compared with Lincoln Laboratory, BU's proposed biosafety level-4 laboratory is even more suitable for a commuting workforce. The FPIR/FEIR explicitly states that continuous time spent in such a biosafety level-4 laboratory is limited by containment requirements to "under four hours a day" (section 5.2, p. 5-4). Furthermore, the workforce needs of the laboratory are not large. While the FPIR/FEIR claims this project will create 1,400 new jobs in Boston (sec. 2.6, p. 2-28), that number is reduced to 660 new jobs, based on an estimate of 3 employees per 1,000 sq. ft., in Appendix 1-30, section 15.7. This ratio in turn is explicitly characterized as not accurate due to containment requirements, which would reduce the actual workforce to a peak density of one employee per 1,000 sq. ft. (sec. 4.1.2, p. 4-2).

By the FPIR/FEIR's own calculations, therefore, no more than 220 employees are anticipated ever to be working at the proposed biosafety level-4 laboratory at any one time. The argument that close physical proximity to a trained workforce prohibits alternative locations is clearly

5/24/2005

LETTER 93

William N. Sloan

- 93.1 As described in Chapter 2, the distance of the Tyngsborough and Peterborough sites from the City of Boston was not the only determining factor in their removal from the universe of sites for location of the facility. Other factors include lack of appropriate zoning; lack of infrastructure and medical trauma facilities; increased costs and lack of efficiencies gained by ability to use existing BSL-2 and BSL-3 laboratories at the BioSquare Research Park; and inefficiencies in personnel costs. MIT's Lincoln Laboratories are not in a remote location, but are located in Lexington, MA, a close-in suburb of Boston.
- 93.2 This comment references data taken from the FPIR/FEIR, which is a document not affiliated with the NIH. The comment is outside the scope of the EIS.

93.1

93.2

spurious. A commuting workforce of this size could easily be accommodated at a location such as Tyngsborough, located as it is near the intersections of two major national highways.

The FPIR/FEIR states in several sections that a more rural location would fail to take advantage of "shared intellectual and capital resources" within the City of Boston (e.g., see Appendix 1-32, sec.18.2 and Appendix 1-38, sec 19.1). The notion that Boston's intellectual capital cannot be exploited successfully at a laboratory located thirty miles away is patently without merit in an age of global outsourcing. Good science today requires frequent cooperation among many researchers located in different nations on several continents. Adequate communication between Boston and a location such as Tyngsborough would constitute neither a technical challenge nor a significant cost impediment.

93.3

The SDEIS argument that the proposed biosafety level-4 laboratory must physically share Boston University's existing capital resources is not only invalid, it is irresponsible. This financial argument would imply that the University is pursuing additional cost savings at the expense of concerns for public safety. All other existing biosafety level-4 laboratories are located outside of densely populated urban cores, including both the CDC facility in suburban Atlanta and the Southwest Foundation for Biomedical Research facility on the periphery of San Antonio. This clearly refutes Boston University's claim that the goals of the NEIDL project, as opposed to those of property developers for example, cannot be met at a location other than downtown Boston. To argue otherwise would be to state that maximizing public safety is not one of the goals of the project.

Public safety is a resource highly valued by the residents of the City of Boston. Public officials would forget at their peril that adequate expenditures are required to maintain that safety. Even the Department of Homeland Security has invested considerable sums in augmenting the safety of Boston's residents. For Boston University to build and operate its proposed biosafety level-4 laboratory in the city core, rather than pay the cost of locating that facility at a more remote and safer site, is like a corporation undertaking to build and operate an industrial plant while accepting no responsibility for mitigating the risks to the local environment. Eventually such costs must be paid, if not by the institution responsible then by the public purse and the public's lives.

93.4

Because the SDEIS has not given serious, thoughtful, and responsible consideration to the alternative locations it proposes, this draft is unacceptable as written. It satisfies neither the goals of the environmental impact review process, nor the requirements of the NEIDL as an agency of the United States Government to pursue the public interest. In lieu of tautological argument, contradictory speculation, and socially irresponsible cost/benefit analysis, the SDEIS requires a scientific demonstration that the NEIDL project goals could not be satisfied at an alternative location such as Tyngsborough. If no such demonstration is forthcoming, both precedent and a reasonable concern for public safety demand that the proposed biosafety level-4 laboratory be relocated outside of the Boston city core.

Thank you for your attention to this matter.

Sincerely,

5/24/2005

LETTER 93

William N. Sloan

- 93.3 Other BSL-4 laboratories, including the Southwest Foundation for Biomedical Research in San Antonio, Texas and the CDC are in heavily populated areas. The demonstrated safety record of BSL-4 laboratories and the worst case scenario presented in Section 4.2.1.1 show that the risk of these facilities is negligible regardless of their locations, urban or rural.
- 93.4 See Response to Comment 4.10.

Page 3 of 3

William N. Sloan
33 Pond Circle
Boston, MA 02130

LETTER 93
William N. Sloan

5/24/2005

Lawrence R. Smith
4 Copley Place, Suite 120
Boston, MA 02116

May 13, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories

Dear Ms. Nottingham:

I am writing to register my support for the Biosafety Lab at Boston University Medical Center (BUMC) in Boston, Massachusetts. I have attended most all of the public meetings and have listened carefully to the presentations from community residents, elected officials, city and state governmental officials and others both for and against this important project. After listening to the various presentations I have concluded that the project should move forward. I base this conclusion on the following points:

1. I feel that this lab is important to continue to advance research that aims to find cures for infectious diseases as they present themselves and in order to provide the best possible means for treatment on an ongoing basis. I have been the beneficiary of the outstanding research that developed medicines that were administered to me when I was under treatment in the not too distant past. In fact my life was saved because of past research efforts in this important area.
2. Boston is one of the leading areas for advance research and development in the biomedical area with many outstanding institutions performing cutting edge research. As such we have a large qualified talent base to staff future work in this important area. What we need are advanced facilities designed to provide a safe laboratory environment with redundant systems and security plans that will ensure the safety of staff and community residents in the adjacent neighborhood areas. It appears that BUMC has designed programs to ensure the latter.
3. The construction of the proposed bio-safety laboratory will have a positive economic impact in the Greater Boston area. 1,300 construction jobs and 660 permanent jobs will be created as the result of this project. BUMC has committed \$1 million to training Boston residents to be lab technicians. The training will be part of the City Lab program. After nine months, the graduates will be able to find meaningful jobs in a laboratory at the medical center or in similar laboratories located

LETTER 94

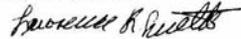
Lawrence R. Smith

BioLab Support Letter - page two

part of the City Lab program. After nine months, the graduates will be able to find meaningful jobs in a laboratory at the medical center or in similar laboratories located in the Boston area for which there is a great demand. The multiplier effect of the economic benefits provided through local employment opportunities will generate dollars that can be recycled in our local communities.

I therefore urge that construction on this important project begin forthwith.

Very Truly Yours,



Lawrence R. Smith

LETTER 94

Lawrence R. Smith

Rec'd 5/16/05 mee

Valerie Nottingham
NIHB13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Dear Ms. Nottingham,

95.1

As a resident of the Greater Boston community, I do not believe that the supplemental environmental impact statement (SDEIS) concerning Boston University's proposed biolab seriously addresses my concerns. It was not prepared by an organization independent of Boston University, which renders it irretrievably flawed. It correctly

95.2

states that the area surrounding this lab faces a "growing challenge of housing affordability," but nowhere does it give a hint as to how such a lab would do other than exacerbate this problem by taking up valuable space. In addition, it gives precious little

95.3

reassurance to those who DO live in the area that a realistic worst case scenario has been imagined or dealt with in any serious fashion.

95.4

It would, of course, be impossible to guarantee immunity to human error in such a project. Human error is inevitable (check out the news on the Big Dig), but when the consequences include possible exposure to deadly, incurable pathogens (e.g., Ebola, anthrax, hemorrhagic fever, plague) any risk is unacceptable.

It is now time to Just Say No.

Sincerely,

Pauline Solomon
104 Oldham Rd.
W. Newton, MA 02465

LETTER 95

Pauline Solomon

95.1 See Response to Comment 1.1.

95.2 See Response to Comment 1.2.

95.3 See Response to Comment 1.3.

95.4 See Response to Comment 1.4.



Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

As representatives of the Massachusetts medical device industry (MassMEDIC), I write in support of the Biosafety Lab also known as the National Emerging Infectious Diseases Laboratory (NEIDL) proposed at Boston University Medical Center (BUMC).

As you are probably aware, biomedical laboratories operate under strict procedures and protocols at BUMC and at many academic and private laboratories throughout the Greater Boston region. This research is done safely and makes important medical contributions to the nation and the world.

MassMEDIC believes that the NEIDL at BUMC will be one of the safest laboratories in the world. I have been briefed on the systems and the design and am familiar with operations in biomedical research laboratories. I am impressed by the building's safety and security features and by the team BUMC has assembled to build this important project.

I look forward to partnering with the NEIDL in any way possible and believe that this laboratory will be an important project for the research community and those interested in finding cures for emerging infectious diseases. We fully support the development of the NEIDL.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Sommer". The signature is fluid and cursive.

Thomas J. Sommer
President
MassMEDIC
715 Albany Street, TW1
Boston, MA 02118

LETTER 96

Thomas J. Sommer

B O S T O N U N I V E R S I T Y M E D I C A L C E N T E R
BOSTON UNIVERSITY SCHOOL OF MEDICINE • SCHOOL OF PUBLIC HEALTH • BOSTON UNIVERSITY GULFMAN SCHOOL OF DENTAL MEDICINE • BOSTON MEDICAL CENTER



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<http://www.bu.edu/genome>



May 3, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I write to you in support of the Biosafety Lab also known as the National Emerging Infectious Diseases Laboratory (NEIDL) proposed at Boston University Medical Center (BUMC).

As you are aware, biomedical research laboratories operate under strict procedures and protocols at BUMC and at other academic and private laboratories throughout the Greater Boston region. This research is done safely and makes important medical contributions to the nation and the world.

I believe that the NEIDL at BUMC will be one of the safest laboratories in the world. I have been briefed on the systems and the design and am familiar with operations in biomedical research laboratories. I am impressed by the building's safety and security features and by the team BUMC has assembled to build this important project.

I should also note that there are some who have incorrectly raised the city of Boston's rDNA regulations, as a reason the laboratory should not be built. This is simply misinformation. rDNA research is conducted in Boston under the Boston Public Health Commission's regulations. On numerous occasions, BUMC authorities have stated that they will do all research in compliance with the Health Commission's guidelines.

This laboratory will be an important project for the research community and those interested in finding cures for emerging infectious diseases and I fully support it.

Sincerely,

Sincerely,

A handwritten signature in black ink that reads "Martin A. Steffen".

Martin A. Steffen, MD, PhD
Asst. Professor
Departments of Genetics & Genomics and Biomedical Engineering
Boston University School of Medicine 715 Albany St., E637
Boston, MA 02118
steffen@bu.edu, 617-414-7935

LETTER 97

Martin A. Steffen, MD, PhD



c/o Boston University Medical Center
715 Albany Street
Boston, MA 02118-2531
phone: 617/414-1888
fax: 617/414-1887
e-mail: estengel@bu.edu

Elizabeth Bell Stengel
Executive Director

May 10, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories

Dear Ms. Nottingham:

On behalf of the Conference of Boston Teaching Hospitals (COBTH), I am writing to support the proposed National Emerging Infectious Disease Laboratory at Boston University Medical Center.

Our member hospitals include a broad spectrum of different institutions, but they come together around a mutual commitment to the unique missions of teaching hospitals: quality patient care, biomedical research, teaching, and community service. The Boston-area Teaching Hospitals are particularly proud of our long-standing in the development of therapies and diagnostic tools in virtually every area of medicine and public health. Research at our institutions has resulted in landmark advances, and these vital discoveries continue every day in laboratories throughout our city.

The proposed laboratory at Boston University Medical Center will be an important element in the continuation of our region's cutting edge research programs. The facility will be part of a national network and will serve as a resource for researchers throughout the country seeking how best to combat emerging and re-emerging infectious diseases. In addition, the location of the proposed laboratory here in Boston will allow collaborations among investigators from many prominent research entities in our region.

We recognize concern among some parties about construction and operation of this Level 4 laboratory in Boston. However, the overall safety record of biomedical and microbiological laboratories is very strong and the record of Level 4 laboratories in North America shows that laboratories of this kind are, in fact, safe. Moreover, the region is lacking a Level 4 Laboratory facility that is essential to conducting research on infectious diseases with the appropriate guidelines and protections in place.

The Conference of Boston Teaching Hospitals supports the National Emerging Infectious Diseases Laboratories and its mission.

Sincerely,

Elizabeth Bell Stengel
Executive Director
Conference of Boston Teaching Hospitals

Beth Israel Deaconess Medical Center • Boston Medical Center • Brigham and Women's Hospital • Cambridge Health Alliance
Caritas Charney Hospital • Caritas St. Elizabeth's Medical Center • Children's Hospital Boston • Dana-Farber Cancer Institute
Faulkner Hospital • Lahey Clinic • Massachusetts Eye and Ear Infirmary • Massachusetts General Hospital
Tufts-New England Medical Center / Floating Hospital for Children • VA Boston Healthcare System

LETTER 98

Elizabeth Bell Stengel



Office of Research
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655-0002
508.856.1572 (office) 508.856.5004 (fax)
john.sullivan@umassmed.edu (e-mail)

John L. Sullivan, M.D.
Professor of Pediatrics
Director, Office of Research

May 3, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

The University of Massachusetts Medical School is writing to express support for the National Emerging Infectious Diseases Laboratories at Boston University Medical Center (BUMC). There is an urgent need in this country to create facilities to conduct research aimed at finding causes, diagnoses and therapeutics for the alarming number of recently emerging and re-emerging infectious diseases.

Our organization would like to comment on two very important issues raised in the document - the appropriateness of the proposed location of the facility and the safety of the proposed Biosafety Level 4 laboratory.

As discussed in the document, prior to making a determination to site the proposed NEIDL facility at the BioSquare Research Park, Boston University undertook an alternatives siting analysis that evaluated existing sites under its control to determine the best location for the facility. The study concluded, and our organization agrees, that the best location for this facility is exactly where it is proposed in the BioSquare Research Park in the City of Boston, MA. BioSquare Research Park is a state of the art medical research park which contains medical research facilities including Biosafety Level 1, 2 and 3 laboratories that the proposed facility will be able to take advantage of. BioSquare Research Park is also located directly across the street from the Boston University Medical Center campus which also houses hospital and medical research facilities and is the largest Level 1 Trauma Center in New England.

We understand that some community members feel that such a facility should be located in a more rural location. We feel strongly that the facility should be located in an urban area which functions as a hub for medical research activities and which has a significant base of resident medical research scientists. Siting the facility in this manner assures that efficiencies are reached in terms in the ability to share research facilities and knowledge through direct collaboration among the various institutions located in the greater Boston area.

In regards to concerns regarding the safety of the proposed facility and in particular, the Biosafety Level 4 laboratory, our organization has no question that the facility will be safe. There are several federal and state programs which require the facility to be constructed and operated at extremely high safety standards. Similar laboratories throughout the United States have operated safely for decades.

LETTER 99

John L. Sullivan, MD

In closing, we urge you to proceed with the funding to construct this much needed national resource at the BioSquare Research Park in Boston.

Sincerely,



John L. Sullivan, MD
Professor of Pediatrics and Molecular Medicine
Director, Office of Research
University of Massachusetts Medical School

LETTER 99

John L. Sullivan, MD

William G. Touret
9 Olive Street
Providence, RI 02906-1309
(401) 861-0419
wtouret@att.net

May 17, 2005

Valerie Nottingham
Division of Environmental Protection
The National Institutes of Health
B13 Rm. 2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: National Emerging Infectious Diseases
Laboratories Facility in Boston, MA

Dear Ms. Nottingham:

I write to submit these comments to the Supplemental Draft EIS in the above-referenced matter. I have reviewed the Draft Environmental Impact Statement (DEIS) and Supplemental Draft Environmental Impact Statement (SDEIS). I also attended the public meeting in this matter at Faneuil Hall in Boston on April 25, 2005.

There are many objectionable aspects to the DEIS and SDEIS. I will address two here relating to the siting of the facility.

100.1



The siting criteria, which require siting the facility on land presently owned or controlled by Boston University (see SDEIS at 2-36 and 2-37), are unreasonable. Land acquisition costs, as a percentage of the total of expenditures for a project such as this, are not material. Typical NIH and other federal government agreements for research to be performed at a facility such as this will permit recovery by BU of indirect research costs, such as those relating to infrastructure and infrastructure maintenance, at a rate of 55%-60% or more of the total value of each research contract. Given the probably hundreds of millions if not billions of dollars worth of research that will be performed at this facility or any facility like it (regardless of location) during its lifetime, the reasonably foreseeable monies available for land acquisition and property development -- even when reduced to their present value -- are essentially unlimited and thus should not be treated as a limiting factor. Nor, for that matter, for the same reason, should any other financial-based factor be treated as limiting -- the reasonably foreseeable funds are simply too huge in amount.

100.2



My second objection concerns the evaluation or so-called "worst-case scenario risk assessment" of various threats, at pages 4-3 through 4-14. The hypothetical anthrax

LETTER 100

William G. Touret

100.1 This is not a research grant, it is construction grant. The 55% or 60% stated in comment for research grant does not pay for the construction of a facility but for the operation support as it relates to the specific research grant.

Valerie Nottingham
May 17, 2005
Page Two

100.2 example is insufficient because, to my understanding, anthrax is not infectious -- one who has anthrax cannot spread it to another merely by human contact. To the contrary, however, it is reasonably foreseeable that the proposed facility will deal with infectious agents that are presently unknown to man, and whose properties may be entirely unlike and more severe than the properties of those infectious diseases and other substances like anthrax with which mankind is presently familiar.

For example, imagine an infectious disease with a five-day incubation period, during which a carrier could infect others by merely breathing the air in the same room as others not infected, or by touching others. In a densely populated area such as Boston, anyone in the facility who unknowingly were exposed to such a disease could spread it to others outside the facility, after their work period ended, for five days or more without knowing it. By the time the alarm sounded, at least five days after the initial infection, an epidemic could have spread throughout the Boston area, east coast, and further. In a remotely sited area, however, such a catastrophe would be more likely to be contained and avoided.

100.3 The National Environmental Policy Act (NEPA) sets forth, in the CEQ regulations, an exceedingly broad definition of the potential "effects" that an EIS is to evaluate. 40 CFR 1508.8. Since it is reasonably foreseeable that the proposed facility will deal with presently unknown diseases and other substances, with presently unknown properties, it is impossible to evaluate the possible adverse effects on the human environment from research involving those presently unknown diseases and other substances. Siting the proposed facility in a densely-populated urban center would ensure the maximum negative impact in the shortest period of time upon the human environment from release of a presently unknown disease or other substance with catastrophic properties as I have described above. Such a result is plainly inconsistent with NEPA's requirement that reasonable alternatives be considered and adopted. The DEIS and SDEIS fail materially to comply with NEPA in these respects.

I agree with those who urge that we need research facilities such as this. I must join those, however, who insist that facilities like this be sited in more remote areas, to protect against the reasonably foreseeable and truly horrific environmental effects that easily could occur under scenarios like the one I have described above.

Thank you for your consideration.

Very truly yours,



William G. Touret
By email to nihnepa@mail.nih.gov and first-class mail

LETTER 100

William G. Touret

100.2 See Response to Comment 78.2.

100.3 The EIS addresses fully all the reasonably foreseeable environmental effects of the proposed action, including the possible impacts of highly dangerous and infectious agents in an urban residential area. See Chapter 4 of the FEIS.

B O S T O N U N I V E R S I T Y M E D I C A L C E N T E R
BOSTON UNIVERSITY MEDICAL CENTER • 700 STATE STREET • BOSTON, MASSACHUSETTS 02118 • TEL: 617-635-5000 • FAX: 617-635-5000



Boston University
Goldman School of
Dental Medicine

Department of
Periodontology
and Oral Biology

750 Albany Street, Suite W-200
Boston, Massachusetts 02118-7500
617-635-5242
617-635-4315x

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

May 3, 2005

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious
Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I am writing to express support for the National Emerging Infectious Diseases
Laboratories at Boston University Medical Center (BUMC).

The Biosafety Level 4 Laboratories in North America have a very good safety record.
With more than 77 years of combined operations, there has never been a community
incident or an environmental release.

I am familiar with the design of the proposed laboratory at BUMC and believe that it is
being designed and built using some of the most sophisticated and state-of-the-art safety
and security systems. I firmly believe that BUMC has a deep commitment to ensuring the
safety of the laboratory, the researchers and the community.

A BSL-4 laboratory will provide much needed capacity to study emerging infectious
diseases and will be very beneficial for scientists and researchers throughout the region
who are looking for cures and vaccines for some of the world's deadliest diseases. This
laboratory will safely conduct research on infectious diseases that threaten the safety and
security of our city, of the nation and indeed, of the world.

I support BUMC's research efforts and its plans to build the NEIDL.

Sincerely,

A handwritten signature in black ink that reads "Philip C. Trackman".

Philip C. Trackman, Ph.D.
Professor

LETTER 101

Philip C. Trackman, Ph.D.



Tufts University

School of Veterinary Medicine
Department of Biomedical Sciences
Division of Infectious Diseases

May 2, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I write to you in support of the Biosafety Lab also known as the National Emerging Infectious Diseases Laboratory (NEIDL) proposed at Boston University Medical Center (BUMC).

As you are aware, biomedical research laboratories operate under strict procedures and protocols at BUMC and at other academic and private laboratories throughout the Greater Boston region. This research is done safely and makes important medical contributions to the nation and the world.

I believe that the NEIDL at BUMC will be one of the safest laboratories in the world. I have been briefed on the systems and the design and am familiar with operations in biomedical research laboratories. I am impressed by the building's safety and security features and by the team BUMC has assembled to build this important project.

I should also note that there are some who have incorrectly raised the city of Boston's rDNA regulations, as a reason the laboratory should not be built. This is simply misinformation. rDNA research is conducted in Boston under the Boston Public Health Commission's regulations. On numerous occasions, BUMC authorities have stated that they will do all research in compliance with the Health Commission's guidelines.

This laboratory will be an important project for the research community and those interested in finding cures for emerging infectious diseases and I fully support it.

Sincerely,

Saul Tzipori, DVM, PhD, DSc
Distinguished Professor of Microbiology/Infectious Diseases
Agnes Varis University Chair in Science and Society
Director, Division of Infectious Diseases

LETTER 102

Saul Tzipori, DVM, PhD, DSc

B O S T O N U N I V E R S I T Y M E D I C A L C E N T E R
100 EAST NEWTON STREET, SUITE 107, BOSTON, MASSACHUSETTS 02118-2545 • BOSTON UNIVERSITY MEDICAL CENTER • BOSTON, MASSACHUSETTS



Boston University
Goldman School of
Dental Medicine

Department of
Periodontology
and Oral Biology

100 East Newton Street, Suite 107
Boston, Massachusetts 02118-2545
617-638-4571 tel
617-638-4798 fax

May 2, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious
Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I am writing to express support for the National Emerging Infectious Diseases Laboratories at
Boston University Medical Center (BUMC).

The Biosafety Level 4 Laboratories in North America have a very good safety record. With
more than 77 years of combined operations, there has never been a community incident or an
environmental release.

I am familiar with the design of the proposed laboratory at BUMC and believe that it is being
designed and built using some of the most sophisticated and state-of-the-art safety and security
systems. I firmly believe that BUMC has a deep commitment to ensuring the safety of the
laboratory, the researchers and the community.

A BSL-4 laboratory will provide much needed capacity to study emerging infectious diseases
and will be very beneficial for scientists and researchers throughout the region who are looking
for cures and vaccines for some of the world's deadliest diseases. This laboratory will safely
conduct research on infectious diseases that threaten the safety and security of our city, of the
nation and indeed, of the world.

I support BUMC's research efforts and its plans to build the NEIDL.

Sincerely,
Handwritten signature of Thomas E. Van Dyke.

Thomas E. Van Dyke, DDS, PhD
Professor

LETTER 103

Thomas E. Van Dyke, DDS, PhD

LETTER 104

Gregory Vigilanti, PhD

Nottingham, Valerie (NIH/OD/ORF)

From: Gregory Vigilanti [gviglian@bu.edu]
Sent: Monday, May 02, 2005 4:21 PM
To: NIH NEPA Comments
Subject: BSL4 lab

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I am writing to express support for the National Emerging Infectious Diseases Laboratories at Boston University Medical Center (BUMC).

The Biosafety Level 4 Laboratories in North America have a very good safety record. With more than 77 years of combined operations, there has never been a community incident or an environmental release.

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I fully support BUMC's research efforts and its plans to build the NEIDL.

Sincerely,

Gregory Vigilanti, PhD
Associate Professor of Microbiology

Bayha, Ryan (NIH/OD/ORS)

From: Nottingham, Valerie (NIH/OD/ORF)
Sent: Tuesday, May 24, 2005 11:01 AM
To: Bayha, Ryan (NIH/OD/ORS)
Subject: FW: Comment on SDEIS of Boston University Lab

From: Michael Bishop [mailto:mxbishop@mindspring.com]
Sent: Wednesday, May 18, 2005 6:42 PM
To: NIH NEPA Comments
Subject: Comment on SDEIS of Boston University Lab

Watertown Citizens for Environmental Safety
Post Office Box 1194
Watertown, MA 02471-1194

May 17, 2005

NIH
9000 Rockville Pike
Bethesda, MD 20892
nihnepa@mail.nih.gov

To Whom It May Concern:

As residents of Watertown, Massachusetts, a community which lies adjacent to Boston, we have grave concerns about Boston University's proposed facility discussed in this report. In the event of an accident, the impacts upon the entire metropolitan area could be devastating. For this reason, and the points that follow, Watertown Citizens for Environmental Safety opposes locating the lab in the South End/Roxbury.

The SDEIS that has been submitted – like the DEIS before it – is in our view inadequate in that it does not cover the real and serious possibility of such accidents, as well as other required analyses. The supplemental DEIS also fails to account for the following points:

- 1) The "worst case scenario" fails to account for the potentially disastrous impacts on the surrounding community of a release of deadly and incurable viruses and toxins from the proposed laboratory besides anthrax.
- 2) The Threat and Vulnerability Analysis of the laboratory must be made available to the public. It is unacceptable for NIH to perform the analysis and then refuse to release it to those who will be impacted by a release into the community. We have a right to know about the potential threats to the laboratory, their potential impact, and how BU intends to mitigate them.

5/24/2005

LETTER 105

Watertown Citizens for Environmental Safety

105.1 See Response to Comment 78.2.

105.2 See Appendix 11, Executive Summary Threat and Vulnerability Analysis.

105.1

105.2

LETTER 105

Watertown Citizens for Environmental Safety

105.3 See Response to Comment 19.2.

105.4 As stated in Section 2.2.5.1 of the FEIS, any research that may be conducted in the proposed Boston-NBL would comply with all applicable Federal, state and local laws, including laws governing the use of recombinant DNA. It is not NIH's position that research that may be performed in the proposed Boston-NBL is exempt from municipal legislation.

105.5 See Response to Comment 4.7.

105.6 A Programmatic Environmental Impact Statement is not necessary to assess the potential environmental impacts of the various biocontainment facilities proposed to be either constructed by the NIH itself or partly funded by the NIH. The various proposed biocontainment facility projects are not located in the same geographic region, and the proposed projects' potential impacts are neither synergistic nor cumulative. The various projects are not so interrelated or connected that their possible environmental impacts cannot be considered independently. Moreover, the NIH's approval of one project does not commit the agency to approve the other projects. As required by NEPA, the NIH is conducting an environmental review for the various biocontainment facilities.

105.3

3) There should be an analysis of alternative locations for the laboratory. On what basis was the decision made to use the current location? BU has yet to provide a satisfactory answer to this most pressing question.

105.4

4) How will the laboratory comply with the city of Boston's ban on rDNA research in a BSL4 lab? Is it the position of the NIH that the type of research to be undertaken in the proposed lab supplants local legislation?

105.5

5) To date, there has been no analysis of a release of an agent within Boston during transport to the lab. Even the current premier labs such as Fort Detrick have had lapses in safety procedures, and there are documented cases of vehicular accidents involving commercial companies transporting these dangerous biological agents.

105.6

We were encouraged in early February when the NIH elected to release an SDEIS. At the same time, we are extremely disappointed that the SDEIS fails to account for some of the same pressing issues as the DEIS. In brief, the potential dangers from the bioterrorism lead us to believe that NIH should withdraw the NIH grant to BU, and prepare a programmatic EIS for its entire biodefense program.

Thank you very much for the opportunity to comment.

Sincerely,
Michael Bishop
WCES Planning Committee Member



Local 103
OF GREATER
BOSTON

International Brotherhood of Electrical Worker.

256 FREEPORT STREET • DORCHESTER, MASSACHUSETTS 0212
TELEPHONE: (617) 436-3710 FAX: (617) 436-3299
TOLL FREE: (800) 218-0075
WEBSITE: www.ibew103.com

May 12, 2005

Ms. Valerie Nottingham
NIH B13 / 2W64
9000 Rockville Pike
Bethesda, MD 20892

RE: Supplemental Draft Environmental Impact
Statement-National Emerging Infectious Diseases Laboratories

Dear Ms. Nottingham:

I write to you in support of the Bio-Safety Lab at Boston University Medical Center.

It is after attending countless neighborhood / citywide meetings that I come to my conclusion that this project is beneficial not only to the city of Boston, but to the state of Massachusetts and the nation as a whole.

It is a scary reality that we now need such facilities, but a reality all the same. The thought of an outbreak without a cure far outweighs any threat of accidental release and Boston University has proven to me, that this facility will be built and run safely with redundant systems and security procedures designed to keep us all safe.

This project will also create 1,300 construction jobs as well as 660 permanent jobs at a variety of skill levels. This will not only benefit our local economy short term, but long term as well by creating a new industry for generations to come.

Sincerely,

Gary W. Walker
Business Agent
Local 103, I.B.E.W.
Bio Lab Advisory Group

GWW/af

LETTER 106

Gary W. Walker

Rec'd 5/16/05 - mac

LETTER 107
Beth Walsh

Nottingham, Valerie (NIH/OD/ORF)

From: Beth Walsh [beth_walsh@yahoo.com]
Sent: Wednesday, May 11, 2005 11:33 AM
To: NIH NEPA Comments
Subject: BUMC

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories

Dear Ms. Nottingham:

Our community needs projects like the proposed biosafety laboratory. I have worked for many months in favor of this project.

The biosafety lab will create jobs. Boston University Medical Center (BUMC) has said that 1300 construction jobs and 660 permanent jobs will be created. Our community needs these jobs.

In addition, BUMC has committed \$1 million to training Boston residents to be lab technicians. The training will be part of the City Lab program. After nine months, the graduates are able to find meaningful jobs at a laboratory at the medical center or in a similar laboratory in the City. This will be a great partnership and illustrates BUMC's strong commitment to our community.

I support the Biosafety Lab.

Beth Walsh
Kenmore Community and Economic Development Corp.

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<http://mail.yahoo.com>

5/11/2005



CELIA WCISLO
President

FRANK J. BORGES
Secretary-Treasurer

JERRY FISHBEIN
Regional Vice President

LOCAL 2020
SERVICE EMPLOYEES
INTERNATIONAL UNION
AFL-CIO, CLC

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Fax: (617) 541-6839

Regional Office
Cape Cod/Southeastern MA
94 Main Street
Hyannis, MA 02601
(508) 771-1416
Fax: (508) 790-5938

April 26, 2005

U.S. National Institutes of Health
9000 Markville Pike
Bethesda, Maryland 02892

To whom it may concern:

At our April Executive Board meeting, the Board voted unanimously that it cannot support the Bio-terrorism Laboratory being built near Boston Medical Center. Our members at BMC requested that we take this action to protect both the community and the patients we serve.

In particular, the recent handling of a tularemia exposure at a Boston University Research laboratory, and the failure to act promptly and appropriately to that accident, made employees skeptical about the safety of such a lab in such a densely populated urban area.

We would like to formally go on record in opposition to the siting of this lab.

Sincerely,

Celia Wcislo
President
For the Executive Board of SEIU 2020

Rec'd 5/16/05 N

LETTER 108

Celia Wcislo

108.1 See Response to Comment 19.5.

108.1

May 6, 2005

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

RE: Supplemental Draft Environmental Impact Statement-National
Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I write to you in support of the Biosafety Lab also known as the National Emerging Infectious Diseases Laboratory (NEIDL) proposed at Boston University Medical Center (BUMC).

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A BSL-4 laboratory will provide much needed capacity to study emerging infectious diseases and will be very beneficial for scientists and researchers throughout the region who are looking for cures and vaccines for some of the world's deadliest diseases. This laboratory will safely conduct research on infectious diseases that threaten the safety and security of our city, of the nation and indeed, of the world.

This laboratory will be an important project for the research community and those interested in finding cures for emerging infectious diseases and I fully support it.

Sincerely,

Donald A. Weiner, M.D.
Professor of Medicine
Boston University School of Medicine

DAW/jf
cc: file

LETTER 109

Donald A. Weiner, M.D.

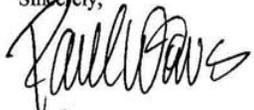
Valerie Nottingham
NIHB13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Dear Ms. Nottingham,

- 110.1 As a resident of the Greater Boston community, I do not believe that the supplemental environmental impact statement (SDEIS) concerning Boston University's proposed biolab seriously addresses my concerns. It was not prepared by an organization independent of Boston University, which renders it irretrievably flawed. It correctly states that the area surrounding this lab faces a "growing challenge of housing affordability," but nowhere does it give a hint as to how such a lab would do other than exacerbate this problem by taking up valuable space. In addition, it gives precious little reassurance to those who DO live in the area that a realistic worst case scenario has been imagined or dealt with in any serious fashion.
- 110.2
- 110.3
- 110.4 It would, of course, be impossible to guarantee immunity to human error in such a project. Human error is inevitable (check out the news on the Big Dig), but when the consequences include possible exposure to deadly, incurable pathogens (e.g., Ebola, anthrax, hemorrhagic fever, plague) any risk is unacceptable.

It is now time to Just Say No.

Sincerely,



PAUL WIERS
10 CLAFIN RD.
BROOKLINE, MA.
02445

LETTER 110

Paul Wiers

- 110.1 See Response to Comment 1.1.
- 110.2 See Response to Comment 1.2.
- 110.3 See Response to Comment 1.3.
- 110.4 See Response to Comment 1.4.

Bayha, Ryan (NIH/OD/ORS)

From: Nottingham, Valerie (NIH/OD/ORF)
Sent: Tuesday, May 24, 2005 11:00 AM
To: Bayha, Ryan (NIH/OD/ORS)
Subject: FW: Comments on SDEIS draft: BU Bioterrorism Lab

-----Original Message-----

From: James in Cambridge [mailto:tompaine@hotmail.com]
Sent: Wednesday, May 18, 2005 4:47 PM
To: NIH NEPA Comments
Subject: Comments on SDEIS draft: BU Bioterrorism Lab

To: National Institutes of Health

From: James Williamson
17 Perry Street
Cambridge, MA 02139

RE: SDEIS on locating BU's Bioterrorism Lab (South End/Roxbury)

To Whom it May Concern:

I oppose locating the BU bioterrorism lab in the middle of a densely populated urban center in the South End/Roxbury. This is extremely reckless and unwarranted.

Other options must be carefully considered.

I am especially concerned about what appears to be a cynical placement of the lab in a neighborhood where African-Americans constitute a significant proportion of residents and have been traditionally more vulnerable to arbitrary and hazardous siting decisions by the wealthy and powerful.

What would be the response were this lab to be proposed for the wealthy, predominantly white, Boston suburb of Wellesley, Massachusetts?

Any impact statement should include, of course, a robust examination of worst case scenarios that include potential terrorist attack, all materials present in the proposed lab, hazardous releases during transport, etc....

All information relevant to a thorough evaluation of safety and siting considerations must be made available to the public, so we, and our elected representatives, can fully judge the wisdom of this, or any other, proposal.

Finally, with major health problems afflicting many of the people who live in our country due to vast inequality, low incomes and an increasingly for-profit health care system, public health priorities should not be skewed to feed an unwarranted and misplaced war-system based on lies which is only making us LESS SAFE rather than more.

Thank you for your careful and conscientious consideration of these and all other issues.

Sincerely, James Williamson
17 Perry Street
Cambridge, MA 02139

LETTER 111

James Williamson

111.1 See Responses to Comments 4.5 and 19.2.

111.2 The federal funding that would be used for the proposed facility is earmarked for biotechnology research not direct public health care.

111.1

111.2

April 25, 2005

Valerie Nottingham
NIHB13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Dear Ms. Nottingham,

112.1 As a resident of the Greater Boston community, I do not believe that the supplemental environmental impact statement (SDEIS) concerning Boston University's proposed biolab seriously addresses my concerns. It was not prepared by an organization independent of Boston University, which renders it irretrievably flawed. It correctly states that the area surrounding this lab faces a "growing challenge of housing affordability," but nowhere does it give a hint as to how such a lab would do other than exacerbate this problem by taking up valuable space. In addition, it gives precious little reassurance to those who DO live in the area that a realistic worst case scenario has been imagined or dealt with in any serious fashion.

112.2 It would, of course, be impossible to guarantee immunity to human error in such a project. Human error is inevitable (check out the news on the Big Dig), but when the consequences include possible exposure to deadly, incurable pathogens (e.g., Ebola, anthrax, hemorrhagic fever, plague) any risk is unacceptable.

It is now time to Just Say No.

Sincerely,

*Dr. Nancy Lee Wood
74 Purchase Street
Taunton, MA 02780*

LETTER 112

Dr. Nancy Lee Wood

112.1 See Response to Comment 1.1.

112.2 See Response to Comment 1.2.

112.3 See Response to Comment 1.3.

112.4 See Response to Comment 1.4.

LETTER 113

Linda Woodbury

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

**Re: Supplemental Draft Environmental Impact Statement-National Emerging
Infectious Diseases Laboratories**

Dear Ms. Nottingham:

I write to you in support of the Biosafety Lab at BUMC.

When I first heard about the laboratory, I must admit I was a bit apprehensive. However, the staff at Boston University Medical Center took the time to address my concerns and answer all my questions about the project.

I feel that this lab is important to find cures for infectious diseases. We need to have the appropriate facilities to do this important research. I believe that this lab will be built safely and that the redundant systems and the security plans will ensure that we are all safe.

Also, the development of this laboratory will create 1,300 construction jobs and 660 permanent jobs—jobs at all levels. This lab will have a positive economic impact at all levels in our community.

Sincerely,



LETTER 114

Vassilis I. Zannis

Nottingham, Valerie (NIH/OD/ORF)

From: Vassilis I. Zannis [vzannis@bu.edu]
Sent: Tuesday, May 03, 2005 3:56 PM
To: NIH NEPA Comments
Cc: kiempner@bu.edu
Subject: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Ms. Valerie Nottingham
NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

I write to you in support of the Biosafety Lab also known as the National Emerging Infectious Diseases Laboratory (NEIDL) proposed at Boston University Medical Center (BUMC).

As you are aware, biomedical research laboratories operate under strict procedures and protocols at BUMC and at other academic and private laboratories throughout the Greater Boston region. This research is done safely and makes important medical contributions to the nation and the world.

I believe that the NEIDL at BUMC will be one of the safest laboratories in the world. I have been briefed on the systems and the design and am familiar with operations in biomedical research laboratories. I am impressed by the building's safety and security features and by the team BUMC has assembled to build this important project.

I should also note that there are some who have incorrectly raised the city of Boston's rDNA regulations, as a reason the laboratory should not be built. This is simply misinformation. rDNA research is conducted in Boston under the Boston Public Health Commission's regulations. On numerous occasions, BUMC authorities have stated that they will do all research in compliance with the Health Commission's guidelines.

This laboratory will be an important project for the research community and those interested in finding cures for emerging infectious diseases and I fully support it.

Sincerely,

Vassilis I. Zannis
Professor, Medicine/Biochemistry
Director, Molecular Genetics

Section of Molecular Genetics
Boston University School of Medicine
715 Albany Street, W-909
Boston, MA 02118-2294
T: 617/638-5085
E: 617/638-8141

5/4/2005



Boston University
School of Medicine

Evans Biomedical Research Center (EBRC)

650 Albany Street, 6th Floor
Boston, MA 02118-2393
Tel: 617 414 5282
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May 3, 2005

Ms. Valerie Nottingham

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NIH B13/2W64
9000 Rockville Pike
Bethesda, MD 20892

Re: Supplemental Draft Environmental Impact Statement-National
Emerging Infectious Diseases Laboratories (NEIDL)

Dear Ms. Nottingham:

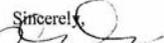
I am writing to express support for the National Emerging Infectious
Diseases Laboratories at Boston University Medical Center (BUMC).

The Biosafety Level 4 Laboratories in North America have a very good
safety record. With more than 77 years of combined operations, there has
never been a community incident or an environmental release.

I am familiar with the design of the proposed laboratory at BUMC and
believe that it is being designed and built using some of the most
sophisticated and state-of-the-art safety and security systems. I firmly
believe that BUMC has a deep commitment to ensuring the safety of the
laboratory, the researchers and the community.

A BSL-4 laboratory will provide much needed capacity to study emerging
infectious diseases and will be very beneficial for scientists and
researchers throughout the region who are looking for cures and vaccines
for some of the world's deadliest diseases. This laboratory will safely
conduct research on infectious diseases that threaten the safety and
security of our city, of the nation and indeed, of the world.

I support BUMC's research efforts and its plans to build the NEIDL.

Sincerely,

Zhihui Zhao M.D., Ph.D.
650 Albany St
Boston University Medical Center
Boston MA 02118

LETTER 115

Zhihui Zhao M.D., Ph.D.

1. Evans Biomedical Research Center (EBRC)
2. Boston University Medical Center (BUMC)
3. National Emerging Infectious Diseases Laboratories (NEIDL)
4. Boston University School of Medicine (BUSM)
5. Boston University School of Public Health (BUSPH)