Testimony
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Deepwater Horizon Oil Spill: ASPR's Public Health and Medical Response

Statement of

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Good afternoon Chairman Harkin, Ranking Member Enzi, and distinguished Members of the Committee. I am Dr. Lisa Kaplowitz, Deputy Assistant Secretary for Policy in the Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS). Thank you for the opportunity to speak with you about our public health and medical efforts in response to the Deepwater oil spill disaster. I commend this Committee for its leadership in holding today's hearing and share your sense of urgency on this important issue.

Before I begin, on behalf of the Department I would like to extend my sympathies to the families of those who lost their lives in the explosion and sinking of the Deepwater Horizon, to those who were injured, and to those whose way of life has been changed for years to come. The impacts of a disaster such as this must be considered in the time frame of not weeks and months, but years. Oil can remain toxic in the environment for years and we do not know the impact it could have on human health over the long term.

Today, my colleagues and I will talk about actions the Federal Government is taking to (1) prevent injuries, illnesses and exposure to hazardous substances among response personnel and the general public, (2) ensure the safety of seafood from areas affected by the oil spill, (3) monitor the potential health impacts of the oil spill in the short and long terms, and (4) facilitate access to care to those impacted by the spill.

ASPR SUPPORT TO DEEPWATER HORIZON OIL SPILL RESPONSE

From the time of the announcement of the explosion and fire, ASPR's Regional Emergency Coordinators in Region VI (includes Louisiana and Texas) and Region IV (includes the rest of the Gulf States) were in close communication with the States' Emergency Coordinators, the State Departments of Health, and the Association of State and Territorial Health Officials. HHS Liaison Officers, who function as Medical Unit Leaders and provide coordination and oversight of Federal medical care, were deployed to the Unified Area Command team in Robert, Louisiana, to the Incident Command Centers in Houma, LA and Mobile, AL, and to the National Incident Command Center in Washington, DC.

On May 31 HHS, in coordination with the Louisiana Department of Health and Hospitals, set up a mobile medical unit in Venice, Louisiana to provide triage and basic care for responders and residents concerned about health effects of the oil spill. The goal of this medical unit is to screen workers and citizens for exposure and refer those who require further care to local health care providers or hospitals. Our goal is to support the local community and fill in any gaps that may be there, not to displace local providers. The Secretary activated the National Disaster Medical System (NDMS), and deployed a Medical Strike Team from Arkansas to staff the first rotation of the medical unit. Furthermore, we deployed an Incident Response Coordination Team to provide command and control and logistics support for the unit.

GULF REGION SURVEILLANCE

HHS is working closely with the Occupational Safety and Health Administration (OSHA) and the Environmental Protection Agency (EPA) to monitor for and prevent illness among both those working directly to clean up the oil as well as the general population living in the Gulf Region.

Because the oil spill in the Gulf region is unprecedented, we do not know the potential short- and long-term impacts of the spill on the health of workers or the region's general population. It is important, therefore, that surveillance and monitoring of the health status of the impacted population be initiated early, with continued surveillance activities for a number of years. To this end, HHS established a Health Surveillance Working Group, coordinated by the National Institutes of Health's National Institute of Environmental Health and Sciences (NIEHS), to coordinate the activities of various departmental agencies engaged in surveillance and monitoring related to potential health impacts in the Gulf region. The primary objectives of this Working Group are to:

1. identify all current health and medical surveillance activities, as well as points of contact for all agencies involved in these activities;
2. identify gaps in surveillance and develop relevant plans to address these gaps;
3. develop central coordination and fusion of health and medical surveillance activities; and

4. ensure that information is shared among all groups participating in health surveillance activities, as well as among workers directly involved in the oil clean-up and the general population.

HHS agencies directly involved in health monitoring and surveillance in the Gulf region include:

1. The Office of the Assistant Secretary for Preparedness and Response (ASPR), in the Office of the Secretary, responsible for coordination of surveillance efforts within HHS and for the National Disaster Medical System.
2. The National Institute for Environmental Health Sciences (NIEHS), a component of the National Institutes of Health, responsible for developing worker training programs for environmental hazards and conducting research.
3. The National Institute for Occupational Safety and Health (NIOSH), a component of the Centers for Disease Control and Prevention (CDC), responsible for providing information about protecting workers and volunteers from potential occupational safety and health hazards.
4. The National Center for Environmental Health, a CDC component that conducts public health surveillance and educates the public about possible health effects associated with exposure to oil and dispersants, and
5. The Agency for Toxic Substances and Disease Registry (ATSDR), a sister agency to CDC that studies and provides scientific health information to prevent harmful exposures and diseases related to toxic substances.

The Health Surveillance Working Group currently has six subgroups to address: 1) stakeholder issues; 2) health and toxicologic information; 3) survey/roster/questionnaire development; 4) human health surveillance activities; 5) human health biomedical monitoring; and 6) research.

HHS agencies are working closely with State health departments in the Gulf Region, as States are responsible for population health surveillance and have systems to monitor changes in population health status seen by hospitals and other health care providers. As you will hear from my colleague at the CDC, we are also using poison control centers and the BioSense system to monitor health. To date, none of these systems has documented any evidence of an increase in conditions that could be linked to oil or dispersant exposure.

INSTITUTE OF MEDICINE PUBLIC WORKSHOP

As I have previously mentioned, there is potential for the oil spill to impact not only the health of workers coming into direct contact with crude oil and dispersants, but also volunteers, residents, and visitors, who are likely to be subjected to less direct forms of exposure. Current scientific literature is inconclusive with regard to potential health hazards resulting from the spill. Some scientists predict little to no toxic threat to humans from exposure to oil or dispersants, while others express serious concern about the potential short- and long-term impacts exposure to oil and dispersants could have on the health of responders and affected communities. Since information available to inform decision-making related to the human health impacts is inconclusive, Secretary

Sebelius has contracted with the Institute of Medicine to convene an independent panel of scientific experts that will plan and commence a public workshop exploring a broad range of health issues related to the oil spill, ranging from heat exhaustion and other occupational hazards to exposure to oil and dispersants. The workshop will bring together the best scientific expertise available, drawing from both local and national subject matter expertise.

A review of current literature will be undertaken to facilitate the identification of gaps in knowledge concerning the human health effects of exposure to crude and weathered oil, exposure to dispersants, and an examination of the effects of environmental conditions, such as heat exposure, that have an impact on workers' health. A portion of the discussion will focus on delineating the populations most vulnerable to the adverse health effects of the oil spill and will include a division of worker populations into subgroups based on vulnerability.

Because much is unknown about the potential short- and long-term health effects of the oil spill, a major objective of the workshop is to review and assess a framework for monitoring and surveillance of the affected populations. In conjunction with a discussion of surveillance, research methodologies and appropriate data collection will be explored for the purpose of obtaining a better understanding of the human health risks associated with the spill.

Finally, because communities across the Gulf Coast have incredibly rich cultures and a dynamic history that contribute to the multitude of linguistic and cultural diversity found

in the region, the workshop will take a special look at effective communication strategies to convey information about health risks to at-risk populations, accounting for culture, health literacy, language, technology, and geographic barriers.

The IOM Workshop will take place on June 22 and 23, 2010 in New Orleans, Louisiana and will be open to the public. A webcast and associated web portal for public comment will be available for those unable to attend in person.

BEHAVIORAL HEALTH RESPONSE EFFORTS

The Department is also directing attention and resources to address the behavioral health issues arising from the oil spill. The Deepwater Horizon oil spill may be unprecedented in terms of scope and damage, but experience and research from previous disasters—including the Exxon Valdez oil spill—allow us to anticipate and prepare for potential behavioral health needs. Disasters, whether natural or man-made, can have adverse emotional and psychological effects on people. However, evidence also shows that individual resilience and support systems help prevent most people from developing serious behavioral health conditions[1].

The nature and location of the Deepwater Horizon oil spill raises specific behavioral health issues. Gulf Coast residents have survived numerous hurricanes, including the devastation of Katrina and Rita, and previous oil spills associated with hurricanes. Re-

[1] Bonanno, G.A. (2008). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *Psychological Trauma: Theory, Research, Practice, and Policy, 5(1),* 101-113.

traumatization—experiencing the repetition of a traumatic event or exposure to multiple disasters— can heighten vulnerability to other traumatic events[2]. Following the Exxon Valdez oil spill, ecological damage was compounded by economic repercussions for the fishing and oil industries. Depression and anxiety levels increased for a period before dissipating. Among fishermen whose livelihood had been impacted, an increase in depression, anxiety, stress, substance abuse, and domestic violence was noted.[3]

The Department recognizes that in developing and implementing a behavioral health response to any disaster, Federal support must be carried out based on needs identified in close partnerships with the States. State partners know the needs of their communities and—particularly in the case of the Gulf Coast states—have extensive experience responding to the disaster behavioral health concerns of their citizens.

To date, the Department has been engaged primarily in supporting State and local efforts to assess and meet the behavioral health needs of residents of the Gulf Coast States and workers responding to this environmental disaster. CDC is conducting surveillance for behavioral risk factors. To aid their efforts, HHS has provided information and resources to State Disaster Mental Health Coordinators. Through its Substance Abuse and Mental Health Services Administration—or SAMHSA—the

[2] Brewin, C.R., Andrews, B., and Valentine, J.D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal for Consulting and Clinical Psychology, 68(5),* 748-766.

[3] Palinkas, L.A. (1993). Community patterns of psychiatric disorders after the Exxon Valdez oil spill. *American Journal of Psychiatry, 150,* 1517-1523. ...and...Picou, S.J., and Arata, C.M. (1999). Chronic psychological impacts of the Exxon Valdez oil spill: Resource loss and commercial fishers. *Sociological Spectrum, 23,* 12-19.

Department has also instituted regular calls for information sharing among the affected Gulf Coast States. These calls allow State Disaster Mental Health and Substance Abuse Coordinators to discuss what their local providers are reporting about the behavioral health needs of the affected communities and gaps where assistance is needed.

Overall, States are reporting spreading anxieties, frustrations about the ongoing nature of the spill and its economic impact, and fears that more severe psychological and social issues will emerge. The State behavioral health agencies have also reported to us that they are anticipating that the longer-term stressors and economic consequences of this disaster could lead to an increase in depression, substance use and abuse, family violence, high-risk behavior, suicide, and even a resurgence of trauma symptoms from previous events.

Currently, however, crisis hotlines are not showing significant increases in calls, and providers are not reporting marked increases in requests for assistance. States, at this point, are requesting guidance from the Department on substance use and prevention strategies. Efforts are underway at SAMHSA to bring substance abuse prevention and treatment expertise and resources to the group in the next call, which is scheduled for/was held on June 15. The Department will continue to maintain regular contact with the affected State Disaster Mental Health Coordinators and with behavioral health partners in the region and will provide assistance as gaps and needs are identified.

The Department has emphasized the need for stress management efforts to be included in worker health and safety precautions. Our colleagues at the National

Institute for Occupational Safety and Health—NIOSH—have created a stress information pamphlet for distribution to responders that describes a range of potential stress reactions and recommendations for monitoring and addressing them. My colleague from CDC has described their efforts, and ASPR has been working with them to ensure coordination around behavioral health concerns.

The Department is focusing on long-term recovery issues as well. The Office of the Assistant Secretary for Health and the Regional Health Administrators' offices are actively communicating with Federal, State, and regional partners to plan for long-term recovery issues, including behavioral health. HHS is actively involved in coordination activities related to behavioral health and human services, such as the Deepwater Interagency Solutions Group led by the Department of Homeland Security.

Conclusion

I want to assure the Committee that our office, along with our sister agencies within the Department, and the Administration as a whole, are taking the public health and medical consequences of the oil spill disaster very seriously and are implementing a comprehensive strategy to monitor and address any public health and medical issues that may arise. HHS continues to work in close partnership with virtually every part of the Federal government under a national preparedness and response framework for action that builds on the efforts and lessons learned from prior response efforts.

Thank you for your time and interest. I am happy to answer any questions.