

# Health Effects of Uranium Exposure

Results of health studies in tribal communities across parts of three decades



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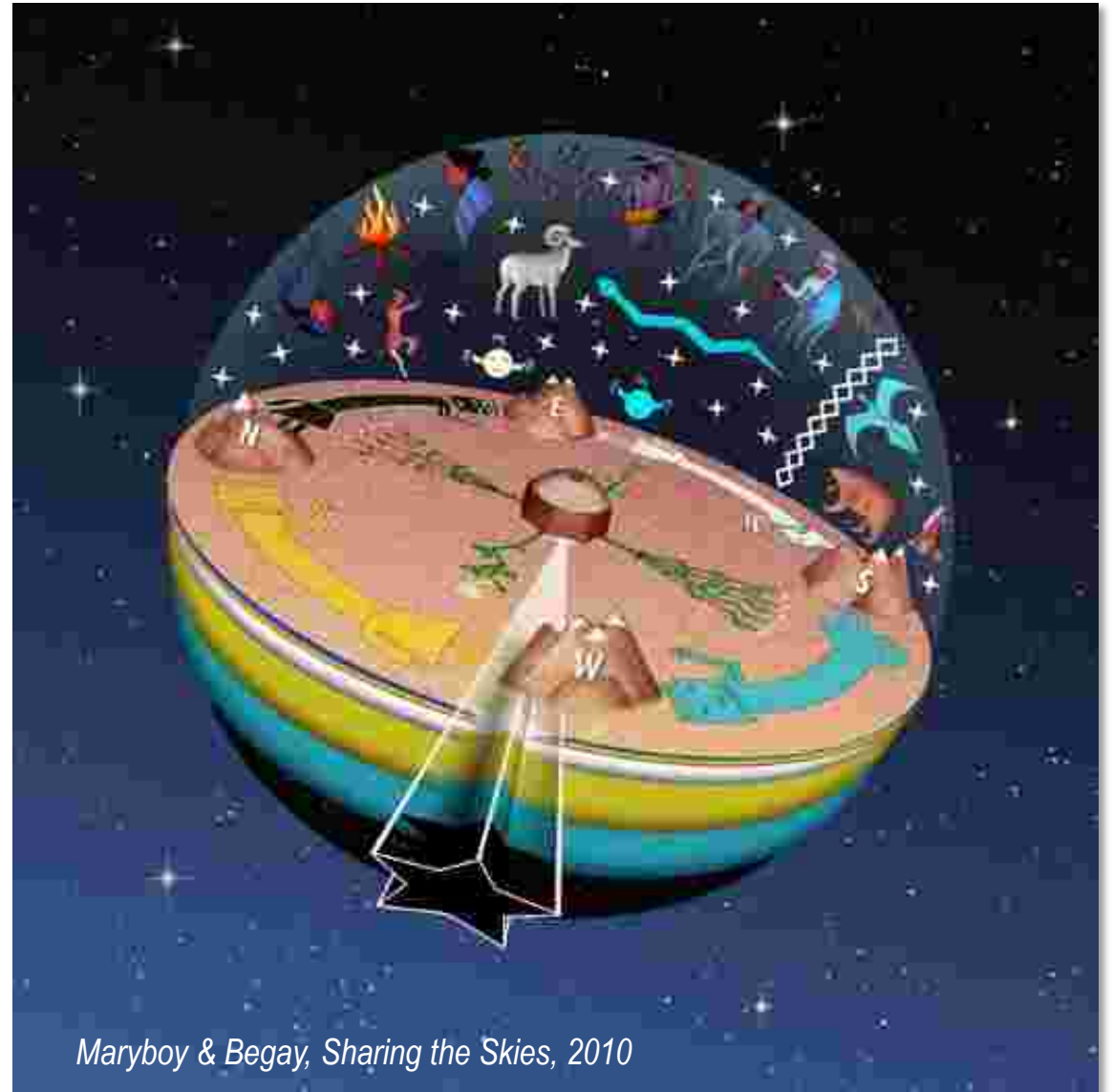
**Communities:** We recognize and honor the communities and community organizations that have been partners with SRIC and UNM for 40+ years

- Blue Gap-Tachee Chapter
- Cameron Farm Enterprise
- Indigenous Education Institute
- Nahata Dził Commission Governance
- Pueblo of Laguna
- Red Water Pond Road Community Association

**Land Acknowledgement Statement:** *The University of New Mexico sits on the traditional homelands of the Pueblo of Sandia. The original peoples of New Mexico have deep connections to the land and have made significant contributions to the broader community statewide. We honor the land itself and those who remain stewards of this land and acknowledge our committed relationship to Indigenous peoples.*

# Outline

- What is exposure, and how is it measured?
- Chemical and radiological properties of uranium
- Uranium mines as sources of exposure: examples
- Proximity -- consistently significant exposure
- Health studies, results



# Big Picture: Indigenous people disproportionately impacted by mining in the West

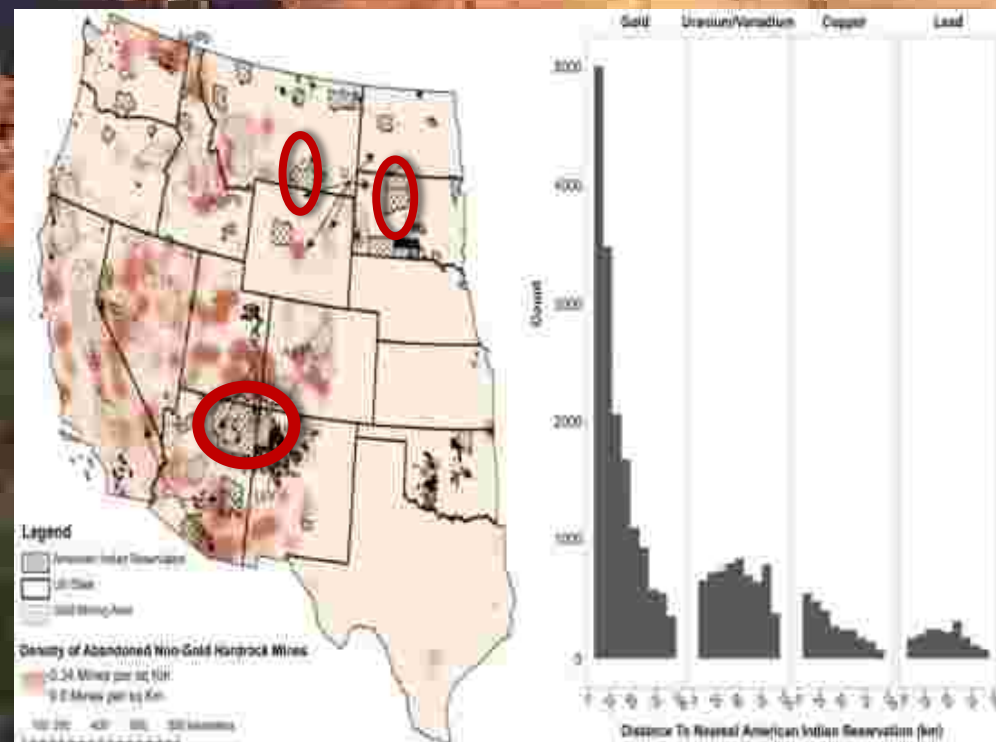


## Mining Legacy in the Western U.S.

- Uranium, vanadium mines second only to gold and silver
- >10,400 abandoned uranium mines (AUMs) in region
- >600,000 Native Americans live within 10 km of abandoned mines

## Potential for higher sensitivity to toxicity among Native Americans

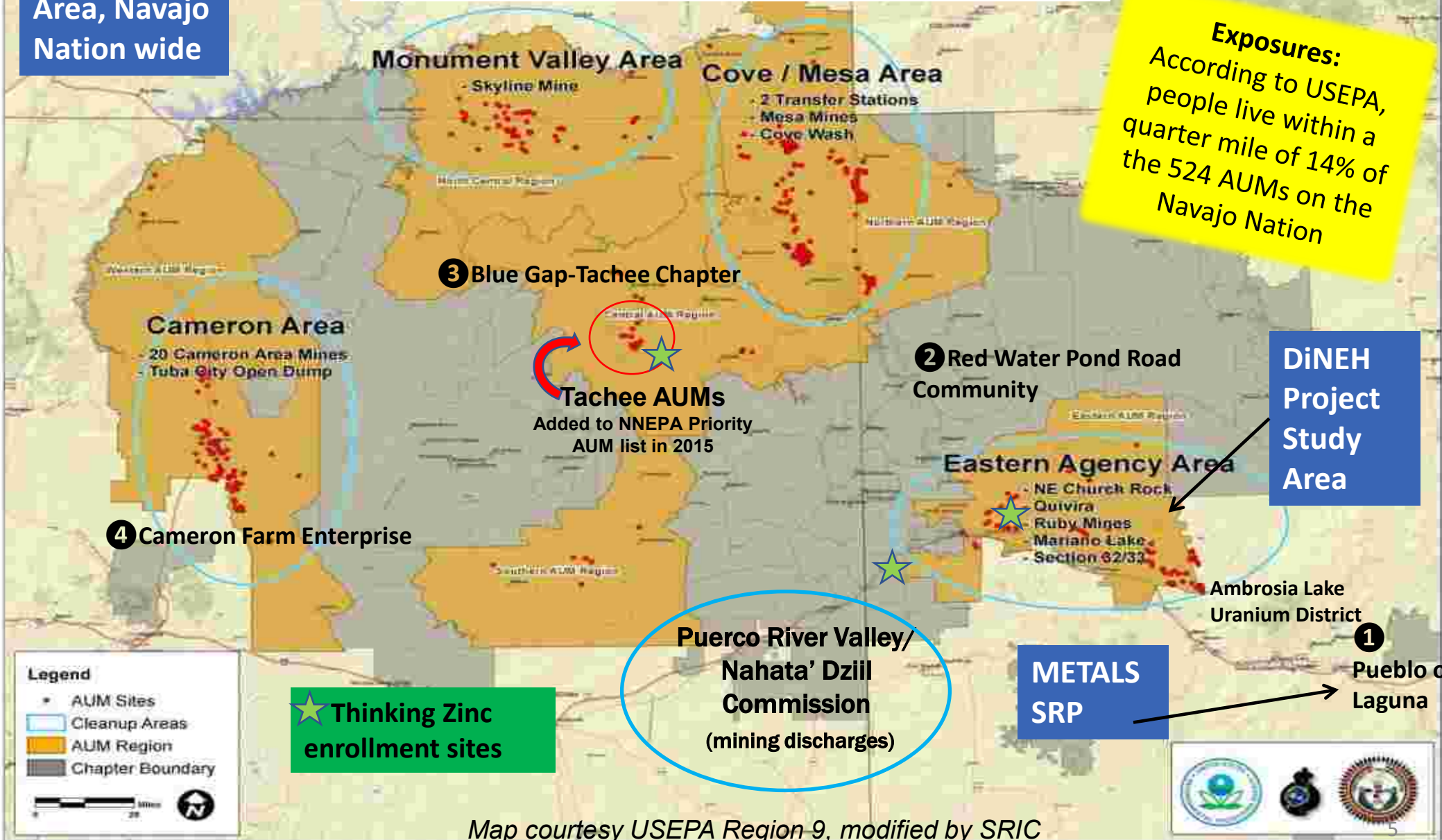
- Understudied genetic, epigenetic, metabolic differences
- Tied to land – moving not always an option to reduce exposures



# Navajo and Pueblo communities where UNM environmental health studies are ongoing

NBCS Study Area, Navajo Nation wide

**Exposures:**  
According to USEPA, people live within a quarter mile of 14% of the 524 AUMs on the Navajo Nation



DiNEH Project Study Area

METALS SRP

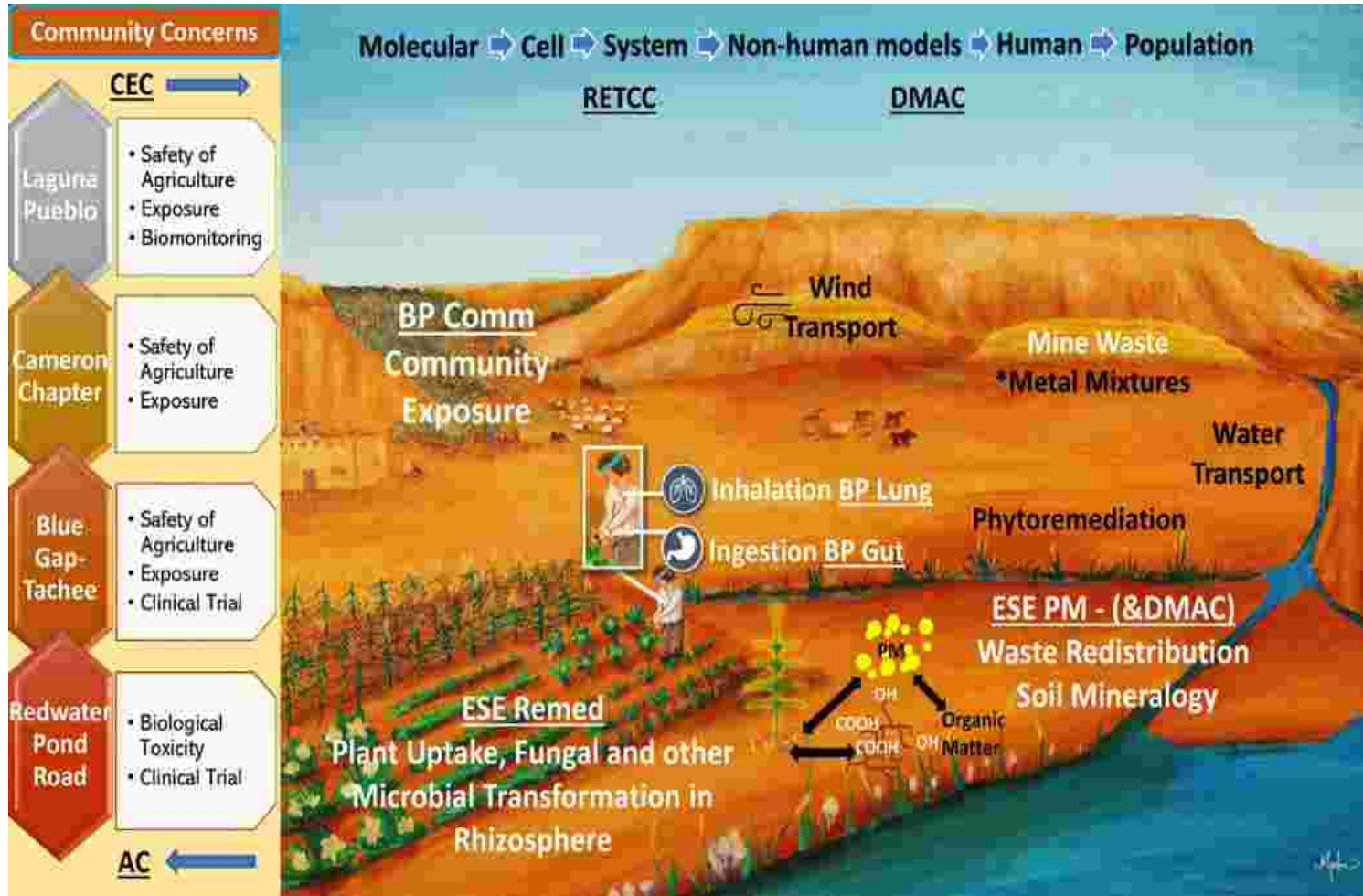
★ Thinking Zinc enrollment sites

Puerco River Valley/  
Nahata' Dził  
Commission  
(mining discharges)



Map courtesy USEPA Region 9, modified by SRIC

# Indigenous Science and Art Explain METALS Conceptual Model



This original painting by Mallery Quetawki, UNM Artist in Residence from Zuni Pueblo, illustrates how **community concerns** about exposures to mine wastes are linked to research that assesses community exposures for the first time and possible effects of metals exposures on lung and gut health. Pathways of exposure are shown

# Exposure Source on Pueblo of Laguna since 1952

## Jackpile-Paguante Uranium Mine

- Largest open-pit mine in U.S.
- Operated from 1952 to 1982
- Reclamation, 1989-1995
- Designated federal Superfund site by USEPA, December 2012
- UNM METALS Superfund Research Center studies, 2014-present
- Currently in USEPA remedial investigation stage

Blasting during operations, 1950s



Mine waste hauling during reclamation



North Pit seen from Paguate Village, 2016



*In 2025, UNM METALS SRP started first-ever exposure studies with approvals by Pueblo of Laguna Council and Southwest Tribal Institutional Review Board*

Paguante Village surrounded on east and south side by Jackpile Mine during operations late-1970s

# What is “exposure”?

Exposure is the contact between a person and a hazardous substance through breathing, eating, drinking, and skin absorption, and in the case of pregnant women, placental transfer

## General Sources of Exposure



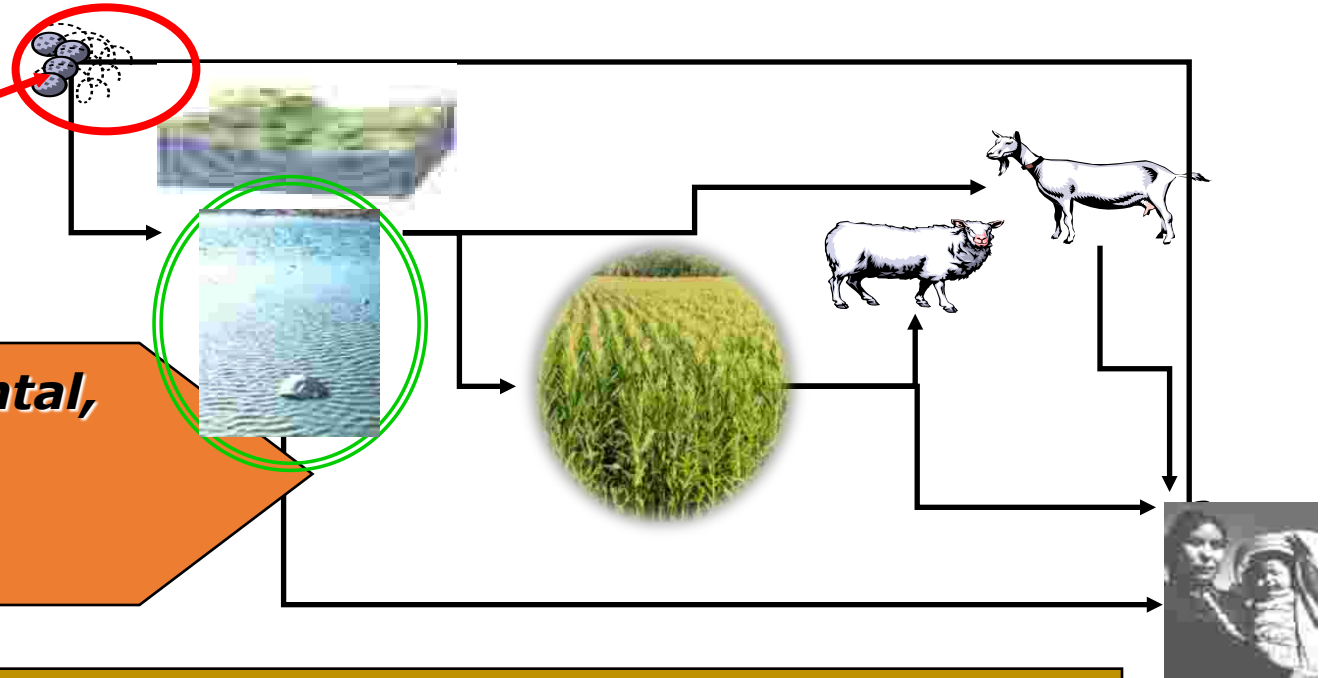
Source: National Cancer Institute, <https://epi.grants.cancer.gov/chemical-physical-exposures/>

# Pathways and routes of exposure

**SOURCES:** Potentially harmful contaminants in the environment

**Exposure Pathways: environmental, outside the body**

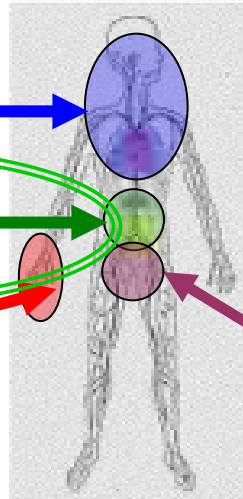
Air, water, plants, animals, humans  
(can be very simple or quite complex)



**Inhalation (Breathing)**

**Ingestion (Eating, Drinking)**

**Absorption (Skin Contact)**

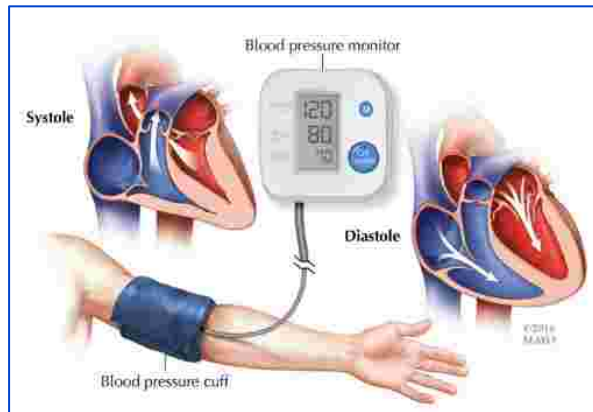


**Exposure Routes: inside the body**  
How contaminants enter the body

**Circulation:**  
➤ Transplacental transfer?  
➤ Epigenetic changes?

**Target Organ:**  
Where a contaminant ends up in the body;  
e.g., bone, kidney, lung

# How is exposure measured, estimated?



Standard medical tests, like blood pressure



- Self-reported exposures through *written, oral surveys*
- *Detect/measure contaminants* in air, water, soils, forage, crops and livestock
- Measure exposure through *inhalation* (breathing), *ingestion* (eating, drinking), *dermal contact* (getting it on your skin)
- *Biomonitoring* – measuring contaminants in bodily fluids and tissue, largely through laboratory analysis of metals in blood and urine
- Explore the molecular and cellular *mechanisms of toxicity*

# Uranium mine wastes: Mixtures of metals and radioactive elements exceeding background



**Case Study: Claim 28 AUM in Blue Gap-Tachee Chapter, Navajo Nation, near 17 homes. Uranium and vanadium concentrations (chart) indicate ore-grade levels in waste.**

**Prius-size boulder reading 2-15 mrem/hr (or, 750x >background) on two different radiation meters**

**Mine wastes (30->5,000 uR/hr on Ludlum-19, or ~250x background)**

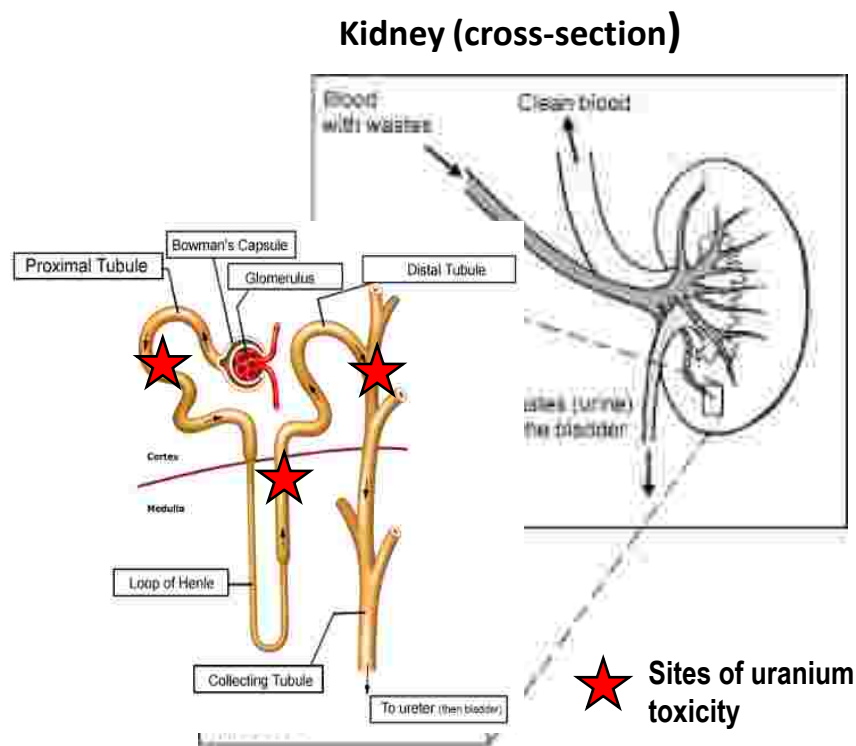
XRF Results* for 2014 samples	Elemental Content, ug g <sup>-1</sup> (ppm)							
	Si	S	Al	Fe	Mg	U	V	Ca
Undisturbed Soil	241,950	1,339	52,129	26,739	3,068	BDL*	BDL*	16,441
Mine waste1	235,563	223	69,533	15,259	181	2,248	15,814	855
Mine waste2	243,703	1,834	59,730	3,511	405	6,614	4,328	3,293

**Analyses at UNM Earth & Planetary Sciences lab: crustal average concentrations are 2.7 ppm for U, 1,235 ppm for V**

# Chemical and radiological properties of uranium

## Chemical Properties

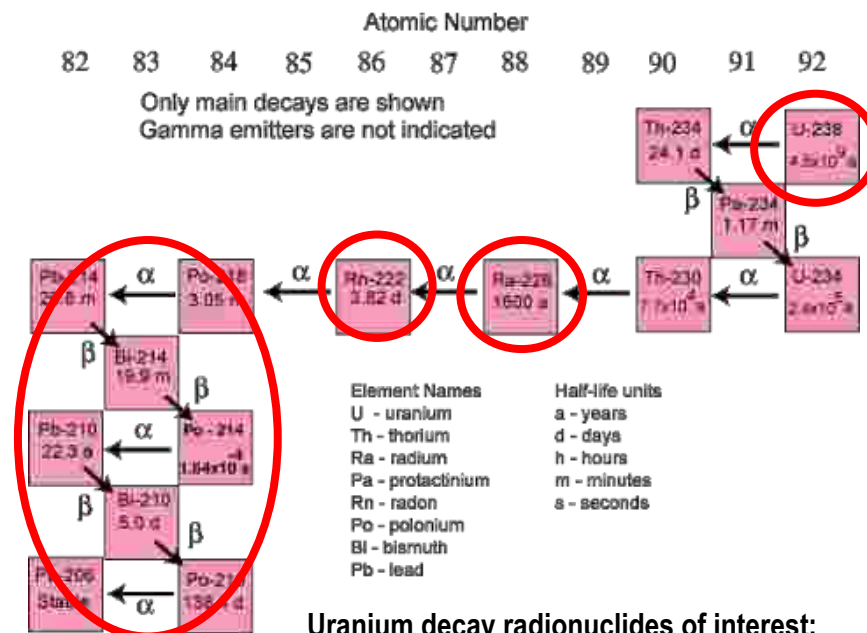
- Heaviest naturally occurring trace element on Earth
- Found in surface rocks and soils at average concentration of 2.5-2.7 parts per million (ppm)
- **U — Kidney toxicant**; contributes to chronic kidney disease



## Radiological Properties

- **Uranium-238** – 99.3% of all “natural” uranium
- Major uranium decay products in mine and mill wastes: thorium-230, **radium-226**, **radon-222**,
- Emits **ionizing radiation**: alpha, beta, gamma
- **Ra-226** – Known to cause cancers of the bone and blood
- **Radon and Radon Progeny** – Radioactive gas that builds up in uranium mines and indoor environments; second leading cause of lung cancer in the U.S.

### The Uranium-238 Decay Chain



Uranium decay radionuclides of interest;  
Radon progeny shown in large red oval

# Radiation Characteristics of Various Nuclear Wastes, Compared with Background

*Arrow indicates increasing rates\* of gamma radiation*

(A) Normal soils: naturally occurring radiation

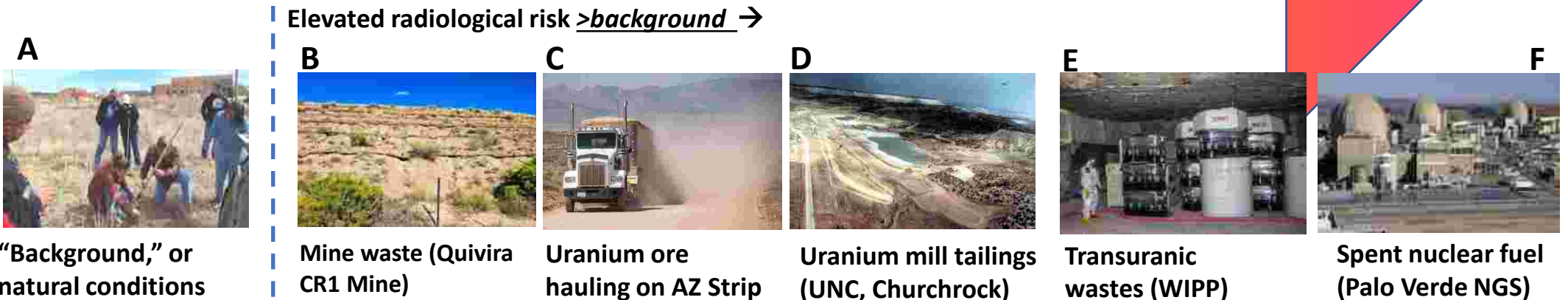
(B) Mine wastes: elevated gamma radiation, heavy metals; dry dirt, rocks

(C) Uranium ore: elevated radiation (gamma, alpha), heavy metals

(D) Uranium mill tailings: high chemical toxicity, high radiation

(E) Transuranic wastes: high radiation, remote-handled

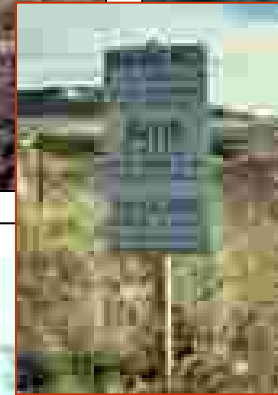
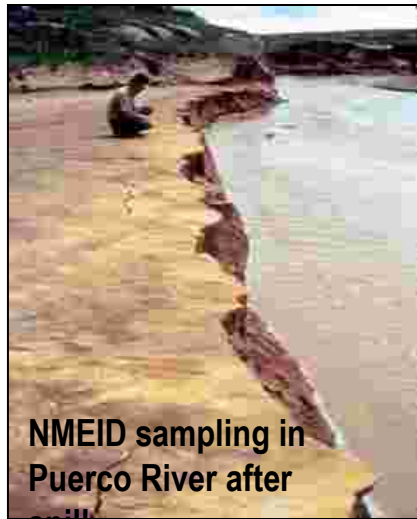
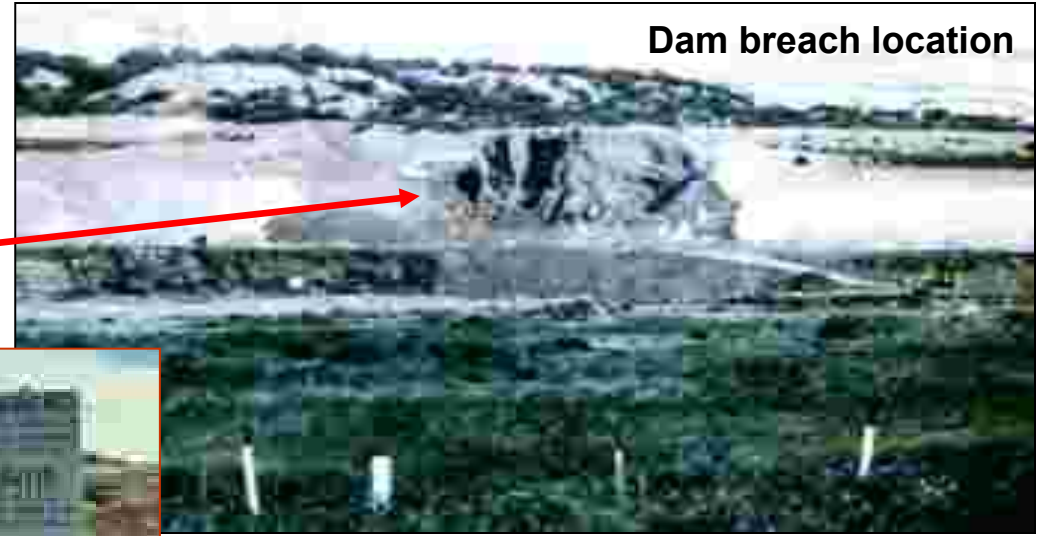
(F) Spent fuel: deadly radiation, remote handled



\*We have compiled and calculated numerical dose rates for each category of wastes, and those data are undergoing peer review.

# Church Rock Uranium Mill Tailings Spill July 16, 1979\*

\*Remains the largest release of radioactive wastes, by volume, in US history; third largest radiological disaster after Fukushima (2011) and Chernobyl (1986)

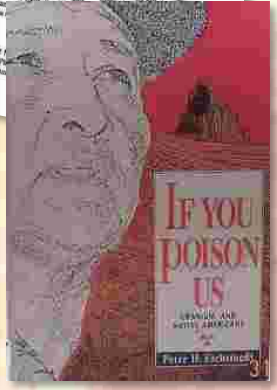
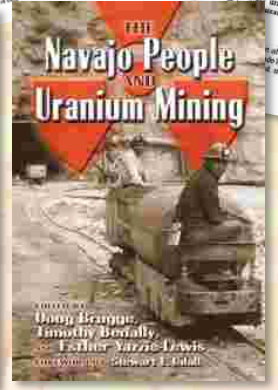
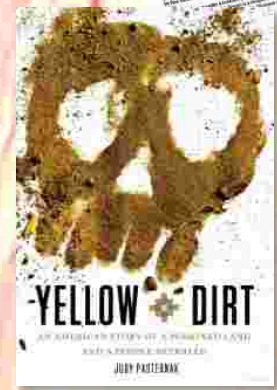


Community leaders Larry J. King and the late Robinson Kelly (right) emerged as community leaders in

# Uranium mining – sentinel exposure for lung disease, especially among Navajo miners



- Lung disease in European pitchblende miners in 1500s; at least 12 major epi studies of U miners worldwide
- Studies on Colorado Plateau: High in-mine radon levels comparable to European mines; 1,100 miners and millers screened by 1951
- Radiation (radon, radon progeny) identified as causing lung cancer in Navajo U miners
- Navajo miners face 2-3 fold excess mortality from lung cancer, pneumoconiosis, other respiratory diseases
- Lung cancer risk in Navajo men who were U miners:
  - 67% of new lung cancer cases among Navajo men between 1969 and 1993 attributed to one exposure, underground uranium mining
  - Dr. Victor Archer (2004) concluded that an “epidemic” of lung cancer among Navajo miners was “inevitable” because US ignored the European evidence



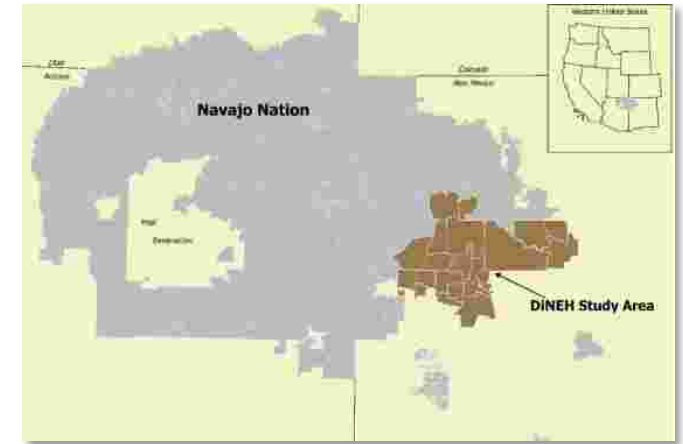
Must-reading on the Navajo Uranium Legacy





# Diné Network for Environmental Health (DiNEH) Project,\* 2001 to present

- 2001-2004: Community-engaged research and trainings
  - 20 chapters in Eastern Agency
- 2004-2010 (Phase I): **Land-use-water-health survey** administered to 1,304 participants
- 2010-2011 (Phase II) – **Blood and urine samples** collected from 267 participants at 14 community collection events
- 2012-present: Data analysis, publications, community report-backs and workshops
- >15 Navajo-speaking field staff (2002-2011)
- Cross-sectional study design with surveys, geospatial data, biomonitoring



Study Area in Eastern Navajo Agency



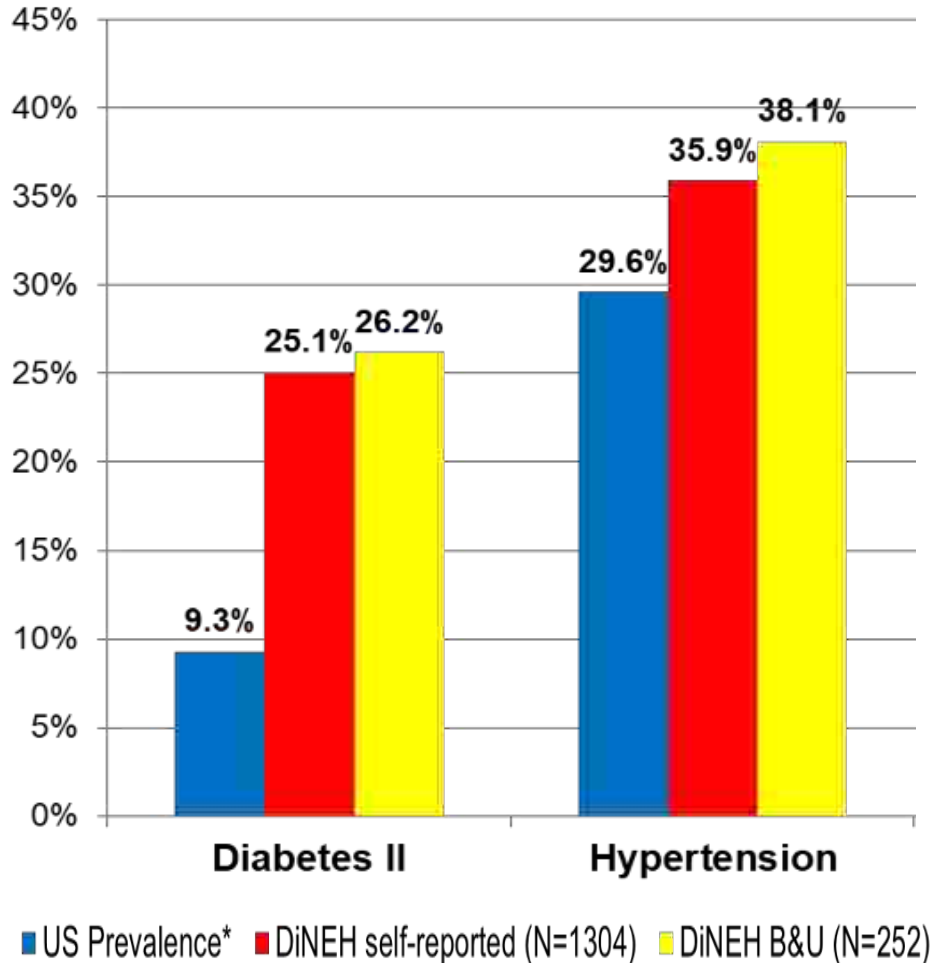
DiNEH Project team, 2009

*\*DiNEH Project approved by the Navajo Nation Human Research Review Board (NNR-04-145) and UNM Human Research Review Committee. Grant support from NIEHS, RO1 ES014565; R25 ES013208; P30 ES-012072; USEPA/ERRG pass through contract; with support from DHHS/NIH/NCRR #1UL1RR031977-01. This material was developed in part under cited research but has not been formally reviewed by the funding agencies. Views expressed are solely those of the authors and do not necessarily reflect those of the agencies.*

# DiNEH Project major findings\*



## DiNEH participants' rates of diabetes, high blood pressure greater than 2012 U.S. rates



- \*Findings summarized in 10 peer-reviewed papers published by the DiNEH Project team since 2015
- **Proximity to U mine wastes** -- significantly increased risk of kidney disease during mining era; cardiovascular disease (CVD) and autoimmunity during legacy era
- **Chronic exposures (survey data)** – median residency of participants = 32 years
- Twofold increase in **antinuclear antibody (ANA)** positivity over U.S. norms
- **Biomarkers** of autoimmunity associated with U in drinking water *below* MCL
- **Chronic kidney disease associated with exposures to environmental metals**, including U, *but not with common diabetes measures, HbA1c and T2DM* (in preparation)
- **DiNEH Project findings informed development of Navajo Birth Cohort Study.**

# This is what "proximity" looks like



Interim removal



Quivira Churchrock Mine

Homes in Red Water Pond Road Community, Coyote Canyon Chap.

## Claim 28 Mine in Blue Gap-Tachee

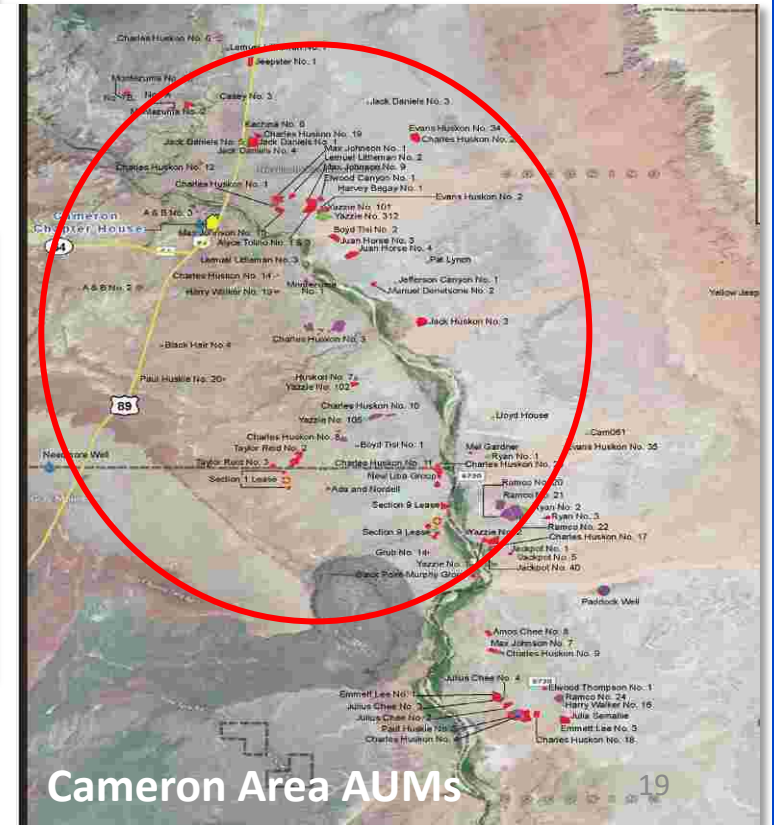


### Example: Mariano Lake Mine

- Operated by Gulf Mineral Resources 1977-1982; closed 1986; Chevron current responsible party
- Interim actions: buildings removed, site graded and fenced, one home abandoned
- 10 to 15 residences surround the mine site



Jackpile Mine North Pit, next to Paguate Village



Cameron Area AUMs

*Above L: 20 homes next to Mariano Lake Mine; Above R: Village of Paguate sites next to Jackpile Mine, Pueblo of Laguna*

# Navajo Birth Cohort Study-ECHO+



- Part of NIH's national ECHO-wide cohort consisting of 84 birth cohorts at 35 sites involving ~150,000 children
- Primary focus — pediatric outcomes (graphic) that have a high public health impact
- Includes repeated biomonitoring, survey data collection, medical record reviews, developmental assessments, home environmental assessments
- Provides training, experience in research, building Diné EH capacity
- Multigenerational exposures and outcomes at community level
  - DiNEH (18-96 yrs)
  - NBCS parents (21-45 yrs)
  - NBCS children (prenatal – 18 yrs)



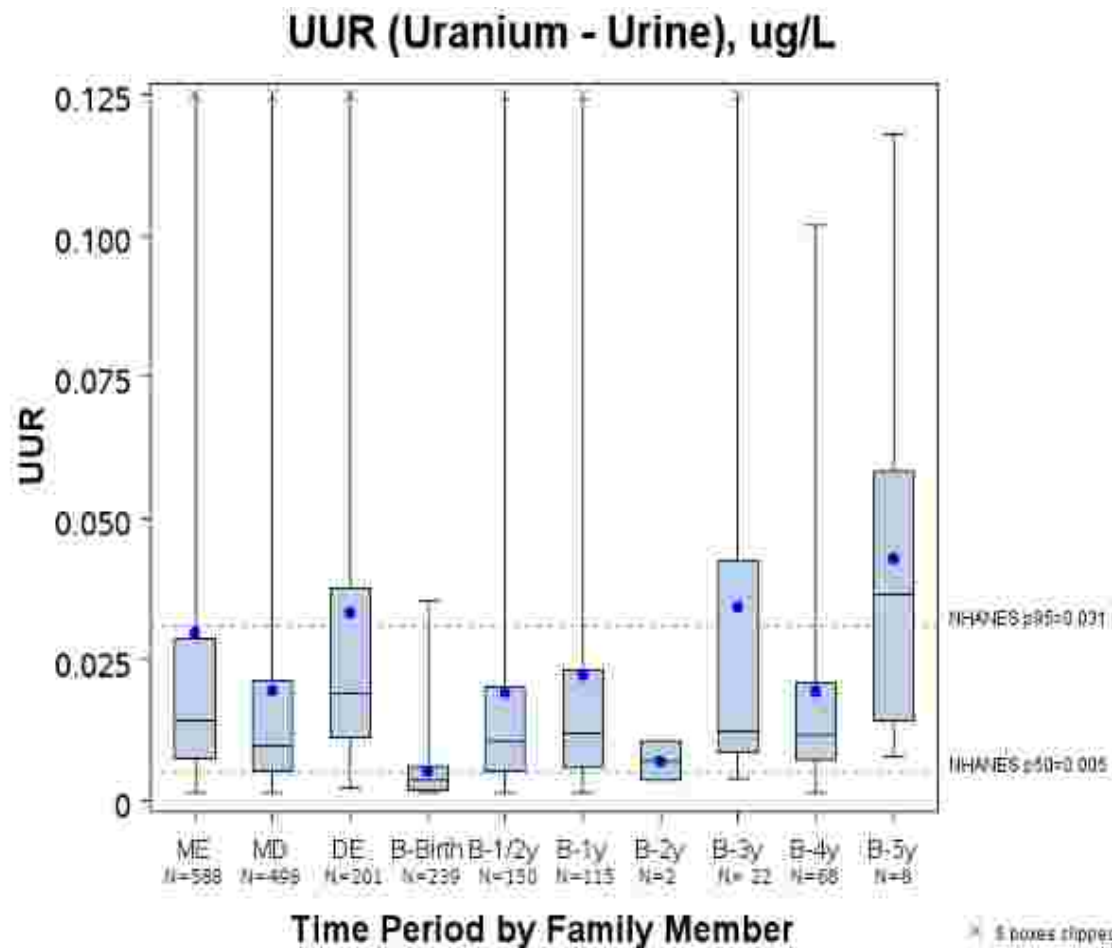
ECHO's primary child health outcomes shown here are applicable to Navajo Nation health concerns



NBCS-ECHO+ staff at NNHRRB conference, October 2023

# NBCS-ECHO+ finds U exposure among mothers, fathers, newborns

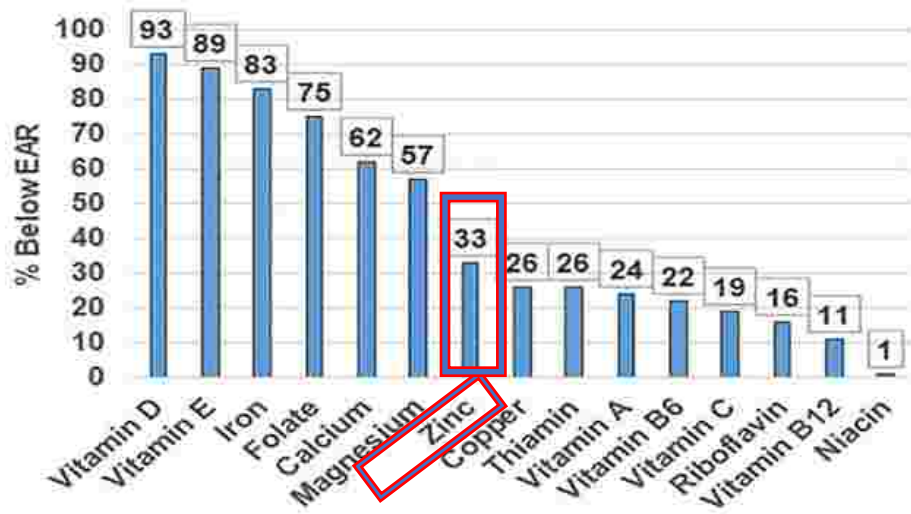
- Pregnant women enrolled in NBCS have higher average concentrations of urine uranium compared to national norms
- Placental transfer of uranium to unborn baby and ongoing exposure after birth
- **Adult participants** – 28% have urine uranium >95<sup>th</sup> percentile of NHANES
  - Dads 36%
  - Moms 26%
- **Babies** (not creatinine corrected)
  - Infant @ birth 0.5%
  - Infant @ 6 months 15%
  - Infant @ 12 months 19%
- NBCS subgroup with the highest overall U exposure experienced **pre-term birth** of nearly 3 times greater than normal



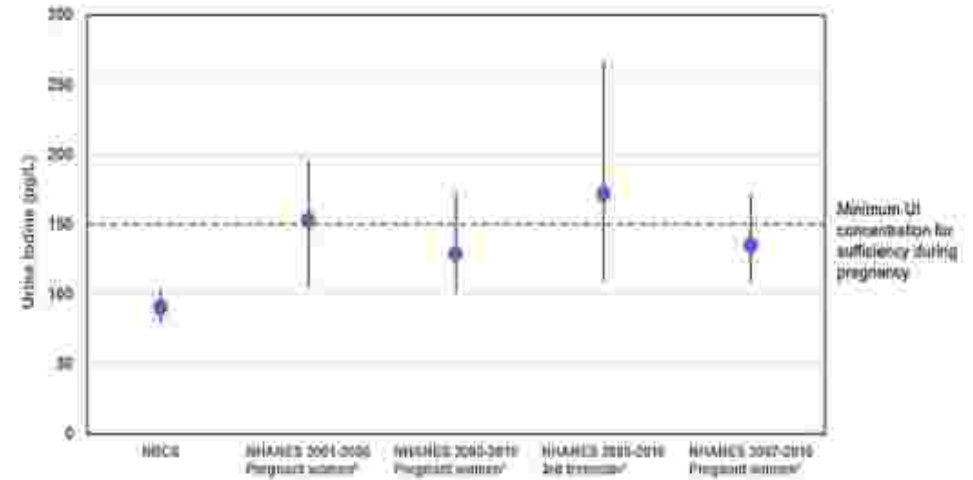
# NBCS mothers' diets during pregnancy deficient in micronutrients important for normal child development



Zinc and other nutrients as % Estimated Average Requirement



Iodine deficiency: ~50% of NHANES total and pregnant women

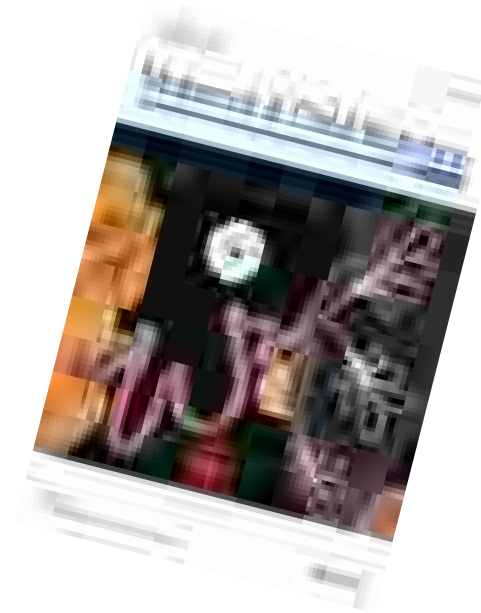


<sup>a</sup>CalDWI et al 2013

<sup>b</sup>Perrine et al 2010

- Deficiencies only minimally improved since 1981
- Iodine and zinc critical in normal child development
- Opportunities for future interventions? Ex: Thinking Zinc
- Folate intervention had huge impact

DeLa Rosa et al., Diet quality among pregnant women in the Navajo Birth Cohort Study. *Maternal & Child Nutrition*. 2020 | <https://doi.org/10.1111/mcn.12961>



# Translating research through an Indigenous lens



## Thinking Zinc — *Beesh Doot'izh Bantsáhákees*

*A study to assess how taking the recommended daily amount of zinc may help repair damage from harmful metals among Navajo Nation residents*



**U Damages Immune Cell  
DNA**

**Zinc Leads to Repair of DNA  
Damage**

**Healthy Immune Cells Can  
Function**



# Thinking Zinc Goals and Study Design\*

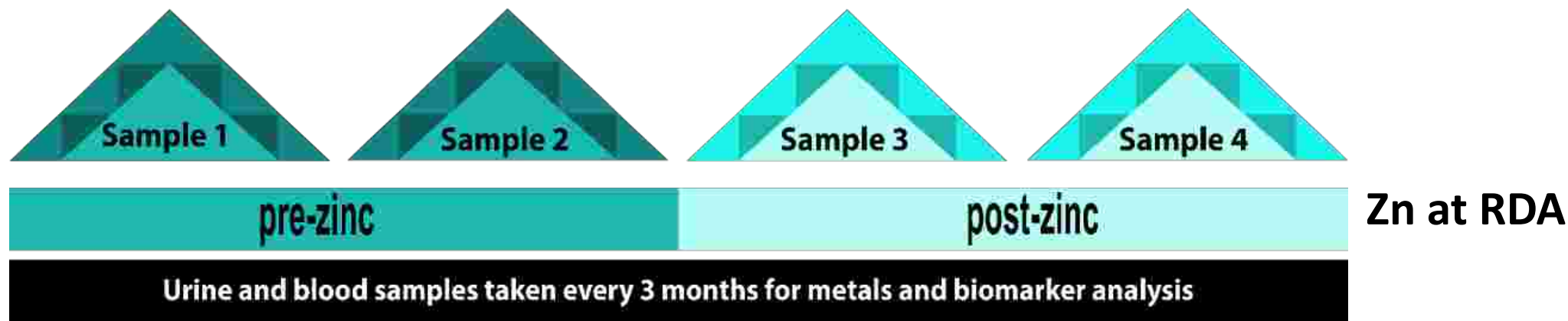
Adapted from L. Hudson, 12<sup>th</sup> Conference on Metals Toxicity and Carcinogenesis, Oct. 2025



**Project Goal:** Conduct pilot clinical trial of dietary zinc supplementation to assess effects on biomarkers of metal-induced toxicity

**Long Term Goal:** Determine whether dietary zinc supplementation reduces metal-induced human disease

**Vetting Process:** Study design, name recommended by community members to respect Native cultural practices



Urine: metals, urinary biomarkers of oxidative stress and DNA damage

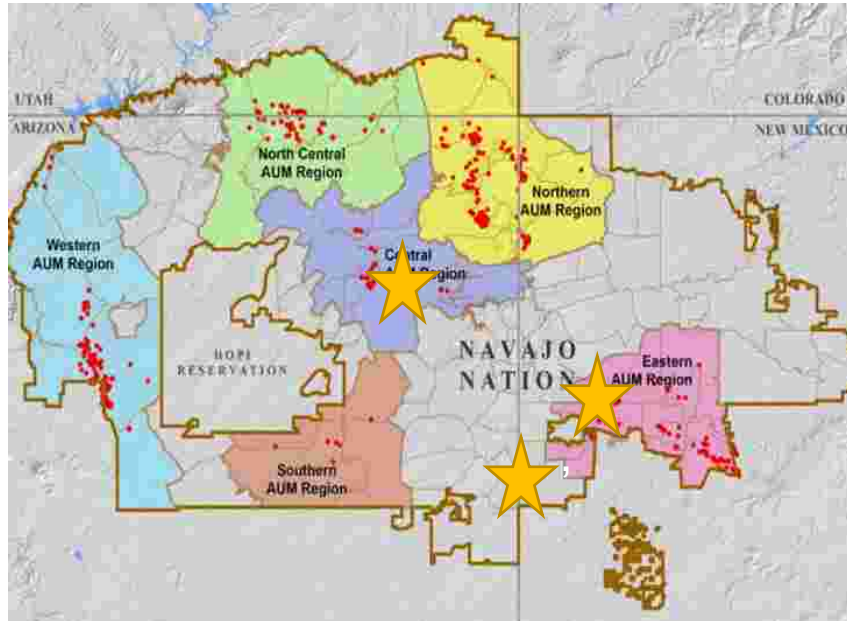


Serum: Zn, cytokines and inflammatory biomarkers

Cells: DNA damage, autoimmune markers, immune cell phenotype

# Biomarker Response to Zn by Community

Enrollment	RWPR	Blue Gap	Manuelito	Total
Enrolled M/F	37 (12/25)	15 (6/9)	19 (8/11)	<b>71 (26M/45F)</b>
Median Age	51 (21-64)	56 (23-63)	52 (32-64)	<b>53.0 (21-64)</b>



**Principal Finding:** After taking zinc tablets for up to 180 days, most biomarkers of altered immune function *decreased*, while blood Zinc levels *increased*.

Measure	Community	Pre vs Post Zn (p value)	Direction post Zn
8OHdG ng/mg Cr	RWPR	0.05	↓
	BG-Tachee	0.2	NC
	Manuelito	0.2	↓
Tail Moment (mean)	RWPR	0.2	↓
	BG-Tachee	0.2	↓
	Manuelito	<b>&lt;0.001</b>	↓
PAR (pmoles/ mg protein)	RWPR	<b>&lt;0.001</b>	↓
	BG-Tachee	<b>&lt;0.001</b>	↓
	Manuelito	<b>&lt;0.001</b>	↓
Serum Zn µg/dL	RWPR	0.3	NC
	BG-Tachee	0.15	↑
	Manuelito	0.6	↑

RWPR n=57; BG-Tachee n=26; Manuelito n=36

# In light of these widespread exposures, is cancer increasing in New Mexico counties impacted by uranium mining?

Selected Cancer Incidence Rates for Cibola and McKinley Counties versus New Mexico (SEER data, 2017-2021)			
Cancer Site	Comparison	Age-Adjusted Incidence Rates <sup>1</sup>	
		All races	American Indian
All Cancers	Cibola County	357.6	<b>347.5</b>
	McKinley County	305.9	294.3
	New Mexico	370.0	301.7
Kidney & renal pelvis	Cibola County	32.3	55
	McKinley County	29.2	36.9
	New Mexico	16.6	30.7
Liver and Bile Duct	Cibola County	21.1	38.2
	McKinley County	8.7	9.0
	New Mexico	9.8	13.0
Stomach	Cibola County	*/	*/
	McKinley	12.4	15.2
	New Mexico	6.6	13.1
Lung and Bronchus	Cibola County	28.0	25.6
	McKinley County	14.1	7.7
	New Mexico	32.7	12.0

<sup>1</sup>Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US Standard population age groups (19 groups), calculated using SEER\*Stat. Data is for 2017-2021 and pulled from the National Cancer Institute's [State Cancer Profiles > Incidence Rates Table](#).

**Bold italic values** highlight Incidence Rates greater in Cibola and McKinley Counties vs New Mexico.

- **Cancer — Common health concern** in tribal communities impacted by U mining
- Cibola and McKinley counties hosted most U production in N.M.
- *Ecological approach*: We examined incidence rates using National Cancer Institute SEER data
- ***Cancer incidence among Native Americans exceeded NM rates for all cancers, kidney, liver, stomach and lung cancers in Cibola County and kidney and stomach cancer in McKinley County***
- Navajo DOH (2023): Navajo adults had **significantly higher incidence of liver, kidney, stomach, myeloma, and gallbladder cancers, 2014-18**
- Studying cancers limited by confidentiality requirements; cancer “clusters” not identified

# Discussion

## Environmental Health Projects

- **DiNEH Project** – Largest cross-sectional study of exposure to uranium on the Navajo Nation
- **Navajo Birth Cohort Study** – Largest cohort study of Diné mothers, fathers and babies documenting ongoing environmental exposures
- **Thinking Zinc** – First-ever community-based clinical trial showing that Zinc dietary supplementation can *reduce* levels of metals in blood and urine
- **Indigenous Art** – Explains research methods, findings in Native symbols for respectful report-back of results

**DNA Damage + Zn-rich foods = DNA Repair**

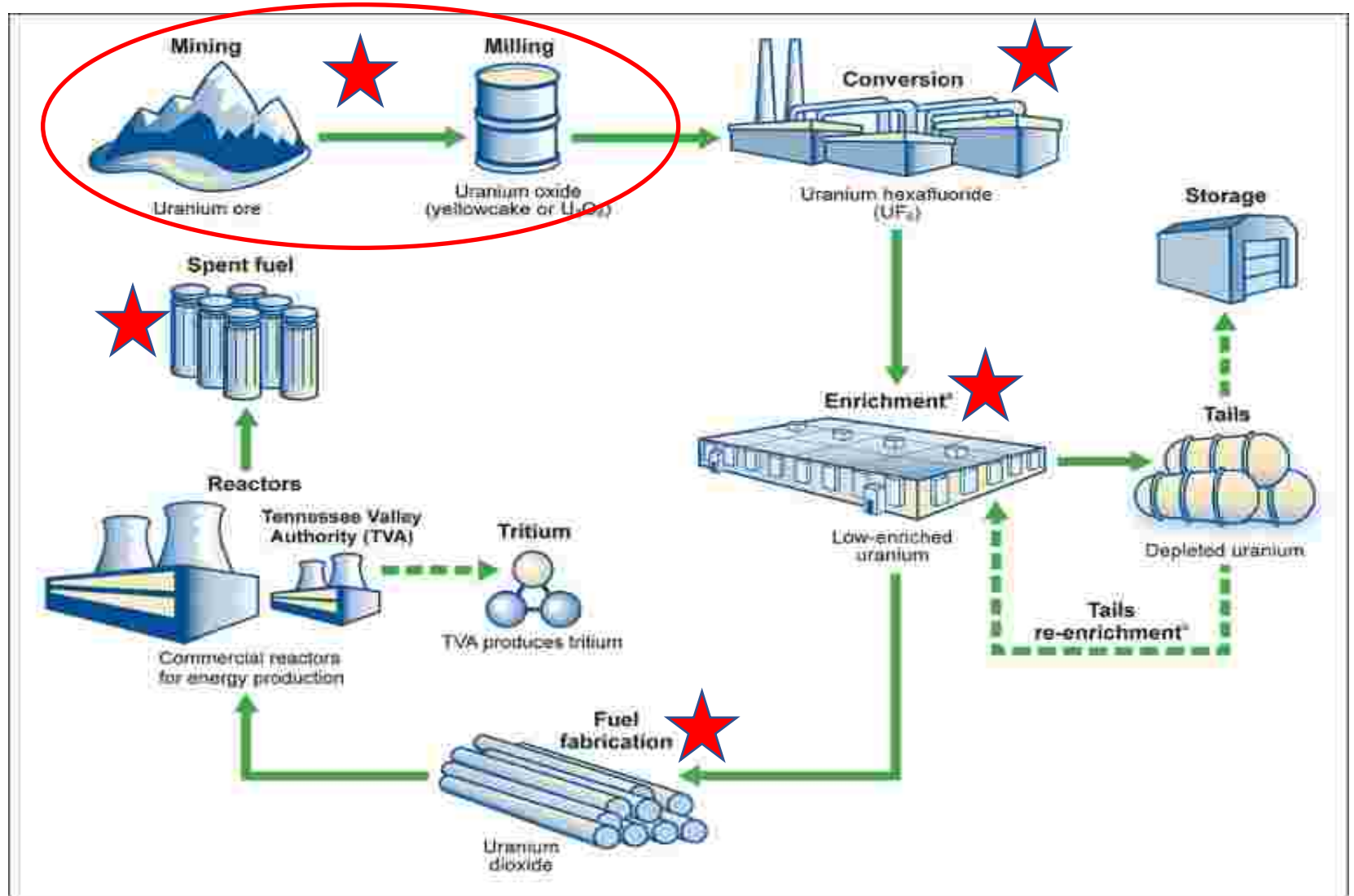


## Summary of Results

- Studies developed in partnership with community members, designed to answer community questions
- ***Proximity to mine wastes, contaminants in drinking water, and metals in blood and urine associated with increased risks of chronic, metabolic diseases***
- ***Metals – As, Hg, Ni, Ra, U – in drinking water associated with biomarkers of cardiovascular disease, autoimmunity***
- Ecological approach: Cancer rates decreasing or holding steady in NM ***except for certain cancers*** in the two predominant uranium mining counties
- Biomonitoring of contaminant levels in people living near mines can supplement regulatory risk assessments
- Findings of health studies can inform remediation plans for AUMs, e.g.,

# Remember the nuclear fuel cycle

★ Emits Carbon



Source: GAO analysis of International Atomic Energy Agency, Nuclear Regulatory Commission, Congressional Research Service, Department of Energy, and TVA documents. | GAO-15-123