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National Institutes of Health Public Comment Meeting on the Supplemental Draft EIS for the National Emerging Infectious Diseases Laboratory Meeting

Jamie Fay: Good evening, and welcome to historic Faneuil Hall. My name is Jamie Fay, and I'm president of Fort Point Associates, an environmental consulting and urban planning firm located here in Boston. Tonight we're here to give you a brief overview of the proposed National Emerging and Infectious Diseases Laboratory, and to listen to your thoughts and concerns regarding the Supplemental Draft Environmental Impact Statement filed for the project under the National Environmental Policy Act Review Process, also known as NEPA. I would also like to remind everyone that a Spanish translation service is available, and headphones may be obtained in the rear of the room.

With me here tonight are Dr. Mark Klempner, Associate Provost for Research, who will discuss the purpose and need for the facility, and Kevin Touhey, Executive Director of Operations and Public Safety, who will discuss the safety and security features of the building. Together, we will provide you with a brief summary of the NEPA process, an overview of the project, and then provide an extensive opportunity for comment.

I would like to remind everyone that this forum is not a debate or panel discussion. The purpose of the meeting is to simply hear comments on the supplemental draft EIS from the public, and we ask for your cooperation in providing everyone the opportunity to speak and be heard. The meeting is being transcribed, so please be sure to state your name and address clearly for the record. We will ask you to be as concise as you can be, so that everyone can have an opportunity to participate.

The building does close at 9:00 p.m., and to meet this deadline we'll have whoever is in line to speak at 8:45, will be allowed to speak, but that will be the end.

Let me begin by giving you a summary of the NEPA review process, an explanation of where we are, and a description of the next steps in this process.

The National Institutes of Health, which is part of the Department of Health and Human Services, has funded the proposed project. The National Environmental Policy Act requires that all major federal actions with potential for significantly effecting the human environment, be reviewed and evaluated prior to final action by the federal government. In the case of this project, the funding provided by the National Institutes of Health, or NIH, is considered to be a major federal action. Valerie Nottingham, Chief of the Environmental Quality branch of the NIH, is here with us tonight to hear your comments.

The goals of NEPA are to provide full disclosure of any environmental impacts; to consider reasonable alternatives that would avoid and minimize impacts, and to encourage public participation.

Last January, the NEPA process commenced with the publication of a Notice of

Intent to prepare an Environmental Impact Statement. Public hearing on the scope of the EIS was held on February 17 of 2004. Based on the oral and written comments received during the scoping process, a draft Environmental Impact Statement was prepared. This document was filed with the EPA and noticed in the Federal Register last October. The public hearing that many of you came to, was held on the draft EIS in November of 2004. Based on the comments received during the comment period, NIH decided to prepare a Supplemental Environmental Impact Statement. The availability of the supplemental draft EIS was noticed in the Federal Register on April 1st of 2005, and tonight we're holding a public meeting to solicit oral comments on the document.

The NEPA process allows for consideration of a broad range of social, economic and environmental concerns to be evaluated. The Supplemental Draft EIS addresses these concerns in detail. Tonight, we would like to hear your thoughts and comments about the document. Written comments may also be sent to Valerie Nottingham by mail or e-mail at the address listed in the handout. I hope all of you have had a chance to pick up a handout, if not, there should be more at the back with the address to send comments to Valerie Nottingham through the end of May 18, 2005.

Following the close of comments on the supplemental draft EIS, a final EIS will be prepared. All comments on the supplemental will be included in the final EIS when it's published this summer. Following the review of the final EIS, a Record of Decision will be issued by NIH on the proposed project.

The Supplemental DIS provides greater detail on a number of issues in response to comments filed on the draft EIS. In particular, the document provides a discussion of alternative sites for the facility, expands the area evaluated for environmental justice issues, and provides more detail on the cumulative effects of this project in concert with other planned development projects.

With that brief overview of the NEPA process, we'd like to provide you with a description of the project.

For those who may not be familiar with the project, the proposed building is located on Albany Street in Boston's South End. The building is cited on the Boston University medical campus near the Southeast Expressway.

The proposed building is shown on this site plan as Building F, and is to be constructed within the Phase II expansion area of the Biosquare Research Park. The Biosquare Research Park is the City of Boston's only research park dedicated to the biological sciences. The park has five buildings completed or under construction, with an additional parking garage to be commenced shortly.

The [Needle] Project is being developed to provide a state of the art facility for medical research on drugs, vaccines and diagnostics for infectious diseases. The facility will

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be owned, operated and managed by the Boston University Medical Center. This slide depicts the current design for the building, which reflects the cutting-edge research going on inside the building, while maintaining the rigorous structural building systems and security measures required for its operation. The building will be seven stories high, plus a penthouse. The building will be set back 150 feet off Albany Street to provide for a secure perimeter. The building will house 195,000 square feet of research space, administrative space, and support space. The total cost of the project is projected to be $178 million dollars. The NIH has awarded a grant of $128 million for this facility, and Boston University and Boston Medical Center will each provide an additional $25 million in funding.

With that brief overview, I'd like to turn it over to Dr. Mark Klempner to describe the important research goals for this endeavor.

Mark Klempner: Thanks Jamie, and thank you all for coming. One of the most dynamic areas in medicine are infectious diseases. And the reason that this area is so dynamic is that it involves the interaction of two entities: human beings and infectious agents, and these are constantly evolving, and as a result of that, we come and encounter infectious agents to which we've never seen, or we have no immunity against, and it is these infectious agents which cause more suffering and more deaths across the world than any other type of medical conditions that we're aware of.

Shown on this slide are three types of infectious diseases, three general categories of infectious diseases, to which this research institute will be dedicated. They include some newly emerging infectious diseases. Shown here in a slide that was put together by the Director of the National Institute of Allergy and Infectious Disease, Dr. Anthony Fauci, and in these dots over here, we see some newly emerging infectious diseases. And you can't pick up the newspaper without recognizing some of these, such as SARS, and West Nile Virus, and many other newly emerging infectious diseases.

In addition to these, there are some reemerging infectious diseases like influenza. We see new strains of influenza, new ability of influenza to cross species barriers, and we are greatly vulnerable. And the WHO has recently listed Avian Influenza as one of the greatest risks for a huge pandemic of disease around the world.

We also are aware, through events that happened in October and November of 2001, that there are infectious agents that can be used as agent of terror, and all three of those type of infectious diseases are the goals to create mitigating factors, vaccines, treatments, and understand these diseases so that we can protect the American public, and translate that research for protections to people all over the world.

I'd like to just share with you one example, and some consequences of that example. West Nile Virus is a virus that is present in Africa, was not present in the United States until the first bird was noticed to die in 1999. In a matter of four short years, that one bird that was originally found in Long Island, that virus spread all across America, and all of these now are,

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there are no blue and red states here, they were all blue states, because they all became infected and we see West Nile Virus throughout the United States now. And in that four year period, there were about 20,000 cases of West Nile Virus, there were about 600 deaths, and economically, the toll has been enormous.

We are now needing to test every single unit of blood that you donate to be transfused in the United States for West Nile Virus, because it's one of the viruses that can be transmitted and can be lethal, especially to people who are immuno-compromised, like transplant recipients. So there is a huge human cost, a huge animal cost, and there is a huge economic cost when a new emerging infectious disease does not have a good diagnostic, a good vaccine, or a good treatment.

We know the path to follow in order to address these kinds of newly emerging and reemerging infectious diseases, and it is to combine the brain power of a city like Boston, and the other many academic institutions with which we'll work, with that of industry up here, in order to come out at the end of this pipeline with new vaccines, new therapies, and new diagnostics. You all are the beneficiaries of this kind of research, largely funded by the National Institutes of Health, to do this academic part of the work, and then to partner with industry in order to reach the successful goals.

In order to make a more coordinated national effort to combat these newly emerging infectious diseases and reemerging infectious diseases, a network has been set up under the auspices of the National Institutes of Health, and the National Institute of Allergy and Infectious Diseases, and this network has several components. It has one component called Regional Centers of Excellence, one of them located in each of the public health service regions of the United States, and the one that is in Region I, which is what public health service region we're in, is led by Harvard University, of which all of the other universities in the area participate.

There are similar regional centers for excellence located at all of these green dots around the country, and there are support labs to make the work of these regional centers of excellence able to be done safely, and they include some regional bio-containment labs which will have biosafety Level II and Level III labs in them, and in addition, two national bio-containment labs were awarded out of this program, one in Galviston Texas at the University of Texas Medical branch, and the other one at Boston University. And this is the network that has been put together under the auspices of the National Institute of Allergy and Infectious Diseases to combat these emerging and newly emerging infectious diseases.

One of the reasons that we're here, is because Boston was the proud recipient of this laboratory, and questions, I think, that were asked of us during the application process included why should this be put in Boston? I think it's worth remembering that Boston is really a biomedical research hub. We have four medical schools here, we have some of the best hospitals in the world, we are the lucky participants in that. One of the major parts of our economy is biomedical research, as well as the educational institutions that underpin them, and it is, I believe, a major reason why Boston was chosen for this, and why Boston University was

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chosen as well.

Boston University also has a long and proud tradition of infectious diseases research. It was one of the first places to study and treat patients with tuberculosis and sexually transmitted diseases. It right now has the largest care group for patients with HIV in the city, and it continues to have a long tradition of biomedical research in infectious diseases.

Finally, I'll just end this part by saying that there has been a detailed analysis of many sites that were available to locate this laboratory, and I think the collective wisdom was that this was the premiere location to do this kind of research to benefit the nation's and the public's health. Thank you very much.

I'm going to turn this over now to Kevin Touhey, who is going to review some of the safety and security with relationship to the National Biocontainment Lab.

Kevin Touhey: Thank you. What you see in front of you is a slide that depicts the different labs that are out there in North America, their years of experience working with BL IV labs, and the bottom line comes down to a 77 year history with no negative impacts on the community, no environmental releases.

I want to tell you a little bit about the construction of this lab, but I also want to point out that one of the reasons that this lab works well at Boston University is because we have the infrastructure at this site. We have utility infrastructure, we have manpower, we pride ourselves on being prepared for anything that could occur within the city. Boston University Medical Center is the largest trauma center in New England, and so it's consistent with what we do to treat all sorts of things, and to respond to all sorts of things.

This particular project involves architectural, involves construction design engineering folks that have experience working on BL IV labs. They're working under guidelines that are new, and that are stricter than any other labs that [have] built under.

The construction of the project includes systems like hepifilters, it includes decontamination systems, and what it really results in is everything leaving the building leaves cleaner than when it came in. The building is designed to use negative air, and so as you move throughout different areas within labs, air is pulled away from the routine areas, into the most dangerous areas, into the hot labs, and then is hepifiltered out through redundant systems. We have set up utility delivery systems that are N plus One, and allow us to have redundancies upon our redundancies. This is essentially a submarine within a vault; it's all air tight.

This is a site plan, and what you see in the blue dots around the outside is the 150 foot setback. We've created a secure perimeter. It's in accordance with federal guidelines. It will allow us to make sure that we don't have any threats or risks coming near the building, and we'll reinforce that with the types of devices you see around the sides, including [bollards] and CCTV security officers, and iris scans. So our card access and our iris scan systems will insure only the appropriate people are in the building.

The risk assessment, the worst case scenario that we did, involved a release of anthrax

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from the building. It was a release that included a complete failure of mechanical systems. We used three different methodologies to test this, and under all three of the methodologies, we ended up with a result that was less than one spore being released at the worst possible area.

To cap off what I'm talking about, our plans at the medical center include very active and ongoing emergency response and planning situations. We work with BFD, with BPD, with BIMA. We test our response plans all the time. We have a brand new million dollar command and control center. We have 130 people that routinely address these types of safety and security concerns. Thank you.

Jamie Fay: Thank you Kevin, and thank you Dr. Klempner. We would now like to begin the public comment portion of this meeting. As noted, we are here to listen to your comments on the supplemental draft EIS. This is not a question and answer session. In order to provide everyone who wishes the opportunity to speak, we are limiting comments to three minutes or less. There is a timer here up front which will give you a green light for two and a half minutes, then a yellow light for 30 seconds, and we ask you to please conclude your comments when the yellow light comes on.

Comments of any length may be submitted in writing or by e-mail to Valerie Nottingham at the address on the hand-out. This meeting is being transcribed and recorded, so we ask each speaker to clearly state your name and address for the record before speaking. And with that, we'll begin. There is a microphone in the aisle, and those who wish to speak may line up and speak in turn.

Elaine Simmons: My name is Elaine Simmons, and I live at 49 East Springfield Street in the South End of Boston, approximately five or six blocks from where this facility is proposed to be built, and I'm still opposed to the facility being built there. I don't need to hear about the spread of the West Nile Virus, because I think most people agree that a facility of this type needs to be built, not just in that location.

C.1 The first question I have is why did Harvard Medical School vote not to have this facility, not to bid on this facility? I think because they recognize it shouldn't be in the City of Boston.

The next thing I have to say that this facility has been, the process has been one of deceit and intimidation. For instance, I don't know why we need ten or twelve cops outside of Faneuil Hall. I've lived in Boston all my life, and the only time I've ever seen this is when this particular facility is being discussed. [Applause] If it's not BU, it's the city and they are disrespecting us. I have never broken a law in my life, and I certainly wouldn't over this particular facility.

Another instance of the campaign of intimidation, is when they had a meeting at BU that I went to with their own employees and some of the public, and they had a security guard

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C.1 Harvard Medical School is the site of the New England Regional Center of Excellence. NIH cannot answer why Harvard did not apply; only Harvard Medical School would be able to respond to this comment.

with a gun outside of the meeting, and then they had some security thugs inside of the meeting. I don't know why. I don't know who they think we are. Apparently, they don't trust the validity of their own position, that they have to try to force people by intimidation. The campaign of deceit comes in where, for instance, they started their first public meeting in January of 2003 according to this document, yet they didn't meet with the abutting neighborhood association until January of 2004, and that's when we first found out about it.

Also, in addition, for the BRA, they submitted signatures of I don't know how many people. They weren't even honest with that. What they did basically, one of the trustees or prior trustees of BU submitted a letter in support, and didn't even identify himself as such. These people don't trust themselves.

In addition, they have this community process of the BLAG, or the Biolab Advisory Group. I would say a third to half of the people have never shown up, and these are people who are just looking for something from the city for their development projects. So when you talk about a community process, it's been a sham.

In addition, when you talk about other alternatives, and other alternatives wouldn't result in an efficiency of capital expenditures and labor, all I can say is they should tell those evildoers in Washington that if they didn't give tax breaks to their wealthy friends, they would have money for projects like this.

Jamie Fay: Thank you very much. Next speaker, please?

Carrie Shneider: Good evening. I'm Carrie Shneider. I'm an attorney from the Conservation Law Foundation. NIPA requires analysis of feasible alternatives. There are feasible alternative locations for this lab. In violation of NIPA, the SDEIS fails to analyze these alternatives. The SDEIS attempts to justify this failure, due to the conclusion the proposed location is preferred. That determination should be made after, not before, analysis of alternatives.

C.2

Given what the SDEIS calls "negligible risks of very great harm" the value of the convenience of proximity to BU and Harvard, and other such benefits of the proposed location, should not trump analysis. Convenience should be given some weight, but only due weight. We can't weigh alternatives if they are not analyzed.

C.3

Tularemia incidents were kept quiet, and now the SDEIS maintains BU's refusal to even evaluate alternative locations. Comply with NIPA. Provide the analysis of alternative locations needed to evaluate the appropriate citing of the lab. Thank you.

C.4

Jamie Fay: Thank you. Next?

Bruce Bickerstaff: Yes. My name is Bruce Bickerstaff. I live at 11 Carlisle Street in the community of Roxbury, and I'd like to make a general statement that relates to this project.

It was stated earlier by Kevin Touhey that this is a state of the art project, and the

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C.2 See Response to Comment 4.10.

C.3 See Response to Comment 19.2.

C.4 See Response to Comment 19.5 regarding the tularemia incident. An alternative siting analysis is provided in Section 2.3.2.

As discussed in Section 2.3.2, BUMC evaluated alternative locations to site the laboratory as part of its decision-making process to proceed with submitting a response to the Department of Health and Human Services Broad Agency Announcement issued on October 15, 2002.

young lady who just preceded me, some of her complaints, I believe, can be addressed in our ongoing development of oversight, security, and established protocols.

One of the things I believe that this project will allow us to do is us, being the community of Boston and the region in which we sit, is to put all of our energies together to maintain, to develop and maintain strong oversight, and as well protocols, to help prevent the issues that were just spoken to. And I'd like to say for the record, I personally am in favor of the project. Thank you.

Jamie Fay: Next, go ahead.

Peter Merkel: Good evening. My name is Dr. Peter Merkel. I live at 36 [Helen] Road in Newton, Massachusetts. I am a clinician and clinical researcher here in Boston at Boston University. I am here to support this project for the many, I think exciting and important scientific advances it is likely to provide. I am familiar with the plan, both scientifically and logistically, and I think it is a sound and really an exciting one.

There is a need for this level of Biosafety Laboratory nationally, and there is a need for the many other aspects of infectious disease research that will be done in this laboratory. I think it's important for people to recognize this is a multi-functional laboratory that will do a lot of different exciting emerging infectious disease work. I am not in infectious diseases, but I deal with complex autoimmune diseases, and I can tell you that the kind of collateral benefit you get from this kind of scientific inquiry is often enormous. And it is only through the kind of concentrated and concerted large projects, combining the resources of BU, and Harvard, and Tufts investigators, all of whom will certainly be part of the scientific community in this laboratory, that the United States tends to make huge advances in biomedical research. I think that the resources available here will be exciting to the entire biomedical community in Boston, but really also help the whole community and the nation, as we answer some very serious problems.

It's not just West Nile or HIV, but it's the next virus, and it's even more common ones like influenza, and all of the viruses that we don't yet know what causes these different diseases and I think we'll learn, certainly in my field, we will. I know the people who have been involved in putting this together, and I think they're a responsible and respected group of people. So I strongly support this as a clinician, and as a member of the research, and also just someone living in Boston. Thank you.

Jamie Fay: Thank you. Next speaker, please.

Howie Rutman: Yes, I'm Howie Rutman. I live at 30 [Vanwinkle] Street in Dorchester, Massachusetts. I've been at the Boston Medical Center as an employee there for 33, almost 34 years now. I am currently an employee at the Boston Medical Center.

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I'm a member of the Service Employees International Union. I'm on the Executive Board of the statewide union, also the chapter chair of the East Newton Pavilion at Boston Medical Center. So I represent people at Boston Medical Center as a chapter leader, and also state-wide for SEIU, and I'm speaking for that union recently took a stand against the Level IV Biocontainment Lab this Wednesday, April 20. Officially, we are taking a stand in opposition to it.

So SEIU Local 2020 is also working with ASCME Local [149] which has taken a stand, which is also the union at Boston Medical Center representing employees there, in addition to the Massachusetts Nurse's Association. So you can say that the majority of people in organized labor that work for Boston Medical Center are opposed to the Level IV lab for many reasons which we've talked about before in other forums, largely health and safety issues.

You know, as union people we're very concerned about the health and safety issues concerning employees, and also people that live in the community, the same community that I live in, Dorchester, the South End, Roxbury, and the Boston area. The people that work at Boston Medical Center live in those communities. They are mostly from those communities, and those are the communities that we serve.

C.5

We're concerned about Dr. Klempner's statement that the reason for the lab is because of what happened in 2001, and for the same reasons, it does pose a health and safety problem. Because it was within the Biodefense Program itself that the weaponized anthrax was released. So we have a lab that basically could do the same, it's a Trojan Horse that could do the same thing that happened in 2001, September 18th, 2001, or almost the same time as the attack on the Twin Towers.

The people that did it, that distributed the weaponized anthrax haven't been caught, they could even be hired at the laboratory due to the type of programs that they're involved in, similar to what was going on before [inaudible] that led to the weaponized anthrax attacks on the American public, the postal system; anthrax sent out in diplomatic pouches overseas, yet the perpetrator was never caught.

So the worst case scenario that's talked about talks about an unintentional release of anthrax, but it doesn't speak to what happened in September of 2001, the fact that the perpetrator was never caught.

Jamie Fay: Thank you very much.

Howie Rutman: Thank you.

Andrea Rabara: [Speaks Spanish].

Translator: My name is Andrea Rabara. My address is 103 Alexandra Street, Dorchester. I support the project. Thank you.

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C.5 The need for the laboratory is detailed in the NIAID strategic plan for biocontainment and emerging infectious diseases research.

Maria Bossa: My name is Maria Bossa, 8 [Norman] Street, Dorchester. I approve your program. [Speaks Spanish]

Translator: I support the program, and I congratulate the physicians who are doing all this work for us, the people who are ill. Thank you.

C.6

Elizabeth Leonard: My name is Elizabeth Leonard. I live at 5 [Wilbur] Court in East Boston, Massachusetts. And I think the thing that concerns me most is that this Bio IV lab is going to be placed in the most densely populated part of Boston. And not only that, it is one of the poorest communities. And these people are terribly over-stressed already. I think the whole psychological thing of yet another thing that they have to worry about. They've just found out that a lot of their children are experiencing some reverberations from lead poisoning. This is something that doesn't happen very often in a middle class or upper middle class community. They have nine garbage dumps within the area of their living situations, to say nothing of cement factories, and that kind of thing.

The pollution is already bad, and for most of these people, to have yet one more stressor, they have poor schools, they have-- I live in a poor community myself, and I know the garbage pick-up is much less than it was when I was living in Beacon Hill. On Beacon Hill we got garbage pick-ups three times a week. We're very lucky to get it once a week in East Boston and in other parts that are equally as poor.

And I think, for instance, during the snowstorm, it was three weeks before we had garbage pick-up, and the whole place was one big mass of illnesses waiting to happen.

I am very concerned, because a lot of these people do not have health insurance, and they have to go to public clinics. And if you've ever sat for a whole day in a public clinic waiting to be heard, and then sent some other place because they can't take care of you, or you don't have the right credentials, or especially because you don't have health insurance, it just makes for an environment that is really hard on people. And I think that the idea of putting it there, even though BU probably has what they think is state of the art resources, they need to think again.

That's what worries me, is that people are worried more about the reputation of our scientific community, than they are about the people living there. Thank you.

Chris Brayton: Good evening. I'm Chris Brayton, 3 Haven Street, South End. I live a good five minute walk from the site of the Level IV lab. I am in favor of it. I have listened in all of the meetings; I have been to almost all of them. I believe that they are setting their sights and plans to do the very best job possible. I believe that it is something that is needed; that we have got to have a way of fighting the emerging and reemerging diseases.

I do not believe that it will adversely affect that area of the South End. That is already

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C.6 The Boston-NBL is sited adjacent to the economically diverse South End neighborhood, has a higher per capita income than most parts of the City of Boston and is close to the state average. BUMC has been active in improving the quality of life and quality of health care throughout the City of Boston.

a fairly wealthy area in lieu of what was just said, [with] the houses selling for an awful lot per square foot, $600 plus dollars per square foot. And that's it. I'm in favor.

Jamie Fay: Next please.

Aordneia Lopez: [Speaks Spanish]

Translator: My name is Aordneia Lopez. I live at 418 Columbia Road, and I'm here to support this project.

Jamie Fay: Next speaker, please?

David Mundel: My name is David Mundel. I live in Boston's South End. This evening I want to address my comments to basically two questions. First, does the Supplemental Draft Impact Statement address the issues raised during the public comments, and second, does the Supplemental Draft Impact Statement demonstrate, as it states repeatedly, that quote "the risk of public harm is so minute, it can be considered or described as zero."

The brief answer to both these questions is, regrettably, no. First, with respect to addressing the public comments. The cover letter to the Impact Statement states that the SDEIS addresses concerns identified by the NIH, the proponent, issues raised during the public scoping, and documents received during the comment period. But, the comments are not included, so how can one address whether or not the comments are addressed?

C.7

I have written to both NIH and BU asking for copies of these comments, and to date, have received no response, and none of the comments. In December, I received an e-mail from a senior BU representative who spoke this evening, stating that quote "We will continue to share information and analysis." But to date, none of the information or analysis has been shared.

In January, I received a letter from BU which states, quote "Interestingly enough, one issue is that your information requests are extremely insightful" that's s-i-g-h-t, "and responses to them and the information needed to answer them are really of benefit to a much broader audience, so this is why they should be addressed later." They were not addressed in the draft impact statement, and they were not addressed in the Supplemental Impact Statement.

Turning to the question of whether the Supplemental Statement provides convincing evidence that, as it is stated repeatedly, the risk to public harm is so minute, it could be described as zero.

First, many of the so-called findings reported in the worst case assessment, are based on simulation models that are described as demonstrated predicted maximum exposure to any member of the community. These models do not predict maximum exposure, they predict, as the author and the creator of the models say "average levels, and the real levels will vary across

C.8

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C.7 Comments received on the DEIS were used as scoping comments for the SDEIS. All comments received on the SDEIS appear in Chapter 5.0 of the FEIS.

C.8 See Responses to Comments 1.3 and 4.6.

C.8 the average."

C.9 In addition, the Supplemental Statement of Minimal Impact appears to directly contradict NIH statements. In December 2000, the Director of [Intramural] Research--

Jamie Fay: David, would you try to wrap it up please? Thank you.

C.9 David Mundel: I will. I'm just quoting the NIH, okay? The Director of Intramural Research of the NIH National Institute of Allergy and Infectious Diseases, the sponsor of the proposed laboratory wrote in describing the advantages of a proposed Level IV laboratory in rural western Montana. Quote "The rural site is well removed from major population centers, and this location of the laboratory reduces the possibility that an accidental release of a biosafety Level IV organism would lead to a major public health disaster" close quote.

Jamie Fay: We're going to have to ask you to wrap it up. We have more speakers in line. Thank you.

Sue Gracey: I'm Sue Gracey, from Brookline. And before I start, I would like to note that it was the collective, I believe judgement was the phrase of both the University of California, and the citizens of Davis, California, that such a lab was not necessary or desirable to their community.

C.10 But as to this report, and the issue in general, I have only one real observation, and that is that proponents simply never address the questions of human error, negligence, greed, or mental instability. Yet one or more of these aspects of human behavior is often present when unforeseen tragedy occurs, and even the language used to sell this project, reflects the denial inherent in pursuing such a course.

From the get go, we've been told that quote "the best and brightest will be in charge here." That phrase became popular at the time of Vietnam, and it is not reassuring to those who can't forget that time. The lab has been frequently described as a quote "Submarine within a vault." This poorly chosen image brings to mind the agonizing death watch for the crew of the sunken [Thresher]. And hearing that only the best and most reliable of contractors will be involved in this construction, doesn't really cut it with residents of a city who daily read about the "don't blame me" fights going on around the Big Dig fiasco.

C.11 So in addition to presenting us with a still woefully understated worst case scenario, this latest effort on the part of the university to assure us that mere mortals can run a potentially catastrophic facility, in a fail-safe mode, in the middle of a city, fails completely.

Peter, Paul and Mary I think sing it the best, "When will we ever learn?"

Maja Weisl: My name is Maja Weisl. I live in Roxbury on the edge of Jamaica Plain, that is the back of Mission Hill, one block above the Hennigan School, one block from the corner of a

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C.9 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.

C.10 The Boston-NBL would be designed and operated with safety systems and controls to preclude accidental releases due to human error. Each safety system has redundant back ups, laboratory operations would follow the "two person" rule, where no one is allowed in without a co-worker, background checks would be obtained on all building employees and activities would be monitored by the BUMC security staff. Even the "worst case" scenario indicates a negligible risk to the public. See Section 4.2.1.1 "Community Safety and Risk – Other Potential Risk Scenarios" in the FEIS.

C.11 See Responses to Comments 1.3 and 4.6.

very large housing project, Bromley Heath. We have, I'm a founding member of a community development corporation which has built 400 units of hopefully affordable housing, some of which will go to market.

When we bought it, we did not think we would have to warn people, or people would have to warn themselves, that they were coming into a potentially unsafe area. We're not that far from Albany Street.

I am also a retired worker and shop officer from Cole Hearsey, which is located on Dorchester Avenue and Old Colony Street. Of the 300 workers, about 200 are women, and at any one time there are a number of pregnant women in the shop. And I have had occasion to take one woman home in a hurricane, send another one to the ladies room at the opposite end of the shop when there was a leak in a chemical washer that was under repair. We've always had, we've had a number of things like that. And I know, I don't care how cautious you are, I don't care how careful you are, nothing is 100% safe. And the question is there is a good reason, I mean, it creates its problems, but there is a reason why medical schools and their teaching hospitals tend to be located in or near low income areas. They get practice patients and guinea pigs for new medications, but we get some medical care out of it. There is a trade off, although there are problems with it.

C.12

That does not apply to a research lab. There is absolutely no reason on earth why a lab dealing with dangerous germs and chemicals and so on, should be located in a densely populated area; in a densely populated area with not only mostly low income, although the South End yuppies ought to watch out, their property values will go to hell to, but at least they can get out.

However, the fact that there is just absolutely no reason. And in this particular case, it's an area that's right at sea level. Some of it's [inaudible] [upland]. I think that makes it more dangerous in a situation. Supposing we get a tsunami, or even just a really bad hurricane? We don't know how these, you know, it just increases the danger to the people. You cannot, in this particular area, there is no way of avoiding the rats that infest anyplace near a harbor--

Jamie Fay: Thank you very much, ma'am.

Sue Gracey: Okay.

[End of Tape #1, Side A]
[Beginning of Tape #1, Side B]

Janis Whelan: I am Janis Whelan. I own a building at 164 E Street in South Boston. I support this project for two reasons. At the age of seven I watched my father go through tuberculosis, and my own son, at the age of seven, had a general infection from tuberculosis, so we really need these type of projects.

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C.12 See Response to Comment 19.2.

And for the second reason, I'm a blue collar worker here, and this is going to create a lot of work for me and people in the union trades just like the one I'm in, and for our kids who are going to be able to work in these buildings when they're complete. Thank you.

Jamie Fay: Next speaker, please.

Erin French: Hi, good evening. My name is Erin French. I'm a neighbor of the BU Medical facility. Myself and many of our neighbors are very much for this facility going in. This is certainly a public health issue. I'm glad to hear that many of the comments have gone away from all this bioterror, and back to infectious diseases, which really do a number on us and our families.

After doing some research myself, I am in the scientific field, in educating myself, I have, really felt even more in support of this. And after speaking with people involved in this project, only 13% of this facility will be deemed for Biolevel IV. We already have the Level III. In fact, I wish that 13% would go up a little bit higher for the education and development of combating these infectious diseases. Thank you.

Jamie Fay: Next speaker, please.

Kay Carr: My name is Kay Carr. I live at 84 Bloomfield Street in Dorchester. I am for this project, and the reason for it is because I moved from the Midwest here, and my doctor that referred me here said that the best care was in Boston. So by them building this lab, I think that the young people here in Boston, and us that are still working now, will benefit from this project. It's not so much as about what may happen, but what they're doing so that it won't happen. Thank you.

Mary Corcoran: My name is Mary Corcoran. I live at 65 Martha Road in Boston. That's near North Station. I must say that I find the fact that there are a great many uniformed policemen standing outside right now, really informs what kind of hearing this is, and how few people are here. The notice was very [scanty]. In fact, I received no notice, and I usually receive notice of this kind of meeting. If I hadn't seen it in the newspaper, I wouldn't even have known to come.

C.13 I think this is a very dangerous kind of facility to have in a residential area, and I think it is outrageous that you have simply rolled on, despite all of the comments of people who are afraid to have this in their neighborhood. You have simply rolled on and rolled over them and gone ahead with it, and I object very strenuously, and I will continue to do so.

C.14 Virginia Pratt: I'm Virginia Pratt. I live in Jamaica Plain. I also use a fitness facility very near the Boston Medical Center on at least a weekly basis. I am here to oppose the Level IV lab; the Level IV lab that would operate in a shroud of secrecy; the Level IV lab that would operate

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C.13 See Response to Comment 19.2.

C.14 See Response to Comment 4.17.

with the most dangerous pathogens and viruses, the Level IV lab that would be operated through funds that come through the federal government, be it either through the Institutes of Health, or Defense, and having read numerous articles about an astronomical increase in bioterror funding with the Bush administration.

C.15 And knowing that right now one of the things that we're being told is that this has become very critical in the last few years. At one point there was a reference to 9/11. I'm glad that there was somebody here from Boston Medical Center's medical workers to confirm and remind us that were there any type of outbreak, this city does not have sufficient facilities for medical care right now.

But I'm really, what I most believe is that what is happening right now is happening, in large part, as an aftermath to 9/11. And I'm wondering what it would have been like during the time of World War II after Pearl Harbor when things changed, and there was a lab that was built in New Mexico to manufacture what later was called the atomic bomb or the H Bomb which was used in Japan. For this Level IV lab that would operate in a shroud of secrecy, the highest level lab is the one that I'm talking about, the Level IV lab. I cannot help but not think that some horrible thing would be brewed up there and unleashed. Thank you.

Jamie Fay: Next speaker, please?

Michael Cohen: Yes, I'm going to follow-up. My name is Michael Cohen. I live at Sterns

C.16 Road in Brookline. I'm going to follow-up a little bit on the last speaker. First of all, there is an amazingly good site, given everything that's been said, for a large BSL IV facility. A better site would be at the NIH in Bethesda. And in fact, there is such a facility, but they can't operate, to my understanding, due to opposition of the local population. That might tell us something here in Boston.

C.17 Second of all, people have forgotten, really, that while nuclear weapons can devastate, so can bacterial and emerging diseases, in a major way. Forty percent or so of the population was wiped out of Europe for the Black Plague, and millions of people here died of influenza.

So why do we need to put this in Boston? Well, we need to put it in Boston because the best minds in the sciences surround here. But as the speaker said before, the best minds in scientists went to Los Alamos to develop nuclear weapons. They didn't demand to have a testing zone in the middle of Boston. That's that.

C.18 The report mentions a lot about human diseases, it doesn't mention that this is a BLS IV animal facility, and there are going to be ticks bred, and the ticks can, in unfavorable circumstances, be picked up by birds, and the birds can fly and transmit the diseases elsewhere.

C.19 Long Island was an interesting case involving West Nile. Interestingly enough, Lyme Disease started 30 miles off of Long Island in Lyme Connecticut. Now, why is that interesting? There is an old biodefense lab, namely Plum Island, which basically has had known security lapses for years, and these are the places where these emerging diseases may

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C.15 See Response to Comment 29.2.

C.16 The National Institutes of Health has maintained a Biological Safety Level 4 laboratory on the Bethesda campus for over 20 years. Building 41A, the Maximum Containment Laboratory (MCL), a Biosafety Level 4 Facility was renovated and opened for work in November 1998. The facility now houses a state of the art, Biosafety Level 4 laboratory suite. Two of the three laboratory modules can accommodate animal research. At this time, due to scientific research needs, the facility is being operated at an enhanced Biosafety Level 3. Because of its relatively small size, Building 41A could not be used to satisfy the purpose and need of the Proposed Action.

C.17 The fact that plague and influenza have killed millions of people makes it is necessary to operate a laboratory that performs research on these agents to develop therapeutics, diagnostics and vaccines to ameliorate their harmful effects.

C.18 The insectary is a sealed room. The design of the insectary includes multiple barriers between the insect holding room and the exterior of the building. See Section 4.2.1.1 "Community Safety and Risk – Other Potential Risk Scenarios (c)" in the FEIS.

C.19 There is no credible evidence that Lyme disease had its origin from the Plum Island facility.

C.19 have started. Now, there is no proof that this happened, Plum Island has shredded their records, so we won't ever know whether this is the source of the vectorization of disease in this country. I have no doubt that the air locks and the sewerage treatment, etc., are being designed with maximal scrutiny, but I do have doubt what's going to happen 15 and 20 years down the pike when this is run by a university, not the military, and essentially people try to cut corners.

Most of the emerging infectious diseases, including AIDS, Lyme Disease, SARS, has been released from a lab, may or may not have found their origin through-- AIDS too by the way-- there is an argument that unbeknownst to the researchers, AIDS was produced via vaccination trials in Africa.

Jamie Fay: Sir, we're going to have to ask you to wrap it up, please.

C.20 Michael Cohen: So my summary is putting this in a city in a low income area where nothing is given to low income individuals, so there is no environmental justice, and subjecting us all to risk, is a disaster.

Jamie Fay: I'd like to just remind everybody, we do have quite a few speakers here, so if you could keep your comments to three minutes, it would be appreciated.

Clarence Cooper: Good evening. My name is Clarence Cooper. I am a resident of the City of Boston for the last 38 years, and I have had the privilege of being in attendance of seven of these public meetings. I have also represented a considerable members of my community, some who are here with me this evening, some who are unable to be here, who have asked me to kindly say that they do support the BU lab.

BU's management has displayed honesty, integrity, and a distinct ability in management to be given the opportunity to run this lab. I do have six children, two of them who live within a quarter of a mile of the proposed facilities, and I don't hear my children saying that I am concerned about what's going to go on at that center that will impact us negatively. What I do hear from my children is that is this lab going to provide us with the kind of jobs that were provided to you, so that we can take care of our children as you did, neither seeking assistance from any government entity, albeit city, state, or federal government.

This evening, I also represent a considerable amount of members from the carpenters and other unions, many of them today who are sitting on the brink of losing their homes because there are so few construction jobs here within Boston. And I say to you, that by providing them with the facility at BU to be built, instead of our brothers and sisters being allowed to say "We are going to lose our homes" they would be able to say to the bank owners "Here is your mortgage." Please continue to provide us with homes [sic] so that we can have a home for our children, and our family members.

I leave this evening, again, asking you to please consider, with the authority vested in

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C.20 See Response to Comment 19.2.

you by virtue of the position you hold, let the management people at BU you have displayed all the management skill, please build this facility. Thank you. [Applause]

Pamela Beal: Good evening. My name is Pam Beal, and I am a resident of the Back Bay, and I have a business in Kenmore Square. I, too, have attended, I think all of these meetings. I've spoken at many of them. I've read all of the literature that's been provided, I've received all of the reports, and I am in favor of this, I have always been in favor of it, and I greatly feel that Boston University will do a wonderful job, and I have all the confidence that they will build this as well as it can be built and run it as to the highest standard possible. So again, my support. Thank you.

Cinda Stoner: My name is Cinda Stoner. I live at 107 East Brookline Street, and I am against this facility being built in this area. I am not against this type of facility, but it does not belong in this area.

One of the things that was listed in the booklet was community concerns, and one of the concerns that I think should have been listed, is that there are many, many people who are against this facility being placed on Albany Street.

C.21 As well, they talked about a construction management plan, and there was no acknowledgement of what is called the Cooperation Agreement in the construction on that site. And I think [Dick Toll] is very familiar with that.

C.22 Also, it was clear to me when I read the part that said what were the other sites looked at, this is really very self-serving for the scientists. And I can remember, as though he were to say just a few minutes ago when Dr. Klempner stated that the reason the siting was so important here is because scientists like to work in urban areas. And I really do believe that is exactly what this is about, and has very little regard for the community.

C.23 Another thing that was stated is that if nothing, if this were not going to be developed, the area would remain on grade parking lot. That is not true. That area is being developed, and there would be some kind of research lab, I am sure, that would be placed on that development.

C.24 Another thing is that was stated about the Ebola Virus incident that happened at Fort Dedrick in Maryland, and did not acknowledge the fact that that researcher did go home, and then reported it the next day, that she thought she had stuck herself with a needle.

C.25 Another thing, the last thing I want to talk about, I don't know about people coming up here and saying how honestly that BU has presented themselves throughout the course of all of this, through this process. I can remember that December meeting very clearly at the BRA, in which a representative got up there and touted the safety record of BU. And at that time, there is not a doubt in my mind he must have known about the Tularemia problem over there at that Lab III.

At the same time, the other reps were sitting in that room, and they never got up and stated anything other than to talk about-- They didn't get up and correct that record that stated

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C.21 The Project is required to prepare a Construction Management Plan which must be approved by the Boston Transportation Department. A binding Cooperation Agreement between the BRA and University Associates Limited Partnership has been executed for the Project. This agreement has provided the framework for the community review of the BioSquare Phase II project which includes the proposed NBL facility.

C.22 The alternative siting analysis and the criteria used to consider alternative sites can be found in Section 2.3.

C.23 The No Action alternative states that the Boston-NBL would not be built, and remain an at-grade parking lot. This is true within the scope of the NIH decision to be made. If NIH decides not to undertake the proposed action, the lab will not be built at the BioSquare Research Park. Any other future uses would be outside the scope of this EIS.

C.24 The incident described at Fort Detrick posed no threat to the public. The researcher in this incident did not become infected with the virus and all appropriate local government agencies were contacted. At no time was public health threatened by this incident.

C.25 See Response to Comment 29.9.

how great BU had been around their handling of any kind of material over there.

C.26 Another thing is that they still do not know how that Tularemia was tainted. And so I've talked about the fact that they've been dishonest in the past, and this is just another incident where I just don't think-- I don't see how you can trust them. If they covered it up in the past, they're going to cover up anything else that is for their convenience, if it serves their purposes.

Jamie Fay: Next speaker, please.

Adrienne Benton: Good evening. My name is Adrienne Benton. I'm a Roxbury resident, and I'm pleased to state my support for the Biosafety Lab.

As a former health care management professional, I'm very familiar with the protocols related to laboratory operations, and I am confident that because BU MC will own, operate, and manage the Biosafety laboratory, and will conduct research in the lab under the administrative authority of BU's Research Oversight System, that all of the appropriate safeguards will be put into place, and are already inherent as a part of the Level IV designation. Thank you.

Mary Crotty: Hello. My name is Mary Crotty. I'm a registered nurse and attorney with the Massachusetts Nurse's Association, which is located in Canton, Massachusetts. I am here tonight on behalf of the Mass Nurse's Association, which our 24,000 nurses across the state have adopted a statement in opposition to the BU Level IV lab for a number of reasons, which I'll go through quickly.

We have four primary concerns. The first is safety. Massachusetts was recently ranked as one of the states least prepared to respond to a disaster in the entire country. While plans may be underway to improve national preparedness, this dangerous lab should not be

C.27 located in a state which is ill-prepared to prevent human error, or another 9/11 type terrorist event.

Related to that, Boston University has demonstrated its failure to prevent a biological

C.28 incident, the Tularemia cases, at a much less dangerous Level II facility. Also related to safety, Massachusetts has no regulatory program or standards for BSL IV labs in effect. Standards do exist, in contrast, for the siting of other inherently dangerous facilities, such as landfills, power plants, but there is absolutely nothing in place to guide regulation of this type of laboratory.

Our second concern is that Boston hospitals have no ability to respond if there is an

C.29 incident. There is absolutely no surge capacity. Hospital emergency departments are maxed out. They have no extra capacity to handle an average day's visit. Diversion statistics, which site the number of hours that emergency department is closed, were up by 40% in just the past month of March.

There are no surge plans for handling a disaster in existence, and there is no diversion planning by the state underway.

Our third issue speaks to equity issues, disparate treatment of racial and ethnic

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C.26 The federal Centers for Disease Control and Prevention is currently making efforts to determine the sources of the contaminated culture.

C.27 BUMC is prepared to respond to any and all city, state or national emergency situations and provide assistance as a Level 1 trauma center and as an academic medical center with multiple areas of clinical expertise. The City of Boston and the Commonwealth of Massachusetts have hospital surge plans, evacuation plans and disaster plans. These plans are tested regularly.

C.28 See Table 1-4 and Response to Comment 19.5.

C.29 Boston hospitals have a surge plan developed by the Public Health Commission, The Conference of Boston Teaching Hospitals, Boston Emergency Medical Services and the Boston Emergency Management Agency. This surge plan has been tested, works and resulted in the freeing up of 1,000 hospital beds in Boston on September 11, 2001.

minorities. BU, as noted, is siting this laboratory in a very dangerous way, next to Boston Medical Center, which primarily serves an undeserved community in Roxbury. The opinions of this community have really been mocked.

I was at a Boston City Council meeting a few weeks ago chaired by President James Kelly, and Boston University Public Relations people likened Tularemia to having the flu. They kept mentioning the flu-like symptoms. Tularemia is actually one of the most frequently researched biological weapons. They got President Kelly, of the Boston City Council, to respond that having the flu wasn't all that bad. Research dollars are pouring into BU with absolutely nothing left for the community. C.30

And finally, Department of Homeland Security regulations may prevent BU from giving notice to the community of a disaster, should it occur. [Applause] C.31

Jamie Fay: Next speaker, please.

Dan Kontoff: Hello, first of all, may I ask two people [inaudible] what are you names?

Jamie Fay: Could you give your name and address--

Dan Kontoff: My name is Dan Kontoff, and who am I speaking to, who am I addressing?

Jamie Fay: My name is Jamie Fay.

Dan Kontoff: And are you, you guys work for the government, right, I understand?

Jamie Fay: This is not a question and answer session, as I explained to everybody.

Dan Kontoff: Okay, all right.

Jamie Fay: If you have a statement, please make it.

Dan Kontoff: No problem. I'm here. I have money in my hand. The money in my hand, the reason I have this, is because I noticed there are a lot of people here who are getting paid to be here. They're doing it for money, and that's the problem. When people do things for money, they sometimes lose sight and judgement, as we look at the Big Dig, with all kinds of problems now. Bechtel built that with other companies, all kinds of leaking problems, all kinds of other problems built for money. And that's one of the major problems everybody talked about today, greed.

I could probably give anybody here money, and they could walk away and they'll do what I ask them to do for money. Will there be moral judgement to wake up the next day and

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C.30 See Response to Comment 19.5.

C.31 The comment does not provide a citation to any Department of Homeland Security regulation that would prohibit either NIH or BUMC from notifying the public of a release of infectious agents from the proposed NBL or other accident. Nothing in the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 ("Bioterrorism Act") prohibits a facility from voluntarily releasing information to the public about any accident, release, theft, or infection involving select agents. Further, the Bioterrorism Act requires that a facility that handles select agents must notify the Secretary of the Department of Health and Human Services about any release so that the Centers for Disease Control and Prevention (CDC), acting on the Secretary's behalf, can take appropriate action to notify the public and local authorities. CDC's notification is in addition to any actions the facility may take. The facility is not prevented from directly notifying the public about any accident, release, theft, or infection.

say they did something wrong? I hope so. But a lot of people turn their backs when it comes to money.

We look at our country's history and what we're doing in Iraq, El Salvador, Somalia, we did it for money, for greed. And today, a lot of people here are speaking for their wallet, not for reality, and that's the sad part.

I talked to a couple of security guards who work at Boston Medical. I offered them a couple million dollars to turn their back if we built this; would they turn their back and let a terrorist in? They said "No problem. For two or three million, my family could move to another part of the world and we'd be comfortable. That's the least we'd do." That's how safe it is; the security guards are willing to leave and let some terrorists in because they'll take the money and run.

And I don't say they're bad people for doing that. When you've got poverty around the world and in this country too, and you haven't had a rich life, you see everybody else around you with all of this money, security guards don't get paid that much. So I respect them for that, I see where they're coming from.

I think there are a lot of things we're not talking about today, and the problems we have to look at is why are people here? We know it's in the middle of the city, and one of the poorest areas of the city, surrounded by how many of thousands of people live. We know the track record of bio-weapon labs all over the country in germ warfare research have had all kinds of accidents. Those are facts. Why are we building it? Have we really discussed that, why we need to build it? This is year 2005. We've got seven million homeless, and we're building weapons of mass destruction like there is no tomorrow.

C.32

This is not a Level III lab, Anthrax, this is Level IV, things that have never been invented yet. So why are we building weapons of mass destruction towards the future? Shouldn't we be working with the world for peace, not for weapons, not for war? Half the people in here you know are here to make money, construction workers, they're paid to be here, corporations, it's all about profit. I'm not here, I'm not getting paid. Me and my friends are here, we're here from the heart because we believe in what we're doing. We care about building a better city of Boston, not destroying it for the greed of the capitalists. No. You can't look at life that way. It's time to end that. Let's look towards the future. Let's not have people out here for the money, let's get people who care about the city of Boston.

C.33

Jamie Fay: Thank you. Next speaker, please?

Laura Maslow-Armand: Hello. My name is Laura Maslow-Armand. I'm here as a Civil Rights Attorney from the Lawyer's Committee for Civil Rights. I have just a few questions, because so much has already been said. Why is this laboratory being built in Roxbury and the South End? Those are heavily burdened communities, which already have poor health. The highest rate of hospitalization for children under five with asthma is in Roxbury. Why are we

C.34

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C.32 Page ES-2 of the Executive Summary clearly describes the purpose and need of the facility.

C.33 The purpose of the laboratory is to develop diagnostics, therapeutics, and vaccines for emerging and re-emerging infectious diseases, and agents that could possibly be used for bioterrorism. The laboratory would not develop offensive or defensive biological weapons, as this is forbidden by a national security directive and international law.

C.34 See Response to Comment 19.2. The assumption about the rationale for the location is incorrect.

C.34 putting this community at risk? It's because other communities around Boston would have mobilized and prevented this laboratory from being built.

There is only the convenience of those working at Boston Medical Center to justify the siting of the lab in an area already burdened by environmental problems, and poor health.

Second question. What will this give to that area? Will it give jobs? No. Will it give public health benefits? No. The theme that has been echoed all through the subway, all through the newspaper announcements, finding cures, saving lives. What cures are going to be C.35 found for the illnesses that afflict the population of Roxbury and the South End? There is not one malady in this room that's going to be cured by a bio-safety Level IV laboratory working with Ebola Virus. There isn't Ebola Virus already in Roxbury and the South End, but there are serious medical problems that need to be addressed.

Finally, through the work of the community group [ACE], through Safety Net, through research of various scientists, we have identified over 30 accidents that have taken C.36 place in bio-safety labs, Level III, Level IV, serious accidents. Fingers being pricked with Ebola Virus, explosion of West Nile Virus in packages, Fed Ex trucks carrying Anthrax that have accidents. We are lulling ourselves into a false sense of security, accidents will happen. What is the plan for evacuation for that community? Thank you. [Applause]

[Julius Corley]: Good evening. My name is [Julius Corley]. I live in Cambridge off of Memorial Drive. I attend the BU School of Medicine. I'm a Ph.D. student in Molecular Medicine. I strongly support the building of the National Biosafety Lab here in Boston. In my eyes, as well as the eyes of many others, this project represents opportunity. Boston has over 30 colleges and universities in the area. It's a hub for technology. The National Biosafety Lab being here, represents the opportunity for the brightest scientists to work together to solve some of science's most complexing problems.

This also represents an opportunity for many people that have never had the opportunity to do science, to get involved. For so long, minorities have been under-represented in the sciences. This is an opportunity to change that. The building offers the opportunity for everyone to participate in some meaningful way, to help themselves and to help others. Those who are not qualified have the opportunity to be trained. They have an opportunity to contribute to their communities, and help themselves as well as others.

Lastly, I worship in this community. When I'm teaching Sunday School, it never fails that someone asks me what do I do? Where do I work? They are amazed when I tell them that I'm working on my Ph.D. at BU School of Medicine, and that I hope to be a part of the National Biosafety Lab that will do many great things to protect our people from emerging and reemerging disease. Their faces light up and they are encouraged. They feel that they have the opportunity to help themselves, to help their people, to help their country that we call the United States of America. Thank you. [Applause]

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C.35 The project would bring economic benefits to the City as described in Response to Comment 90.8. As noted in Section 3.2.5, Boston Medical Center emphasizes community-based care its mission is to provide consistently accessible health services to all regardless of their ability to pay, and is the largest free care provider in New England. BMC provides a full spectrum of pediatric and adult care services, from primary to family medicine advanced specialty care. Seventy percent of BMC's patients are minorities and nearly 50% speak English as a second language. BMC also responds to the unique needs of children who are the most vulnerable among underserved minorities. In 2004 BMC provided $350 million in free care. Of 853,050 prescriptions filled last year by BMC's outpatient pharmacy, which is the busiest single-site pharmacy in the United States, 75% were free care.

C.36 See Response to Comment C.27.

Glen Berkowitz: My name is Glen Berkowitz. I encourage you to approve construction of this important strategic and economic project. I live only three blocks from the Biolab site, and like many of my neighbors, have attended over a dozen meetings and discussions on this project in the past 18 months. I've tried hard to pay close attention to both the benefits and risks associated with this project. Over time, it became clear that the benefits, both to our national security and to our local economy are so great, that this project, notwithstanding its controversy, deserves to go ahead.

This is not Boston's first controversial project. Much of what makes Boston so special today results from projects whose construction engendered much controversy in their day. From the filling in of the Charles River to create the Back Bay that began in 1857, to the multi-billion dollar clean-up of Boston Harbor started in the 1980's, our region has developed into this wonderful place to live and work because of tough decisions made in the past by government officials and others.

Bioterrorism is likely not to be a question of if, but unfortunately, more a question of where and when. As I understand it, investigators working in the biolab will spend much of their time investigating inoculations to prevent disease and treatments, and as important, these treatments and vaccines may develop, could help respond to any bioterror attack.

If and when such a bioterror attack happens, I would prefer that Boston have supported and play a role in any public health response. Yes, the biolab will be in my backyard, but until someone can guarantee me that a zero percent chance of bioterror exists, the Biolab will be an abutter I will be proud to have in my neighborhood.

Jamie Fay: Next speaker, please.

Mark Trachtenberg: Good evening. My name is Mark David Trachtenberg. I live at 30 Kinross Road, Apartment number 4 in Brighton near Cleveland Circle, and I'm here to speak against the proposed Level IV Bioterror Lab, and I expect I can finish up in a good deal less than three minutes.

C.37

The state of quality control in the field is very troubling, as we've seen with several recent incidents, whether it's the Tularemia outbreak, or the accidental sending of the very dangerous flu virus from 1957 through the mail. If an infectious disease organism escaped from the Level IV lab, it would be in Government Center in five minutes, it would be at my home in ten minutes, maybe 15 minutes at the most. We wouldn't even have time to sing "Nearer My God to Thee". Please, don't make anybody sing "Nearer My God to Me".

As a loyal alumnus of the Boston University's School of Management, I respectfully ask Boston University and the National Institutes of Health to find another medical use for the site. Thanks. [Applause]

Hayden Frederick-Clarke: Good evening. My name is Hayden Frederick-Clarke, resident 21

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C.37 Maximum Possible Risk modeling investigated the potential risks across the urban environment surrounding the proposed site for the Boston-NBL including E. Brookline at Albany Street, E. Canton at Albany Street, the pedestrian walkway, the Flower Exchange Building, and the Guard House. See Appendix 12.

Linwood Street in Roxbury, Massachusetts, Chernobyl revisited, and I was induced to come here by a representative from BU. I was told that this would be a question and answer session which it's not, but I'll ask my questions rhetorically.

C.38 The question that the community, and I use that phrase loosely continues to ask that BU refuses to answer, is why should we trust BU, given its poor safety record at the BU Medical Center that exists presently? Eighty-one violations of MWRA regulation. They've only been fined $23,000. Excess formaldehyde waste, excess silver waste, improper signage, no access to safety manuals for employees and so on. If they can't get such a small task right, why should we trust them with the most viral, most deadly pathogens known to man? We haven't gotten an answer yet, and I don't think we will get an answer.

C.39 Secondly, everyone continues to ask as a recurrent theme, I've seen it in this line also, is why take such an extraordinary risk in a place where 50,000 people live within one mile of this facility that contains these pathogens? What possible benefit could offset that? If something should happen, human error is inevitable. What is the recourse, or what is the next step after such an outbreak, if you want to call it that? There is no cure for SARS, there is no cure for Ebola, so on and so forth. One shot, and that's it.

And I'd like to close by saying in my mind, the erection of this prospective lab is a massive failure of democracy, given most of the people that live within the area of the lab, or proposed lab, do not want this there. If we took a hand by hand or person by person poll, it would be voted down. But somehow, our elected officials are gleeful about having this erected in a place where their constituents don't want it. [Applause]

John Harris: My name is John Harris, and I live at 41 Osborn Road in Brookline. I do want to say that I strongly favor the construction of such a lab. It is essential that research be done on biological hazards, but I strongly oppose this particular location. Such a lab should be built in an unpopulated area, with wide buffer zones and multiple layers of security.

C.40 If it is built in a major urban area, like downtown Boston, like this plan, it is a disaster waiting to happen. First of all with simple accidents, with things going wrong, as happen inevitably in life, that could have possible catastrophic consequences.

C.41 Secondly, and very importantly, this is an invitation to terrorist attacks in downtown Boston. [Applause] As to assurances that the project would be failsafe, I would remind everyone that The World Trade Center in New York City was certified to be safe when it was constructed, against impacts by airliners.

C.42 In addition, if the lab is constructed in the city, the dangerous materials that will be researched will be transported to it and from it through the city on city streets, with increased vulnerability the entire way. That means that these very dangerous pathogens will be traveling close to the home or the office of probably everyone in this room, and certainly millions of other people. And because the facility is being constructed or will be operated under federal Home Security regulations, if problems arise, local officials, the mayor, the governor, etc., or

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C.38 BUMC has responded to the four-year listing of every wastewater exceedance and violation on several occasions. The Massachusetts Water Resource Authority (MWRA) in public testimony has stated that given the size and complexity of the BUMC operation, these exceedances and violations are typical.

C.39 See Responses to Comments 19.2 and 29.2.

C.40 See Responses to Comments 19.2 and 29.2.

C.41 See Response to Comment 75.7.

C.42 See Response to Comment 4.7. The facility would not be run under the Homeland Security Department. The facility would be partially funded by the NIH and owned and operated by Boston University.

C.42 the public, will not necessarily be informed. Again, while I strongly favor the construction of such a facility in a sparsely settled location, I strongly oppose the construction of this potentially very dangerous facility in Boston. Thank you. [Applause]

Christina [Tillman]: Hi. My name is Christina [Tillman]. I'm a youth resident of Dorchester, and a lot of people have been talking about the benefits of this project, but yet for some reason as a youth, I don't really see any. It's not like they're solving the poor education we have here. They're not going to address the youth violence that's happening here. It's not going to address the lack of youth opportunities in jobs. It's not going to help unemployment. You guys say it will, but I'm sure you're going to need at least a Bachelor's to even be a janitor in this research lab.

C.43 So my question is who's benefiting, because I definitely don't see it being me. [Applause]

Michael Higgins: Michael Higgins, 27 Sidney Street, Dorchester, Mass. I'm here to voice my support for the project, due to the volume of jobs it creates for the Boston residents. Also, as a resident of Dorchester, I feel all safety precautions have been met, and I feel comfortable with the project. Thank you.

Eddie Tuffo: My name is Eddie Tuffo, 79 Saxton Street, Dorchester, Savin Hill section of Dorchester. I'm here as the representative of Local 2168 Floor Coverers. I support the project. It will create many jobs, union jobs for Boston residents. So I do support the project. Thank you.

Juan Sanchez: My name is Juan Sanchez, 86 [inaudible] Street, Dorchester, Mass. I'm also with Local 2168. I'm also in favor of this project going up, due to the increase of work for Boston residents, and I strongly support this building being constructed. Thank you.

Reggie Bradley: Hi. My name is Reggie Bradley. I support the program. I'm with Local 2168 also. Thank you.

Ramone Fontes: Ramone Fontes out of Dorchester, and I support the project. I'm out of Local 2168 Floorlayer's Union.

Alexander Vazques: My name is Alexander Vazques. I live at 19 Nightingale Street. I came here to support the project. Thank you.

Mynor Perez: My name is Mynor Perez. I'm from 57 Savin Hill Avenue. I think all safety precautions have been taken with this project, and I feel very comfortable. I live in the city with

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C.43 See Response to Comment 90.8.

my family, and I'm comfortable this is going to be good for the city. Thank you.

John Stitzer: My name is John Stitzer. I live at 236 Commercial Street. I believe we have an extremely important need for facilities that are capable of researching all these deadly infectious diseases, and locating a facility of this importance in a rural area may compromise the quality of professional experience. Boston is already confirmed as a source of the best and brightest.

Most are familiar with Boston University as a good neighbor for our communities, and encourage their continuing participation benefiting each of the communities that BU resides in.

I also have confidence that BU will use its best discretion, before bringing in any agents into the facility, so that known characteristics may be identified before any possible compromises of mechanical purifying equipment. I am also pleased to know that if Boston happens to be the first point of impact of an infectious disease, having the benefit of locating a facility of this nature in the city, provides us with the best possibility of the fastest response possible in the nation. Thank you.

James Coyle: Good evening. My name is James Coyle. I live in Quincy. I am here tonight representing over 30,000 building trades, men and women, that live in the Boston area. Many of them live in the immediate neighborhood of this project. We are here tonight in support of this project. Many of those members have spoken at all of the other meetings in favor. I am here tonight to reaffirm their commitment. No one, none of them, have ever questioned BU, or questioned the National Institute of Health in their oversight of this project.

You know, it's ironic that I've sat through this meeting tonight and I've heard a lot of information, I've heard a lot of comments, a lot of negative comments about the project, and I heard those same comments well over 30 years ago. The Seabrook Power Station, the [inaudible] Nuclear Powerhouse and Yankee Rowe. All three of those nuclear powerhouses were built in the New England area, in areas where they weren't wanted. They weren't in urban areas, they were in the woods, in the sticks, on the beach, but those projects were all built, and they were operated for a period of over 30 years, which is their approximate lifespan, and now they're being decommissioned without any problems, without any accidents, without any deaths, and a lot of this was due to government oversight, rules and regulations. Contrary to your current president, George Bush's campaign mantra of less government, he wants to get government out of your life, this is a perfect example of where government worked, and it helped to protect the neighborhoods, our children, our life.

And we believe, the Boston Building trades, that the same thing is true of the BU project. We support it, and we believe that the National Institute of Health will oversee this project, and it will be a safe project. Thank you. [Applause]

Alyssa Arzola: Hi. My name is Alyssa Arzola, and I am a lifelong resident of the South End. I

hear a lot of people coming up here this evening and talking about the benefits that the youth will get due to this lab. But I work at a youth organization working with 20 some odd youth around the City of Boston, and none of us really have wonderful ideas, or do we feel as though this bioterror lab in any way, shape, or form will be benefiting us. I feel as though that the concerns that we have today are adequate education and graduating from high school to be able to have jobs like this, and right now Boston education is not up to that status. So as far as I'm concerned, I am not for the building of this lab in my community. [Applause]

Tom Ferrante: Hi, my name is Tom Ferrante. I'm a Boston resident, and I work in one of the labs down at the Boston University School of Medicine. I support the building of the lab because they are trying to find cures for diseases, and they're also trying to train the people of Boston to work in the labs. But there are people who oppose the lab, and their opposition should definitely be dealt with, and Boston University should try to speak with them and hear them out, and hear what they have to say, and try to get back to them with answers. If they don't have answers to their questions, then they'll definitely not support the lab. But overall, I am in support of the lab, and hopefully they will be too, if there is more interaction between them and the people of Boston University.

C.44

Jim Schneider: Thank you. I'm Jim Schneider. I live in the Lechmere section of Cambridge. I sell newspapers for The Globe and The Herald on the Gillmore Bridge, and I'm in opposition to the lab, and continuing with the prior gentleman's remarks, specifically that I think the optimum way for a terrorist group to exploit the opportunities presented by this lab is to release agents in various parts of the city, and let the people in this nice, safe lab watch the various hot spots where the people basically die. And to that end, I respectfully suggest that they name, that BU name this lab the Thanks for Making it Too Easy, Yours Truly Bin Laden Lab. Thank you.

Jhett: Hi. My name is Jhett. I'm a resident of Hyde Park, however, I frequent the area of the proposed lab. I also have family who live there, and I'm in direct support of the lab being built because of its medical benefits, and all of the research that's going to be done there. I think it's a really good thing. I think it's a good opportunity for people in general, people in the world, just to have some kind of help for the diseases that are plaguing us.

I'm just in support of it, and I just hope it goes forward. Thank you.

C.45

Dwaina Howson: Good evening. My name is Dwaina Howson, and I am a Legislative Aid with the office of Representative Marie St. Fleu. And I would just like to convey on behalf of the representative her concerns regarding the public safety issues of placing the lab in this particular neighborhood, but also, her hope that Boston University Medical Center and the National Institutes of Health will continue to foster an open relationship with the community and the legislators so that people can be involved and informed, and can make educated

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C.44 Research in this facility is designed to enhance our ability to respond with vaccines and treatments for potential biological agents.

C.45 BUMC has utilized several mechanisms, outside the NEPA process, to respond to requests for information and address community concerns. In addition to attendance and participation at more than 150 community meetings to provide an overview of the project, address specific issues and answer questions on the Boston-NBL, BUMC has set up information repositories that include key documents and materials at four local public libraries in neighborhoods near the project; some documents have been translated into Spanish to facilitate access for non-English and bilingual speakers. In addition, members of BUMC's Biosafety Laboratory Advisory Group comprised of community members from various Boston neighborhoods serve as focal points for community information exchange on the Boston-NBL.

C.45 decisions regarding this lab.

Jamie Fay: Okay. Seeing no one else waiting for the microphone, we'll declare the meeting closed. Thank you all for your-- I'm sorry, we have one more.

Maura Hennigan: Good evening. What good timing. For the record, my name is City Councilor Maura Hennigan. I'm an at-large City Councilor, and I represent the entire city. I just wanted to take the opportunity this evening to express my strong opposition to the location of a Level IV Biolab in the City of Boston. I do this with a great deal of input from constituents, not only in the abutting areas of the South End and Roxbury, but from people who are across the city who understand the very serious ramifications that will occur should a Bio IV level lab have an accident, and therefore impact not only those immediate areas, but the entire city of Boston and beyond.

I think what has been most disturbing to me during the number of hearings that I have attended, and receiving input from Boston University, is it is very clear to me that they do not have a well thought out plan to deal with what if the unthinkable occurs.

As you may be well aware, there was a Level II lab--

[End of Tape #1, Side B]
[Beginning of Tape #2, Side A]

C.46 Maura Hennigan: --of Tularemia was actually being worked on, and as a result, a number of laboratory workers became exposed and infected. In addition to that, in an unrelated case, we recently had a fire in the South End Boston Medical Center area, and unfortunately, because our firefighters were unaware of radioactivity that was contained in that particular lab, there was contamination of firefighters that actually went so far into Boston Medical Center.

I think it further points out just the fact of how unprepared we as a city are to deal with possible exposures of some of the most serious viruses and organisms known and unknown to man. I hope the National Institute of Health will consider this very, very seriously during its deliberations. We are not against research, we think it is very, very important that we

C.47 be able to discover antidotes and cures to many, many diseases and organisms. However, to do it in a highly populated area in the City of Boston, particularly in neighborhoods that historically have not had strong voting participation, we are very, very concerned that they have singled out neighborhoods that really have been disenfranchised over a number of years, and are not able, in many instances, to fight back as maybe neighborhoods that are much more organized to be able to fight back what would be a very, very serious threat to those communities.

So I ask you to take this into consideration. I once again appreciate the opportunity to testify, and glad I got here before you closed the hearing. Thank you very much. [Applause]

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C.46 See Response to Comment 19.5.

C.47 See Response to Comment 19.2.

Sharon Levine: My name is Sharon Levine. I'm a geriatrician and a physician at Boston Medical Center and Boston University School of Medicine. I make house calls to frail, homebound elderly from the ethnically and richly diverse community in Roxbury, Dorchester, Mattapan, and have done so for the last 16 years. Many of my patients come from countries in the world where people die in the tens of thousands every year from infectious diseases. We may think we live in a very, very small world. We may think we live in a one mile radius, but these are diseases, SARS, West Nile Virus, HIV, that are no longer restricted to far away places. They can be right here, and these are very important public health decisions that we're making here.

I strongly support the Biocontainment Lab, because I feel that the risks for what we can do for good in the world, that the benefits far outweigh any risks to the worldwide community. Thank you. [Applause]

Jim Thatcher: Hi. Jim Thatcher. I live over in the West End, Beacon Hill neighborhood, and I am very much in favor of this, so long as it's done right. I think some of the things that would happen, if they were, wouldn't be local. It would spread everywhere, no matter where this lab was. So it really doesn't matter where it is, and here we have a chance to come up and solve some of these problems by having this lab. Thank you.

[Donna Gittens]: Hello. My name is [Donna Gittens] and I live in Dorchester, and I'm here tonight. I've heard a lot about the lab, and I think it's important and necessary to not only have the lab here, but to also continue to have this industry in this region of the country. It is critical and central to have the research, the benefit of the jobs, and to learn about what those viruses are. Massachusetts, and Boston in particular, is the center of a lot of knowledge, and I think it's important that we get at the forefront of this, and I think the lab is a critical part for this region to move forward, and I support it.

Ed Crotty: Hi. My name is Ed Crotty. I live in Jamaica Plain. When I started my so-called career I was doing human services work in the South End in the area, including the area where this proposal is going to, seems to be wired to take place.

In 1969 the Urban Renewal Plan there was still very new, and there was hope that it was really going to be generating a lot of development that would have kind of [knock on] or [repercussive] effects. This looks to me like a classic dead-end development thing. The set-back, the area that's being set off would be essentially, like other hazardous or high security facilities, would be no go areas, probably for the rest of my lifetime, and maybe for the rest of the lifetime even for the youth in this room.

C.48 Again, I'm not the kind of, a Ludite that says "Don't do the research." By all means, do the research. But good lord, I mean, within a kilometer of the most expensive public works

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C.48 The project site has been zoned for medical research uses for many years and was designated by the City of Boston for biotechnology. The project would bring economic benefits to the City as described in Response to Comment 90.8.

C.48 project in the history of this country, is there not a higher, better use of that parcel? I've experienced a doubling of my real estate taxes in the last year. This would go off the real estate tax rolls. This would generate a few jobs for some highly trained researchers, but not for the general rank and file population of the city.

I don't know if these are considerations that have gone into the Environmental Impact Statement. It seems that they ought to, but I don't know if they have. Often, it's useful to narrow the scope of these things. But it is just inconceivable to me. I mean, it seems like money is driving this right from the very top. Obviously in this country right now, as we've discovered with the whole selling of the Pentagon phenomenon over my lifetime, if you fund it, they will build. There is money dangling out there, and there is a lot, you know, from City Hall, to the BRA, to developers that are close to the mayor and make contributions, there is a lot of money that's driving this. I would say to the people in the construction worker's unions, with whom I have an enormous sense of solidarity having variously belonged to unions over the years, there are other, better things to be done with this that will actually generate more jobs. It is not a no-build zone, but in the future, it will become a no-build zone, this kind of facility.

This belongs in a less densely populated area. What could be more obvious? It is a stunning lack of leadership. One person called this a lack of democracy. It is a stunning lack of public leadership at this point, that from the federal, through the state, and on down to the municipal level, that people can't figure out a better way to meet a need, and also to treat that extremely valuable urban site for better purposes.

C.49 I guess finally, there seems to be kind of a kangaroo court nature to this thing. The folks who want to fund this and want to build this are also the folks who are going to be making the decision. So at least not to feel too foolish in walking away, I want to acknowledge that I feel like I'm sort of preaching to the judge, jury and executioner on this, but that's the strange world we live in. Thank you. [Applause]

Jamie Fay: Okay. Seeing no more speakers, we're going to close the hearing. Thank you all for coming tonight.

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C.49 The Boston-NBL is being proposed by BUMC. The decision to fund the construction of this facility would be made by the NIH, not by BUMC. No decision to fund the building has been made.

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