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3 HEARING ON ``HHS ACTIONS TO IDENTIFY AND ADDRESS HEALTH

4 EFFECTS OF THE BP OIL SPILL''

5 WEDNESDAY, JUNE 16, 2010

6 House of Representatives,

7 Subcommittee on Health

8 Committee on Energy and Commerce

9 Washington, D.C.

10 The subcommittee met, pursuant to call, at 2:05 p.m.,
11 in Room 2123 of the Rayburn House Office Building, Hon. Frank
12 Pallone Jr. [chairman of the subcommittee] presiding.

13 Members present: Representatives Pallone, Dingell,
14 Eshoo, Green, DeGette, Capps, Schakowsky, Ross, Barrow,
15 Christensen, Castor, Sarbanes, Space, Sutton, Braley, Waxman
16 (ex officio), Markey, Shimkus, Whitfield, Pitts, Murphy of
17 Pennsylvania, Burgess, Blackburn, Gingrey, and Barton (ex
18 officio).

19 Staff present: Ruth Katz, Chief Public Health Counsel;
20 Naomi Seiler, Counsel; Katie Campbell, Professional Staff
21 Member; Allison Corr, Special Assistant; Eric Flamm, FDA
22 Detailee; Camille Sealy, Public Health Analyst; Andrew
23 Bindman, Fellow; Tim Westmoreland, Consulting Counsel;
24 Melissa Cheatham, Professional Staff Member; Karen Lightfoot,
25 Communications Director, Senior Policy Advisor; Elizabeth
26 Letter, Special Assistant; Jen Berenholz, Deputy Clerk;
27 Mitchell Smiley, Special Assistant; Ronald Allen, Staff
28 Assistant; Clay Alspach, Counsel, Health; and Ryan Long,
29 Chief Counsel, Health.

|
30 Mr. {Pallone.} Call the meeting of the House
31 subcommittee to order, and today we are having a hearing on
32 HHS's or the Department of Health and Human Services actions
33 to identify and address the health effects of the BP oil
34 spill, and I will recognize myself initially for an opening
35 statement.

36 The purpose of the hearing is to hear basically from the
37 Department about the critical actions it is taking to
38 identify and address the health effects related to the
39 Deepwater Horizon spill. As we all know, that tragedy
40 occurred on April 20. It has been devastating for the people
41 living in the Coastal States and has captured the concern and
42 sympathy of everyone across the Nation.

43 There is no question that we have a human health
44 problem. Concerns associated with both short-term and long-
45 term exposure to oil. Health experts have warned of health
46 complications such as severe skin irritation, nausea,
47 fatigue, headaches, throat and eye irritation, not to mention
48 the significant depression and anxiety which often
49 accompanies this type of crisis.

50 Studies of people exposed to the Prestige Oil Spill off
51 the coast of Spain in 2002, show that they suffered from
52 respiratory complications several years after the exposure,

53 breathing in volatile organic compounds, including benzene,
54 can cause acute toxicity and could potentially result in
55 serious, long-term health effects like cancer, neurological,
56 and reproductive harm.

57 And we also have to ensure rigorous monitoring of
58 dispersants being used to be sure that they have no adverse
59 effects on human health for those workers and volunteers on
60 the front lines of the cleanup.

61 Under the direction of the National Incident Commander
62 Admiral Thad Allen, and in coordination with the other key
63 federal, state, and local agencies, HHS has worked swiftly to
64 identify and disseminate resources on the ground level.

65 Today we will hear about the work they are doing on
66 health surveillance, worker training, food safety, and
67 epidemiological studies from the Assistant Secretary for
68 Preparedness and Response, Centers for Disease Control and
69 Prevention, Food and Drug Administration, and the National
70 Institute of Environmental Health Sciences. This discussion
71 should give us a stronger sense of the challenges these
72 agencies are facing, the success they have had so far, and
73 how we can expect HHS to further engage as new information
74 becomes available.

75 I think the crisis requires, as they say, all decks or
76 all hands on deck, and swift information sharing to protect

77 the workers and the community members living near the coastal
78 waters. And I should add that no member of our full
79 Committee of Energy and Commerce has been more committed to
80 this effort than the gentleman from Louisiana, Mr. Melancon,
81 and we have appreciated him keeping us informed of the local
82 perspective.

83 Finally, I want to note that I am pleased that Secretary
84 Sebelius has contracted a public meeting with the Institute
85 of Medicine in New Orleans next week to convene an
86 independent panel of scientific experts on human health
87 exposure. The information we will glean from that meeting
88 will undoubtedly provide even more expertise to help better
89 execute the recovery effort.

90 [The prepared statement of Mr. Pallone follows:]

91 ***** COMMITTEE INSERT *****

|
92 Mr. {Pallone.} And now I would recognize Mr. Shimkus,
93 who just mentioned that we are here 2 days in a row. I don't
94 know why that is true, but I am not objecting to it.

95 Mr. {Shimkus.} Thank you, Mr. Chairman. Well, that is
96 good because I have in the audience my legislative
97 assistant's family, Mr. Sarley there up front. They can't
98 really figure out what he does for a job, so they decided to
99 come to a hearing to figure that out, and I don't know once
100 they are done whether they will walk away thinking he really
101 has a job, but we appreciate you all being here.

102 I am not going to pick on the healthcare law today,
103 Chairman. We are just going to move on this hearing and some
104 of the important things that we need to address. I would
105 also say that we are fortunate in this committee to have two
106 Louisianans and our own Steve Scalise has also been very
107 involved and engaged on this bill and its effect for jobs,
108 the economy, health, and all the things that we have dealt
109 with. So shout out to both those guys.

110 Thank you for this hearing. I would like to welcome our
111 witnesses and look forward to your testimony. We all know
112 about the event on April 20, the loss of lives. We had the
113 hearing yesterday on the--with the executives of massive
114 spill and now, you know, we are focused on capping, recovery,

115 payment, and but you are here to talk about long-term effects
116 or what they would be and what we know and what we don't know
117 and how do we get good information. So that is the
118 importance of this hearing.

119 I also am very happy that we have the FDA here today
120 because, of course, one of the things we have worked with is
121 on food safety, and we are going to have watch this closely.
122 We know it is already affecting the livelihood of the folks
123 who use that as their livelihood, and there will be concern,
124 and so where concern is merited and we want to have a safe
125 food supply, we need to protect the consumers. Where there
126 may not be and we can let these people return in certain
127 areas to their livelihood, we want to do that. So we always
128 focus here or I always focus on our using real science, you
129 know, and trying to keep away from the emotionalism that
130 occurs in an event so that we can do our due diligence and in
131 that way protect public health but also allow people to do
132 the job that they have done for generations in some areas.

133 So appreciate you being here. Appreciate all the
134 testimony. I look forward to it, and I yield back the
135 balance of my time.

136 [The prepared statement of Mr. Shimkus follows:]

137 ***** COMMITTEE INSERT *****

|
138 Mr. {Pallone.} Thank you, Mr. Shimkus.

139 Next is the gentlewoman From California, Ms. Eshoo.

140 Ms. {Eshoo.} Mr. Chairman, thank you for holding this
141 important hearing, and welcome to the witnesses. I am going
142 to waive reading my spectacular opening statement and save my
143 time for questions. Thank you.

144 [The prepared statement of Ms. Eshoo follows:]

145 ***** COMMITTEE INSERT *****

|
146 Mr. {Pallone.} Thank you, and all opening statements
147 can be submitted for the record.

148 Next is the gentleman from Pennsylvania, Mr. Pitts.

149 Mr. {Pitts.} Thank you, Mr. Chairman. I would like to
150 thank the Administration for making available to us witnesses
151 from FDA, from NIOSH, CDC, from the National Institute of
152 Environmental Health Services, NIH, and from ASPR.

153 What happened on April 20 at--on the Deepwater Horizon,
154 the resulting oil spill is a tragedy, and our thoughts and
155 prayers are with the families of loved ones, the 11 people
156 who died on the rig that day. Lives and livelihoods were
157 destroyed along with ecosystems, although the environment is
158 not the focus of this particular subcommittee.

159 I am struck by just how little we know about the long-
160 term and even short-term effects of the oil spill on human
161 health. While there have been oil spills before, none of
162 them match the size and scope of this spill, and--or the
163 particular conditions in which it occurred. We have people
164 coming into contact with the oil, with dispersants, with
165 other chemicals directly such as the responders involved here
166 as they are trying to stop the flow of oil and clean up the
167 water and the shorelines.

168 Others are facing psychological trauma as their

169 livelihoods, fishing and tourism and numerous others have
170 been severely injured or destroyed, and it is possible that
171 if we are not careful contaminated seafood could sicken or
172 kill people who live hundreds or even thousands of miles away
173 from that Gulf.

174 This is a massive disaster, and the agencies in front of
175 us today are all part of a massive federal response. I look
176 forward to hearing from our witnesses, and I thank you and
177 yield back.

178 [The prepared statement of Mr. Pitts follows:]

179 ***** COMMITTEE INSERT *****

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180 Mr. {Pallone.} Thank you, Mr. Pitts.

181 The gentlewoman from Colorado, Ms. DeGette, and thank
182 you for chairing the hearing yesterday.

183 Ms. {DeGette.} Thank you, Mr. Chairman. It was an
184 important hearing, as is this hearing.

185 As President Obama said in his address to the Nation
186 last night, this marks the greatest environmental disaster
187 America has ever known. I am afraid it also has the
188 potential to become one of the worst public health disasters
189 America has ever known if we are not careful.

190 It has been almost 9 years now since the September 11
191 attacks on the World Trade Center, and we are still seeing
192 repercussions in the form of health effects on first
193 responders and residents who were exposed in the aftermath.
194 The only group for which we have baseline health measures is
195 the firefighters, and we are still, 9 years later, working to
196 cobble together data on impacted populations.

197 We need to learn from our mistakes. We need to
198 establish a registry of workers, volunteers, and residents,
199 capture their baseline health status, and follow that and
200 their offspring over the long term. The gaps in the research
201 in human health effects of oil spills and the use of
202 dispersants are unconscionable.

203 I understand that such gaps exist because there has
204 never been a need for such data, but that is not an excuse
205 for not taking every step possible now to ensure that we
206 collect and monitor relevant data. We also need to make sure
207 of making assumptions, that we don't make assumptions without
208 evidence to back them up.

209 For example, there is a big assumption that because oil
210 on the surface is dangerous and likely to wash up on shore,
211 it is better to use dispersants to push the oil below the
212 water surface. But we do not know what the impact on marine
213 life will be or whether the combination of oil and
214 dispersants is more toxic than either one alone.

215 And in addition, we need to ensure that the National
216 Institutes of Health has the resources necessary to quickly
217 ramp up research into the health effects of these oil and
218 dispersants.

219 Similarly, we need to ensure that the Food and Drug
220 Administration and the Centers for Disease Control and
221 Prevention have the resources they need to move forward with
222 monitoring the contamination of seafood, as well as for
223 implementing surveillance system and long-term monitoring of
224 the health effects of both workers and residents.

225 I was aghast to learn that although there is a rostering
226 system in place to capture information about workers who

227 have, may have been exposed to oil and dispersants, we have
228 nothing in place to monitor unofficial volunteers or local
229 residents.

230 And, Mr. Chairman, when the Oversight Investigations
231 Committee was in the Gulf last week, we were horrified to
232 hear from residents that while there is protective equipment
233 on these boats, many of them are being told by BP and its
234 subcontractors not to use the protective equipment for other
235 reasons.

236 If there is one thing we should have learned from
237 September 11 is that we need to have worker protections and
238 health protections for everybody involved in this cleanup,
239 and we also need to figure out what is happening to the
240 residents and everybody else down there. Otherwise, we are
241 going--as you said, Mr. Chairman, we are going to be seeing
242 health effects for generations to come.

243 [The prepared statement of Ms. DeGette follows:]

244 ***** COMMITTEE INSERT *****

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245 Mr. {Pallone.} Thank you. You know, if I could just--
246 if you could just--well, I guess your time is out, but I just
247 wanted to say I remember vividly after 9/11 how, you know,
248 the BP Administration then, who is my former governor, you
249 know, made all these statements about how everything was so
250 great and, you know, there wasn't a problem for the air
251 pollution, and then we got all the devastating impact later.

252 So you have to be very careful about, you know, what
253 representations we make as agency or elected officials when
254 it comes to health impacts.

255 Next I would recognize the gentleman from Pennsylvania,
256 Mr. Murphy.

257 Mr. {Murphy of Pennsylvania.} Thank you, Mr. Chairman.

258 Exhibit A. Picture of a BP gas station. Some of you
259 may have seen this in the media. I love the sign that they
260 posted next to the tank. It says, ``Warning. Do not leave
261 pumps unattended. You are responsible for spills.''

262 And so we are here today dealing with the same thing
263 today on health effects. We have seen a lot of pictures of
264 animals tragically affected by this catastrophic, economic
265 disaster, but let us not forget the human element.

266 This committee recently passed legislation to provide
267 healthcare monitoring for first responders as the Chairman

268 just mentioned from a national tragedy of a different kind,
269 the 9/11 terrorist attack. Now we are dealing with a
270 different sort and one that we have to make sure that we are
271 going to track and monitor for a long time.

272 We have several things. One, the direct effects of the
273 oil on residents, the indirect effects that also may come
274 from food from the region, and other products that may have
275 been in the region and contaminated by the oil.

276 Two, the effects of chemical dispersants, the 30,000
277 plus workers and volunteers, and now the President has
278 ordered 17,000 soldiers into the area, who themselves may
279 face increased risks because of their exposure to chemicals
280 involved, including the oil.

281 It is essential that this committee take a number of
282 actions such as calling upon the Department of Health and
283 Human Services to immediately establish some studies and
284 monitoring of those involved exposed to these chemicals.

285 Two, the Department of Defense also needs to take
286 account of initial evaluations and monitoring of any soldier
287 who is down there.

288 Three, I believe we should be pushing for NIH to
289 immediately move forward on establishing some longitudinal
290 studies and to monitor those really over the next couple of
291 decades, and of course, the Department of Agriculture is

292 going to need to also monitor this as well.

293 We do need baseline medical exams for anybody going to
294 this region, and we need to establish those immediately. We
295 need to get those on electronic medical records and track
296 this. So much of what people are being exposed to we simply
297 do not know the medical effects. We also do not know the
298 psychological effects, and it important we monitor those as
299 well.

300 Although other hearings have received a lot of media
301 tension because they have the CEOs of oil companies around,
302 this hearing and this committee and this jurisdiction of
303 health is critically important because this committee will be
304 monitoring this issue for the next couple of decades. We
305 will clean up the beaches, we will reestablish some of those
306 areas, but we have to remember that the human toll of this is
307 going to be longstanding, and it is important that the work
308 we do today and the information received from this very
309 astute panel is one that helps establish what we need to be
310 doing in that direction.

311 With that I yield back, Mr. Chairman.

312 [The prepared statement of Mr. Murphy of Pennsylvania
313 follows:]

314 ***** COMMITTEE INSERT *****

|
315 Mr. {Pallone.} Thank you, Mr. Murphy.

316 Yield to our full committee chairman, Mr. Waxman.

317 The {Chairman.} Thank you very much, Mr. Pallone.

318 Thank you for holding today's hearing on the Department of

319 Health and Human Services critically important role in

320 assessing the health effects of the Deepwater Horizon oil

321 spill.

322 It has been nearly 2 months since this tragedy took

323 place, killed 11 people, injured 15 others, it is doing an

324 enormous amount of damage to the environment and to the

325 economy of people in the Gulf. Our committee has been very

326 involved in oversight on this issue. Tomorrow we are going

327 to hear from--directly from the BP CEO Tony Hayward.

328 Today's hearing, although it is looking at a different

329 aspect of the spill and underscores one reason why our focus

330 is so comprehensive and so important, this oil spill has the

331 potential to directly impact for years to come the health and

332 wellbeing of millions of people who live and work in or near

333 the Gulf area. I hope to get from our witnesses their

334 examination of the potential health risks for cleanup

335 workers, many of whom can no longer engage in their primary

336 livelihoods, learn about how the spill may touch the broader

337 population living near the Gulf, risks that may include

338 respiratory complications, headaches, throat, eye irritation,
339 rashes and skin problems, nausea, fatigue, and heat
340 exhaustion. The possibility of more serious long-term
341 illnesses has also been under study.

342 We need to hear from people in the Department of Health
343 and Human Services to assess these potential risks and
344 address whatever health problems do materialize, that working
345 with each other, the different agencies, with other
346 departments, with state and local governments on surveillance
347 mechanisms, food safety controls, worker training programs,
348 epidemiological studies. Unfortunately, I suspect their
349 efforts will be needed for a long time to come.

350 Yesterday in testimony before this subcommittee Dr.
351 Francis Collins, Director of the National Institute of
352 Health, committed \$10 million for research on the health
353 effects of the oil spill. This is exactly the type of
354 initiative that needs to be undertaken now, and I commend NIH
355 for its efforts.

356 I know our own activities regarding this disaster will
357 continue for as long as necessary and appropriate. Indeed,
358 as the primary committee in the House for overseeing the
359 Department of Health and Human Services we are committed to
360 ensuring that HHS lives up to its responsibility and most
361 especially to its mandate to protect the public health.

362 With that, Mr. Chairman, I thank you for the hearing. I
363 thank our witnesses for testifying and being here today. I
364 look forward to their testimony and working with them in the
365 future.

366 Yield back.

367 [The prepared statement of Mr. Waxman follows:]

368 ***** COMMITTEE INSERT *****

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369 Mr. {Pallone.} Thank you, Chairman Waxman.

370 The gentlewoman from Tennessee, Ms. Blackburn.

371 Mrs. {Blackburn.} Welcome to all of you, and Mr.

372 Chairman, thank you for the hearing, and I am pleased that we

373 are going to take some time and look at the potential health

374 effects of the ongoing oil spill in the Gulf.

375 It has--and having been down there to the Gulf, I know

376 that it has greatly impacted the livelihoods and the health

377 of workers, volunteers, and nearby communities that have not

378 seen this type disaster before. We appreciate the

379 significant effort by the agencies that are before us today

380 to keep those involved safe through coordinated efforts

381 focused on preventative measures such as worker training,

382 seafood sampling, and closing hazardous waters.

383 Everybody knows that we are seeing the 63,000 barrels a

384 day going into the ocean, and there seems to be no reprieve

385 unfortunately, or resolution in sight. The fishing

386 restrictions and the lack of tourism during the busiest time

387 of year for this region is really devastating the economy,

388 and it is changing the livelihoods forever. It truly is a

389 sad situation.

390 Furthermore, the drilling moratorium in the region has

391 only exacerbated the financial issues that families in this

392 region are experiencing. For many families the moratorium
393 has made it impossible to maintain the type lifestyle they
394 had prior to the spill.

395 That said, we must stay vigilant on this issue and
396 monitor it closely, focusing not just on the physical health
397 but also the mental health. At this stage immediate care
398 must be sought and documented for all workers who become ill
399 during the cleanup efforts going forward. The Administration
400 must work with all stakeholders to ensure that necessary
401 safety measures are in place to protect the workers and the
402 coastline communities. The spill isn't over, and we can't
403 yet examine the lasting health effects, but the
404 Administration can take proactive steps to protect
405 communities, public health, and workers throughout the course
406 of the spill.

407 Thank the Chairman, and I yield back.

408 [The prepared statement of Mrs. Blackburn follows:]

409 ***** COMMITTEE INSERT *****

|
410 Mr. {Pallone.} Thank you, Ms. Blackburn.

411 Next I would yield to our Chairman Emeritus, Mr.
412 Dingell.

413 Mr. {Dingell.} Mr. Chairman, I thank you for your
414 courtesy. I commend you for holding this hearing. I ask
415 unanimous consent that my excellent opening statement be
416 included in the record for the reading of all who will, I am
417 sure, enjoy it much.

418 Thank you.

419 [The prepared statement of Mr. Dingell follows:]

420 ***** COMMITTEE INSERT *****

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421 Mr. {Pallone.} Without objection, so ordered, and all
422 of the opening statements will be submitted for those who
423 desire to enter them.

424 Next is--we will go to our--is she there? Lois is not
425 there. Next is the gentlewoman from the Virgin Islands, Ms.
426 Christensen.

427 Mrs. {Christensen.} Thank you, Mr. Chairman, and thank
428 you, Chairman Pallone and Ranking Member Shimkus, for holding
429 this hearing. There are some of us who have been asking over
430 and over about the health effects of this disaster, and the
431 answers have often been as unsatisfying as the prior promises
432 of protection of the workers have been empty until recently.

433 So we welcome this opportunity to discuss one aspect of
434 the BP oil spill that has not gotten much public attention,
435 the health effects and the actions that the U.S. Department
436 of Health and Human Services has and plans to take.

437 We have heard some of the health impacts that were the
438 result of similar, but smaller it turns out, catastrophic
439 accident in Alaska just over 2 decades ago as well as some
440 others, but it still seems that the long-term effects are
441 unclear.

442 So I want to thank today's witnesses for joining us to
443 provide an update on the efforts that each of your respective

444 agencies is undertaking to help tackle this horrific disaster
445 and protect the health and wellbeing, not only of the workers
446 but residents in the affected communities. I hope that we
447 will hear what experience your agencies might have had in the
448 past with oil spills and what institutional memory remains
449 that is informing your responses today.

450 I also hope that we will hear more coordination from you
451 with this--among yourselves and with state and local agencies
452 that we have heard from other monitoring and responding
453 agencies. We have already lost 11 lives that should not have
454 been lost. We have to do everything we can to address the
455 health needs of those they left behind, as well as the
456 workers and the residents of the area.

457 As we know from Katrina and other natural assaults on
458 the region, the Gulf Area is home to many vulnerable
459 population groups, and so I am especially interested in
460 hearing how the affected communities most vulnerable
461 residents who likely already had under-addressed health and
462 healthcare needs before the spill, factor into your outreach
463 of protection and response.

464 Again, I want to thank the witnesses for appearing and
465 thank the Chair and Ranking Member for holding this hearing.

466 [The prepared statement of Mrs. Christensen follows:]

467 ***** COMMITTEE INSERT *****

|
468 Mr. {Pallone.} Thank you. Mr. Sarbanes.

469 Mr. {Sarbanes.} Thank you, Mr. Chairman, for convening
470 this meeting. There are so many different narratives that
471 are unfolding here with respect to this catastrophe, and they
472 are unfolding in stages. There was, obviously, the initial
473 loss of life, of the spill itself, which continues every
474 minute of every day, the assault on the coast in terms of the
475 effects on wildlife and the marshlands and the other impact,
476 the underwater plumes. That is another narrative that is
477 underway. The loss of industries, fishing, shrimping,
478 tourism, and then, of course, the health effects, which is
479 what we are here to speak of today.

480 In all of these narratives, most of them are potentially
481 unending narratives. I mean, they are going to go on for
482 decades and decades. It is really impossible to overstate
483 the impact this catastrophe is going to have on our country,
484 and we are really just at the very beginning of our
485 understanding of all of the ramifications of this, but we do
486 have to begin to build a record. We have to begin to try to
487 understand what this is meaning, and that is part of what
488 this hearing is designed to do.

489 So I thank you for convening it, and I yield back.

490 [The prepared statement of Mr. Sarbanes follows:]

491 ***** COMMITTEE INSERT *****

|
492 Mr. {Pallone.} Thank you.

493 The gentleman from Georgia, Mr. Barrow.

494 The gentleman waives.

495 Next is the gentlewoman from Illinois, Ms. Schakowsky.

496 Ms. {Schakowsky.} Thank you. The Oversight and
497 Investigations Committee went down to Chalmette, Louisiana,
498 for a hearing, and we heard testimony from Wilma Subra from
499 the Louisiana Environmental Action Network, and I wanted to
500 tell you a little bit about her testimony if you hadn't seen
501 it about some of the problems with health.

502 First of all, they hired a lot of the fishermen who
503 were--who are out of work, and initially they were required
504 to sign an agreement that seriously compromised--I am reading
505 now from--`that seriously compromised their existing and
506 future rights and potential legal claims. A judge thought
507 that was overbroad, and BP entered into a stipulated judgment
508 that removed that.''

509 But then this organization, a private organization,
510 began distributing protective gear to the fishermen to
511 utilize during cleanup activities, half-face respiratories
512 with organic cartridges, goggles, gloves, and sleeve
513 protectors. She later said that they were encouraged not to
514 use those.

515 In fact, at one point as I recall, she said in the Q & A
516 that heat stress was the reason and that some--I don't know
517 if it was HHS or someone from the government of Louisiana
518 agreed with that and so they were afraid to use those
519 respirators, and she said the fishermen were reluctant to
520 report their health systems for fear that they would lose
521 their jobs and initially the women were, their wives were
522 expressing concern, but then they stopped speaking out, ``for
523 fear their husbands would lose their jobs.''

524 The Louisiana Department of Health and Hospital stated
525 that oil cleanup workers, ``should avoid skin contact in oral
526 cavity or nasal passage, exposure to oil spill products using
527 appropriate clothing, respiratory protection, gloves, and
528 boots.''

529 But she continued throughout her testimony to say
529 that there was not the proper training, that that equipment
530 was, in fact, not provided. The shrimpers have not been
531 provided with the appropriate protective gear. The oily
532 skimmers and pads are being pulled into the shrimp boats by
533 the boat crews with bare hands and no protective gear. On
534 May 26 a number of workers became ill on the job, transported
535 to the hospital.

536 So we have lots of testimony now that these things are
537 going on. The President said in his speech yesterday that
538 30,000 personnel were there, that he has authorized the

539 deployment of 17,000 National Guard, then there are
540 volunteers who are working down there. I think we do have a
541 tremendous responsibility to avoid the situation that
542 followed 9/11, and there is every potential for that
543 happening.

544 So I am very glad that you are here today, looking
545 forward to your testimony. Thank you.

546 [The prepared statement of Ms. Schakowsky follows:]

547 ***** COMMITTEE INSERT *****

|
548 Mr. {Pallone.} Thank you.

549 I yield to our Vice-Chairman, Ms. Capps.

550 Mrs. {Capps.} Thank you, Mr. Chairman, for holding this
551 hearing.

552 While much focus has been on addressing BP's oil spill
553 as an economic and environmental crisis, which it certainly
554 is, I think it is incredibly important that you all and we
555 all are here today to discuss the public health crisis that
556 is unfolding in front of us.

557 First off, I want to commend the Obama Administration
558 for the important, life-saving public health response efforts
559 that it has undertaken already. I think that your testimony
560 today will show the many ways that your agencies are actively
561 involved in the process.

562 But reports of workers becoming ill from their
563 involvement in the oil spill cleanup still persists. It is
564 not only the workers who are suffering, the health of
565 residents and I fear even tourists, may be also affected long
566 into the future due to contaminated beaches and shorelines.

567 Cleanup workers, often local fishermen and shrimpers,
568 are not formally trained to work with toxic chemicals and
569 currently rely on BP for training and provision of necessary
570 protective equipment.

571 However, according to an internal Department of Labor
572 memo, there has been a general systemic failure from BP to
573 ensure the safety and health of the responders, and numerous
574 media reports of minimal training from BP and photographs of
575 workers without protective gear, this documents that these
576 workers are not being protected.

577 BP has made clear that they are incapable of making the
578 protection of the public health their priority. It lacks the
579 expertise, the resources, or incentives to really address the
580 public health and worker safety issues resulting from this
581 spill.

582 That is why I have written to the Obama Administration,
583 urging it to relieve BP of their role in the public health
584 response and instead leverage the good work that you all are
585 already doing to protect the public's health.

586 One area I do feel needs to be addressed is the
587 coordination of these efforts. There is a unique tragedy
588 that we are experiencing now, and as such requires a unique,
589 multi-disciplinary response to health protections. While you
590 all represent the numerous departments within HHS responding
591 to BP's spill, other agencies like OSHA, NOAA, and the EPA
592 also have a role to play in protecting the health and safety
593 of Gulf workers and communities. What is done now to protect
594 the health and safety of workers and communities will have

595 impacts long into the future.

596 As a public health nurse who lived through the 1969,
597 spill in Santa Barbara, I know that the damage brought by an
598 oil spill can continue to haunt the public's health, and
599 while I hope that we hear more today about the work being
600 done by HHS to protect these groups in the short term from
601 acute health problems associated with exposure to oil and the
602 dispersants and detergents used to clean it up, I hope we can
603 also discuss what research can be done to learn from this
604 disaster so that future generations can be better protected.

605 I know you all would agree that nothing is more
606 important than protecting the health of the oil spill workers
607 and Gulf Coast communities. If BP will not take the
608 necessary steps to protect the public's health, then the
609 Federal Government must increase its coordinated efforts to
610 protect the health and safety of oil spill workers and the
611 Gulf communities. I know that you and your administrations
612 share this concern.

613 I look forward to hearing your testimony and working
614 with you to achieve this important goal.

615 I yield back, Mr. Chairman.

616 [The prepared statement of Mrs. Capps follows:]

617 ***** COMMITTEE INSERT *****

618 Mr. {Pallone.} Thank you, Ms. Capps.

619 The gentlewoman from Florida, Ms. Castor.

620 Ms. {Castor.} Mr. Chairman, thank you very much for
621 calling this hearing, and I want to thank our agency experts.
622 You all have been very proactive, and we need your continued
623 help, but I have to say that I am very angry that we are at
624 this point.

625 I am reflecting the frustration of my fellow Floridians
626 and Gulf Coast residents who have been dealing with this BP
627 disaster for weeks and weeks and the anxiety that there is no
628 end in sight.

629 I have to say, Mr. Chairman, the BP disaster confirmed
630 our worst fears about the risks associated with offshore oil
631 drilling in the near places that rely upon tourism and
632 fishing to drive our economies and our small businesses.

633 I am deeply concerned about the devastating impacts of
634 the BP disaster, not just to Florida tourism and fishing but
635 also the potential health effects on workers, volunteer
636 responders, and people living in the Gulf communities.

637 I would like to thank President Obama and my colleagues
638 here who have all been pressing BP to set aside a significant
639 amount to address the economic and environmental impacts
640 because it was announced just a little while ago that BP

641 will, indeed, put up \$20 billion.

642 The question is will that fund include--give us the
643 ability to address the physical harm to people and the public
644 health. The taxpayers certainly should not be on the hook
645 for this.

646 I do appreciate FDA and NOAA releasing a statement on
647 Monday about the efforts underway to ensure that the seafood
648 from the Gulf is safe to eat and notices that the public
649 should not be concerned about seafood in the stores, and
650 thank you also to CDC for announcing that tar balls washing
651 up on Florida's panhandle beaches are not harmful, and by the
652 way, you know, just a small part of the panhandle is
653 suffering the effects of oil. The rest of Florida is
654 pristine waters and is open for business, and we need you to
655 continue with your vacations with summer.

656 But the reality is that many families remain frightened
657 and uncertain about what to believe, and there are
658 conflicting stories in the news about the health effects of
659 the disaster. Most experts state that brief contact with
660 crude oil is not harmful, however, some other scientists say
661 that evidence exists that many of the compounds in crude oil
662 are dangerous. Toxicologists explain that cleanup workers,
663 many of whom are out-of-worker fishermen participating in the
664 Vessels of Opportunity Program, could face problems with

665 breathing and coordination and increased risks of cancer. So
666 give us the best data you have and tell us how we protect our
667 hardworking folks.

668 Furthermore, while EPA has directed BP to reduce
669 dispersants application by 75 percent, we know that BP early
670 on failed to use a less toxic dispersant and 1.1 million
671 gallons of Corexit have already gone into the Gulf of Mexico
672 and is a threat to public health. What is the real story
673 here, and what do we have to do to monitor it in the near
674 term and in the long term? Because we know that that Corexit
675 does pose a health, human health risk and is even tied to
676 lingering health concerns from the Exxon Valdez.

677 So the people we represent deserve answers. We
678 certainly can't rely on BP to put the public's health needs
679 ahead of their business interests and corporate damage
680 control. We need your help. We have got to make sure they
681 have got the right protective gear, and they are getting the
682 best expert advice available. We are relying on you, and we
683 are your partners in making sure this information is
684 disseminated.

685 So thank you very much.

686 [The prepared statement of Ms. Castor follows:]

687 ***** COMMITTEE INSERT *****

|
688 Mr. {Pallone.} Thank you.

689 The gentleman from Arkansas, Mr. Ross.

690 Mr. {Ross.} Thank you, Mr. Chairman, for holding
691 today's hearing to examine how the Department of Health and
692 Human Services, HHS, is responding to the public health risks
693 associated with the Deepwater Horizon oil spill, now the
694 worst environmental disaster in our Nation's history.

695 I first want to express my continued frustration and
696 disappointment that we are on day 58 of this environmental
697 disaster, and BP still does not have a concrete plan to stop
698 the leak or clean up the oil that has been gushing into the
699 Gulf of Mexico for almost 2 months now.

700 What we do know is that the nearly or up to 60,000
701 barrels of oil a day that is being released every day into
702 the Gulf is hurting and killing hundreds of thousands of
703 species of animals.

704 What we do know is that this disaster is destroying one
705 of the most sensitive ecosystems in the world on which many
706 people depend.

707 What we don't yet know is the total extent of this
708 damage. What we don't yet know is how this spill will affect
709 the health and safety of the people who live and work in the
710 Gulf Coast region or those vigorously working to clean it up.

711 We cannot properly move forward until we know how bad of
712 a situation we are facing, and that is the point of today's
713 hearing.

714 Last night President Obama announced that he will be
715 directing BP to establish an independently-administered
716 account to help pay for the spill-related cleanup and
717 economic damage claims. This is only one of many needed
718 steps in moving forward towards addressing this terrible
719 tragedy.

720 There are many lessons and hopefully forthcoming
721 solutions to be learned from this preventable disaster that
722 started back in April. Sadly, the impact of this catastrophe
723 is one that will ultimately need to be measured not in weeks
724 and months but in years. We must take this opportunity to
725 not only examine our safety standards in deepwater drilling
726 but to also examine how this spill is affecting both the
727 short-term and long-term health of all those living and
728 working in the affected region.

729 I look forward today to discussing ways we can mitigate
730 these harmful effects. I want to thank the witnesses who
731 have come before the subcommittee today to testify about the
732 efforts being taken by our government to evaluate and help
733 those who are and will be physically, emotionally, and
734 economically impacted by this disaster.

735 Our government must do more to hold BP and other oil
736 companies accountable for careless offshore drilling
737 practices and the resulting harm they cause. We must ensure
738 the most advanced technologies and safety procedures are in
739 place so that we never face this situation again.

740 Mr. Chairman, I yield back.

741 [The prepared statement of Mr. Ross follows:]

742 ***** COMMITTEE INSERT *****

|
743 Mr. {Pallone.} Thank you, Mr. Ross.

744 Next is the gentleman from Texas, Mr. Green.

745 Mr. {Green.} Thank you, Mr. Chairman, for holding the
746 hearing on HHS's efforts to address the known and potential
747 health effects of the BP oil spill in the Gulf.

748 The Gulf of Mexico is in the midst of dealing with an
749 incident that is tragedy like we have never seen, and my
750 thoughts and prayers go out to the families and communities
751 affected by this terrible accident. Energy and Commerce
752 Committee has held several hearings in our Energy and
753 Oversight Investigation Subcommittee on the topic, and I
754 believe it is crucial we begin to examine and prepare for the
755 potential health effects of the oil spill in the Gulf.

756 Today we are focused on how the spill might impact the
757 local communities on the coast as well as the workers who are
758 working diligently to clean up the spill day in and day out.
759 Approximately 13,000 cleanup workers have been employed by BP
760 or its contractors, and more than 1,800 federal employees
761 have been directly involved in cleanup operations over four
762 states. The health and welfare of these affected communities
763 and workers are a priority for me, and I know my colleagues
764 on this committee, and I appreciate our looking into the
765 issue today.

766 I understand from the testimony we will hear today that
767 knowledge of the potential risks from the BP oil spill comes
768 from scientific studies following the Exxon Valdez disaster
769 in Alaska and other major oil spills around the world. The
770 potential health risks are primarily due to inhaling toxic
771 vapors, physical contact with the oil through skin or
772 ingestion, and psychological stress in confronting the
773 devastation.

774 I appreciate our committee looking into this and
775 hopefully hearings will ensure that our government is doing
776 everything in its power to protect the health of individuals
777 who reside in the affected areas and especially those that
778 are directly involved in the cleanup.

779 And, again, Mr. Chairman, thank you for holding the
780 hearing, and I yield back my time.

781 [The prepared statement of Mr. Green follows:]

782 ***** COMMITTEE INSERT *****

|
783 Mr. {Pallone.} Thank you, Mr. Green.

784 I yield now to the gentlewoman from Ohio, Ms. Sutton.

785 Ms. {Sutton.} Thank you, Mr. Chairman, and I appreciate
786 your holding this hearing today.

787 Everyone on this committee is familiar with the health
788 effects that continue to afflict the first responders and
789 others who were present at the World Trade Center on 9/11 and
790 during the recovery operations there. Not long ago this
791 committee passed a 9/11 Health Bill to help those who were
792 hurt, and we all remember it was a federal agency, the EPA,
793 who said that the dust around the World Trade Center in the
794 days after 9/11 was safe to breathe.

795 Volunteers and workers were told it was safe to be at
796 ground zero and that it was safe to work there, but we sadly
797 know now that that was not true. We now know 9 years later
798 that people who worked and lived near ground zero suffer from
799 a variety of health problems, ranging from respiratory
800 illnesses to mental health disorders. And as we sit here
801 today facing another tragedy, this one caused by BP, we must
802 make sure that the mistakes that were made in the days and
803 the weeks after September 11 are not made now.

804 Every worker, every volunteer, every resident, and every
805 person who comes in contact with this spill needs to be

806 protected. We must act to ensure that they are safe to the
807 best of our ability.

808 BP's own documents which are posted on the Investigative
809 Journalism website, Pro Publica, show that between April 22
810 and June 10 485 of their workers have been injured. Already
811 the Louisiana Department of Health is reporting 109 illnesses
812 in spill workers after exposure to oil or dispersants. And
813 sadly there will be more to come.

814 This oil spill is a tragedy on so many levels, and we
815 must do all that we can to prevent the spill from damaging
816 the public's health for years and years to come.

817 I thank the witnesses for being here today, and I look
818 forward to hearing about what HHS is doing to prevent a
819 damaging outcome in the days and the years ahead. Thank you,
820 and I yield back.

821 [The prepared statement of Ms. Sutton follows:]

822 ***** COMMITTEE INSERT *****

|
823 Mr. {Pallone.} Thank you, Ms. Sutton.

824 Next is the gentleman from Iowa, Mr. Braley.

825 Mr. {Braley.} Mr. Chairman, I am glad we are having
826 this hearing, because it is a good opportunity to talk about
827 the health impacts of the BP oil disaster on the responders,
828 those living and working in the affected communities, and in
829 our food chain. It is hard to recognize the true impact of
830 this devastating release of oil until you have seen it with
831 your own eyes and smelled it with your own nose.

832 And back in Iowa when I was growing up and we didn't
833 have a lot of entertainment, we would have people come over
834 to our house, and we would show them slides of things we had
835 been doing in our lives, so I am going to show you some
836 slides of my trip last week to the Gulf Coast.

837 This is a shot from Venice, Louisiana, at the mouth of
838 the Mississippi River, which is vital to my State because it
839 is the scene of the southwest passage where a lot of the
840 grain that is produced in the mid west enters the Gulf Stream
841 of commerce. And those are ships that were leased by BP that
842 used to be involved in the fishing industry. They are
843 sitting there on a very rainy day.

844 We went out on a cargo plane after our field hearing and
845 had the opportunity to sit there with the end gate open and

846 fly over miles and miles of the delta and miles and miles of
847 open water with plumes of oil, and this shot is taken out the
848 back, and you can see one of the relief vessels right there
849 in the lower right-hand corner, and then this is a shot that
850 shows you those plumes of oil on the water. You can also see
851 little ribbons that look like underway fire, which is where
852 the dispersal chemicals were interacting with the oil below
853 the surface. It literally looked like ribbons of fire.

854 And this is another shot of the same plume. This is,
855 again, flying right over where the relief wells are being
856 drilled. You can see the drilling ship and the plume ships
857 that are around it, and that is a more close-up shot. You
858 can actually see the burn off coming right off of the ship
859 that is drilling the relief well.

860 One of the things that I can't show you is the immense
861 stench coming off the water with that hatch open from the oil
862 coming off the surface of the Gulf of Mexico. That is what
863 these relief workers and the people living in these
864 communities are dealing with on a daily basis.

865 This is a picture of the plane we flew in with the
866 Admiral for the Coast Guard, who is leading the response
867 effort on the ground. This is a picture from our field
868 hearing where we heard from two of the widows who lost their
869 husbands when that Deepwater Horizon rig exploded.

870 Fittingly, you will see a picture of Andrew Jackson on a
871 horse behind us because that is the same location where the
872 Battle of New Orleans was fought.

873 But this picture to me captures the challenge we face,
874 because no one appreciates the enormous mass of the
875 Mississippi Delta when the Mississippi empties in the Gulf of
876 Mexico. So you see some of the waterways that are part of
877 the delta, you see the enormous land mass that is interfacing
878 with the water that is all exposed to this oil release. And
879 that is why until you have flown those massive miles that are
880 affected by this disaster, it is impossible to really
881 comprehend what we are going to do to solve this problem.

882 So I look forward to your testimony, and I look forward
883 to working with you as we try to restore some sanity to what
884 is going on in the Gulf of Mexico.

885 [The prepared statement of Mr. Braley follows:]

886 ***** COMMITTEE INSERT *****

|
887 Mr. {Pallone.} Thank you, Mr. Braley. I think that
888 concludes our members' statements, and so I will now turn to
889 our witnesses, and I want to welcome our panel. Let me
890 introduce each of them.

891 On my left is Dr. Lisa Kaplowitz, who is Deputy
892 Assistant Secretary for Policy of the Office of the Assistant
893 Secretary for Preparedness and Response with HHS, and next to
894 her is Dr. John Howard, Director of the National Institute of
895 Occupational Safety and Health, the Centers for Disease
896 Control and Prevention. And then we have Dr. Aubrey Miller,
897 who is the Senior Medical Advisor for the National Institutes
898 of Environmental Health Sciences with the National Institutes
899 of Health, and finally is Mr. Michael Taylor, who is the
900 Deputy Commissioner for Foods with the FDA.

901 And I want to welcome all of you. Thank you for being
902 here. You know we have 5-minute opening statements become
903 part of the record, and you may submit additional written
904 comments afterwards if you would like.

905 We will begin with Dr. Kaplowitz. Thank you for being
906 here.

|

907 ^STATEMENTS OF LISA KAPLOWITZ, M.D., M.S.H.A., DEPUTY
908 ASSISTANT SECRETARY FOR POLICY, OFFICE OF THE ASSISTANT
909 SECRETARY FOR PREPAREDNESS AND RESPONSE, U.S. DEPARTMENT OF
910 HEALTH AND HUMAN SERVICES; JOHN HOWARD, M.D., M.P.H., J.D.,
911 LL.M., DIRECTOR, NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY
912 AND HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION;
913 AUBREY MILLER, M.D., M.P.H., SENIOR MEDICAL ADVISOR, NATIONAL
914 INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES, NATIONAL
915 INSTITUTES OF HEALTH; AND MICHAEL TAYLOR, J.D., DEPUTY
916 COMMISSIONER FOR FOODS, U.S. FOOD AND DRUG ADMINISTRATION.

|

917 ^STATEMENT OF LISA KAPLOWITZ

918 } Dr. {Kaplowitz.} Thank you. Mr. Chairman--

919 Mr. {Pallone.} I don't know if that is on. Is the
920 green light on?

921 Dr. {Kaplowitz.} I have to move it closer.

922 Mr. {Pallone.} Oh, yes. Move it closer. That works.

923 Dr. {Kaplowitz.} The green light is on.

924 Mr. {Pallone.} Thanks.

925 Dr. {Kaplowitz.} Chairman Pallone, Ranking Member
926 Shimkus, and distinguished members of the subcommittee, thank
927 you for the opportunity to testify today about our public

928 health and medical efforts in response to the Deepwater oil
929 spill disaster. I commend this subcommittee for its
930 leadership in holding today's hearing and share your sense of
931 urgency on this important issue.

932 On behalf of the Department I would like to extend my
933 sympathies to the families of those who lost their lives in
934 this disaster, to those who were injured and to those whose
935 way of life has been changed for years to come. The impacts
936 of this disaster must be considered in the timeframe of not
937 weeks and months but years. Oil can remain toxic in the
938 environment for many years, and we do not know the impact it
939 could have on human health over the long term.

940 As the agency responsible for coordinating HHS
941 preparedness and response efforts, ASPR chairs a twice-weekly
942 policy call with other HHS agencies involved in the Gulf
943 response, including the NIH, CDC, FDA, ACS, SAMSA, and other
944 offices within HHS as well as the Secretary's Chief of Staff.
945 These calls assure that HHS response efforts are coordinated
946 among all agencies and office.

947 ASPR also provided direct support and is providing
948 direct support to the oil spill through the National Disaster
949 Medical System. From the time of the announcement of the
950 explosion and fire, ASPR's regional emergency coordinators in
951 the Gulf Coast areas were in close communication with each

952 State's Emergency Coordinator, the State Departments of
953 Health, and the Association of State and Territorial Health
954 Officials, HHS liaison officers deployed to the unified area
955 command team in Robert, Louisiana, to the incident command
956 centers in Houma, Louisiana, and Mobile, Alabama, and to the
957 National Incident Command Center at the U.S. Coast Guard
958 Headquarters in Washington, DC.

959 On May 31, HHS, in coordination with the Louisiana
960 Department of Health and Hospitals, set up a mobile medical
961 unit in Venice, Louisiana, to provide triage and basic care
962 for responders and residents concerned about health effects
963 of the oil spill. The medical unit screens workers and
964 citizens for exposure and refers those who require further
965 care to local healthcare providers or hospitals.

966 Our goal is to support the local community and fill in
967 any gaps that may be there, not to displace local providers.
968 As of today the NDMS Medical Unit has seen over 140 patients
969 since opening. Thus far some patient conditions, such as
970 heat stroke, have been consistent with any response effort in
971 the area.

972 In total about 38 percent have been treated for acute
973 respiratory conditions, another 27 plus patient encounters
974 have been for dermatologic eye or gastrointestinal problems,
975 as well as a number of individuals who have been treated for

976 injuries.

977 The Department is also directing attention and resources
978 to address the behavioral health issues arising from the oil
979 spill. Our experience and research from previous disasters,
980 including the Exxon Valdez spill, allow us to anticipate and
981 prepare for potential behavioral health needs such as
982 anxiety, depression, and other adverse emotional and
983 psychological effects.

984 To date the Department's Substance Abuse and Mental
985 Health Services Agency has engaged in supporting state and
986 local efforts to assess and meet the behavioral health needs
987 of residents of the Gulf States and workers responding to
988 this environmental disaster.

989 In addition, since the information available to inform
990 decision making related to the human health impacts is
991 inconclusive, Secretary Sebelius has asked the Institute of
992 Medicine to convene an independent panel of scientific
993 experts at a public workshop, exploring a broad range of
994 health issues related to the oil spill. From heat exhaustion
995 and other occupational hazards to exposure to oil and
996 dispersants. This workshop will be next week on June 22 and
997 23 in New Orleans.

998 In conclusion, I want to assure the subcommittee that
999 our office, along with our sister agencies within the

1000 Department and the administration as a whole, are taking the
1001 public health and medical consequences of the oil spill
1002 disaster very seriously and are implementing a comprehensive
1003 strategy to monitor and address any public health and medical
1004 issues that may arise.

1005 Thank you for the opportunity to testify today, and I am
1006 happy to answer any questions.

1007 [The prepared statement of Dr. Kaplowitz follows:]

1008 ***** INSERT 1 *****

|
1009 Mr. {Pallone.} Thank you, Dr. Kaplowitz.
1010 Dr. Howard.

|
1011 ^STATEMENT OF JOHN HOWARD

1012 } Dr. {Howard.} Thank you, Mr. Chairman, and Ranking
1013 Member Shimkus and other members of the committee. I am here
1014 to provide you an update on CDC's activities in the Deepwater
1015 Horizon response.

1016 Following the fire and explosion on April 20, CDC
1017 immediately activated its Emergency Response Center to
1018 coordinate response activities across the agency. CDC's
1019 National Center for Environmental Health leads the incident
1020 command and works closely with the National Institute for
1021 Occupational Safety and Health to respond to potential health
1022 threats to the public, workers, and volunteers from the
1023 disaster.

1024 As of today CDC has 170 staff involved in the response
1025 including 17 staff deployed to the Gulf Coast States.
1026 Throughout this response CDC has been coordinating our
1027 efforts with other operating divisions of HHS and with the
1028 Coast Guard, OSHA, EPA, and most importantly with State
1029 Health Departments in the Gulf States.

1030 The response hazards to the public primarily include
1031 skin and respiratory irritation to various chemicals
1032 contained in the crude oil and in the oil dispersants. Skin

1033 contact should be avoided, and any area that has come in
1034 contact with oil should be washed thoroughly. Eye, nose, and
1035 throat irritation can occur from closer contact with crude
1036 oil. Those with asthma or chronic lung disease may be more
1037 sensitive than others to very low levels of hydrocarbons and
1038 even they and others can be sensitive to levels of
1039 hydrocarbons that are far below measurable levels.

1040 People who have questions about potential health effects
1041 related to the oil may visit our website for more
1042 information. We have information for residents, for
1043 professional healthcare professionals, for workers and
1044 volunteers.

1045 CDC in partnership with state and local health
1046 departments is tracking symptoms and health complaints that
1047 could be associated with the oil spill. Health surveillance
1048 and populations near the Gulf is being done through three
1049 mechanisms.

1050 First, we are collecting data from 60 poison control
1051 centers throughout the Gulf Region. Second, we are
1052 collecting data from the bio-sense surveillance system, which
1053 includes 86 healthcare facilities, clinical laboratories,
1054 hospital systems, ambulatory care centers throughout the area
1055 to detect any increase in illnesses or other health effects.

1056 Third, we are analyzing surveillance data that is being

1057 collected by State Health Departments in the Gulf, which are
1058 monitoring potential health effects related to the oil spill.
1059 We posted initial results from these collaborative
1060 surveillance activities on our website, and we update those
1061 routinely.

1062 CDC is also evaluating air, data from air, sediment, and
1063 water samples in the Gulf, looking for any indication of
1064 contaminants at levels that would pose a threat to public
1065 health. After EPA's public release of the chemical
1066 components of the dispersants being used in the response, CDC
1067 has completed a preliminary review of the toxicity of these
1068 dispersant components and has concluded that the substances
1069 of greatest concern to human health are being monitored by
1070 EPA.

1071 NIOSH is doing three major activities and is working
1072 together with the Occupational Safety and Health
1073 Administration. First, we are rostering all workers and
1074 volunteers included in the response by means of a voluntary
1075 questionnaire. To date we have rostered 13,000 workers, and
1076 we hope to continue that process to get all of the workers
1077 and volunteers.

1078 Second, NIOSH is analyzing data from all sources for
1079 worker symptoms, health complaints, work-related injuries or
1080 incidents so that we can recommend interventions to prevent

1081 future injuries and illnesses. Third, NIOSH is conducting a
1082 Health Hazard Evaluation of reported illnesses among workers
1083 involved in offshore cleanup operations as requested by BP on
1084 May 28. Finally, as response activities proceed, CDC is
1085 working to protect the health and safety of workers,
1086 volunteers, and residents in the affected areas of the Gulf
1087 State, and as we learn more we will update our
1088 recommendations.

1089 I thank you for your continued support, and I am pleased
1090 to answer any questions you may have.

1091 [The prepared statement of Dr. Howard follows:]

1092 ***** INSERT 2 *****

|

1093 Mr. {Pallone.} Thank you, Dr. Howard.

1094 Dr. Miller, you are next.

|
1095 ^STATEMENT OF AUBREY MILLER

1096 } Dr. {Miller.} Thank you, Mr. Chairman, Ranking Member
1097 Shimkus, and the rest of the committee. Thank you for this
1098 opportunity to provide information about the activities
1099 undertaken by the National Institute of Environmental Health
1100 Sciences, NIEHS in response to the oil spill disaster in the
1101 Gulf of Mexico. My name is Aubrey Miller. I am Senior
1102 Medical Advisor to the Director of NIEHS and the National
1103 Toxicology Program.

1104 While extensive data exists on the effects of oil spills
1105 in wildlife and ecosystems, the effects on human health from
1106 these exposures have not been well studied. Experts agree
1107 that the potential for human health hazards exist since both
1108 crude oil and chemicals being used to fight the spill contain
1109 harmful substances.

1110 Yet understanding and quantifying these effects requires
1111 further study. A recent review article which looked at 34
1112 publications concerning the health effects related to past
1113 oil spill, past tanker oil spills made clear that there is
1114 very little data concerning exposed individuals and only for
1115 a handful of these incidents.

1116 Historically, the workers involved in such cleanups have

1117 reported the highest levels of exposure and most acute
1118 symptoms. The reporting of higher levels of lower
1119 respiratory track symptoms was observed in fishermen who have
1120 participated in the cleanup following the Prestige tanker
1121 accident off the coast of Spain.

1122 A few studies have looked at psychological effects of
1123 spills both among workers and in affected communities.
1124 Follow-up studies of affected populations from the Exxon
1125 Valdez spill, for example, reported higher levels of anxiety
1126 disorder, post-traumatic stress disorder, and depression.
1127 Such research findings remind us of the importance of keeping
1128 longer-term, less-obvious sequel in mind, not just the
1129 immediate toxicity affects when considering the overall
1130 health impact of this type of disaster.

1131 Now, turning our attention to the Gulf oil spill
1132 response, our program director was on site within days of the
1133 platform explosion. NIH--an NIEHS team have been a
1134 continuous presence in Louisiana and have been working with
1135 the National Incident Command officials, as well as local and
1136 state officials, academic institutions, and other federal
1137 agencies to provide technical assistance for worker safety
1138 training related to the oil spill through NIEHS's Worker
1139 Training Education Program.

1140 The NIEHS Superfund Worker Training Program has provided

1141 safety training to emergency responders and hazardous
1142 materials workforce for the last 23 years. For other
1143 emergency responses such as the World Trade Center attack and
1144 now the oil spill, NIEHS was able to provide nearly immediate
1145 assistance to help protect workers.

1146 Three different levels of training for oil spill workers
1147 have been developed and supported by NIEHS; 40-hour training
1148 course on hazardous waste operations and emergency response,
1149 a short 2 and 4-hour training courses on safety and health
1150 awareness, developed together with OSHA, and as of June 10,
1151 BP reports that it has trained approximately 30,500 people
1152 using NIEHS worker safety training materials.

1153 Additionally, more than 5,000 pocket-sized booklets
1154 titled, ``Safety and Health Awareness for Oil Spill Cleanup
1155 Workers,`` have been distributed to instructors, safety
1156 officials, frontline responders, participants in the BP
1157 Vessels of Opportunity Program, and beach workers in the
1158 Shoreline Cleanup Assessment Team. These booklets have been
1159 printed in English, Spanish, and Vietnamese. Here is an
1160 example of one here. NIEHS has helped support and facilitate
1161 interagency coordination to protect the workers and the
1162 public affected by this disaster.

1163 To help assess the response to this oil spill crisis on
1164 June 1, NIEHS in cooperation with the Coast Guard and BP,

1165 facilitated a multi-agency public health assessment of the
1166 oil spill responders in the Louisiana area to determine the
1167 need for any additional medical support and additional mobile
1168 medical units.

1169 In addition, NIEHS has helped formed and is collating
1170 the interagency work crew, the Interagency Oil Spill Health
1171 Monitoring Researchers' Work Group. Within this work group
1172 NIEHS is focused directly on identifying all the relevant
1173 human health and toxicologic information to help inform our
1174 current actions and drive research efforts.

1175 Two, to develop new tools to gather information about
1176 the adverse health effects stemming from the oil spill, both
1177 in the short term and long term, and three, engaging
1178 additional stakeholders to work with us in these efforts that
1179 produce the best processes, products, and outcomes.

1180 Lastly, NIH is exploring a variety of different funding
1181 mechanisms and programs to carry out important research
1182 related to this particular disaster and the people whose
1183 health may be affected. We expect a number of researchers to
1184 apply immediately for our time-sensitive awards. Proposals
1185 are accepted each month, reviewed, and funded within 3
1186 months, and as you noted, Mr. Chairman, that--NIH Director,
1187 Mr. Collins, has recently appropriated \$10 million for
1188 additional research along these lines. These studies should

1189 prove useful information for some of our unanswered
1190 questions.

1191 One of the most important takeaway messages from our
1192 current and ongoing review of the science regarding human
1193 health effects of oil spill disasters is that there is a
1194 clear need for additional health monitoring and research to
1195 underpin our public health decisions. As the situation in
1196 the Gulf of Mexico continues to unfold, NIEHS will stay
1197 engaged, both as a committed partner in research, on the
1198 health effects of these exposures on workers and the affected
1199 communities, and our efforts to keep cleanup workers safe.

1200 Thank you, and I am happy to answer your questions.

1201 [The prepared statement of Dr. Miller follows:]

1202 ***** INSERT 3 *****

|

1203 Mr. {Pallone.} Thank you, Dr. Miller.

1204 Mr. Taylor.

|
1205 ^STATEMENT OF MICHAEL TAYLOR

1206 } Mr. {Taylor.} Good afternoon, Mr. Chairman, Ranking
1207 Member Shimkus, and other members of the committee. I
1208 appreciate the chance to talk today about FDA's activities
1209 with respect to the food safety aspects of the Gulf oil
1210 spill.

1211 FDA is an integral part of the Federal Government's
1212 comprehensive, multi-agency program to protect the safety of
1213 seafood from the Gulf of Mexico. This program is important
1214 for consumers who need to know their food is untainted and
1215 for the seafood industry, which needs to be able to sell its
1216 products with confidence.

1217 FDA is working closely with NOAA, the Environmental
1218 Protection Agency, our HHS colleagues here, and state
1219 authorities on a multi-pronged approach to ensure the safety
1220 of seafood from the Gulf of Mexico. The measures we are
1221 taking begin with the precautionary closure of fisheries and
1222 are backed up by surveillance and testing of seafood products
1223 and continued enforcement of FDA's Hazard Analysis and
1224 Critical Control Points or HACCP regulations.

1225 The FDA and NOAA are also working together to develop
1226 protocols for reopening closed fisheries in the Gulf in a

1227 manner that ensures the safety of product from those areas.

1228 Based on these protective measures and the best
1229 available science, we are confident that Gulf of Mexico
1230 seafood in the market today is safe to eat.

1231 The primary preventative measure for protecting the
1232 public from potentially contaminated seafood is, of course,
1233 the closure by NOAA of fishing areas in the Gulf that had
1234 been or are likely to be affected by the oil spill. NOAA
1235 acted swiftly after the spill to close affected waters, and
1236 NOAA has been able to stay ahead of the spill with its
1237 closures by anticipating the movement of the oil spill and by
1238 including 5-mile buffer zones around the affected areas. FDA
1239 is working closely with both NOAA and the states to ensure
1240 that appropriate closures are in place.

1241 To verify the effectiveness of the closures in
1242 protecting the safety of seafood, NOAA and FDA are collecting
1243 and testing a variety of types of seafood samples, including
1244 fin fish, shrimp, crabs, and shellfish. FDA's sampling is
1245 taking place at Gulf Coast Seafood Processors and is
1246 targeting oysters, crabs, and shrimp which could retain
1247 contaminants longer than fin fish. This sampling will
1248 provide verification that the closures are working and that
1249 seafood on the market is safe to eat.

1250 As an extra measure of protection to compliment the

1251 closures and testing, FDA is stepping up inspections of
1252 seafood processors under our seafood HACCP regulation. HACCP
1253 is a system of preventative controls under which seafood
1254 processors are required to identify and control potential
1255 food safety hazards in their operations. We have just
1256 reissued existing guidance to Gulf Coast seafood processors
1257 explaining how they can meet their obligation under the HACCP
1258 regulation to ensure they are not receiving fish from waters
1259 that are closed by federal or state authorities. The agency
1260 will be inspecting these facilities to verify compliance.

1261 Finally, FDA and NOAA are working closely with states on
1262 a protocol for determining when closed waters can be
1263 reopened. Under the protocol waters impacted by oil will not
1264 reopen until oil from the spill is no longer observable and
1265 seafood samples from the area successfully pass both century
1266 analysis by trained screeners and chemical analysis to verify
1267 the oil products are not present at harmful levels.

1268 NOAA and FDA will work to reopen previously-closed areas
1269 as quickly as possible in order to minimize the impact of
1270 closures on fishermen and coastal communities, while
1271 protecting public health.

1272 Mr. Chairman, we are all indebted to the scientists and
1273 frontline food safety specialists in our agencies and in
1274 state governments along the Gulf for their diligent and

1275 ongoing responses to this catastrophic oil spill. On their
1276 behalf I appreciate the opportunity to discuss their
1277 activities with you, and I look forward to questions that you
1278 and the committee may have. Thank you.

1279 [The prepared statement of Mr. Taylor follows:]

1280 ***** INSERT 4 *****

|
1281 Mr. {Pallone.} Thank you, Mr. Taylor, and now that you
1282 have finished your statements we will turn to questions from
1283 the members, and I will start with myself.

1284 And I am going to start with Dr. Howard. Dr. Howard, we
1285 know that thousands of workers are participating in the
1286 recovery efforts to clean up the BP oil spill, and clearly
1287 your primary goal is to ensure worker safety and have an
1288 accurate record of where workers are stationed in the Gulf.

1289 Can you explain NIOSH's role in monitoring these
1290 response workers who are participating in the recovery
1291 through rostering? And I know that there is a difference
1292 between ID'ing workers through a roster as opposed to a
1293 registry, so I guess my question is does this rostering
1294 contain enough information to follow up with people should a
1295 more-detailed health registry become necessary?

1296 And just generally, what kind of outreach have you done
1297 to reach the largest number of workers, and how many have you
1298 been able to ID so far?

1299 Dr. {Howard.} I think the simplest way to describe the
1300 difference between rostering and registering or between a
1301 roster and a registry is that a roster is a list. It is a
1302 list of workers. A registry is active management of those
1303 workers in terms of accessing their exposure profile, the

1304 health effects that they may be feeling, and following them
1305 through time.

1306 So the first step in a registry may, indeed, be
1307 collecting the names and demographic information of workers
1308 that you would then put into a registry. So it is a
1309 foundational step. It is the first step that we are taking.

1310 So it does not ever preclude a registry from actually
1311 happening.

1312 Mr. {Pallone.} And what kind of outreach have you done
1313 to reach the workers, and how many have you been able to ID
1314 so far?

1315 Dr. {Howard.} We have been able to roster nearly
1316 13,000, and we do it in three ways. The first way that we
1317 started out a few weeks ago was by going to the actual sites
1318 where the workers are working. We are still doing that
1319 because we are not capturing everyone in the second method,
1320 which is as they come into a training center, before they are
1321 assigned for any cleanup work, we roster them at that time.
1322 There we are capturing nearly all of the workers who are
1323 coming in for training.

1324 Then the third method which we have been asked by both
1325 other government agencies like Coast Guard and EPA and BP
1326 workers themselves, is if we could do some web-based
1327 rostering. So we are developing a program that they can go

1328 onto the web. So those are the three methods; going out and
1329 finding them ourselves, two, rostering them in the training
1330 centers, and three, web-based rostering.

1331 Mr. {Pallone.} And what other plans are there in the
1332 future to document health problems, either by--either for
1333 workers or people in the community, too?

1334 Dr. {Howard.} Well, there is a lot going on in this
1335 area in terms of surveillance, looking at all of these
1336 systems that are in place now. I mentioned three different
1337 ways.

1338 One is through poison control centers. People call in,
1339 they complain or they ask information about a particular
1340 health issue. So we are looking at 60 poison control centers
1341 in the Gulf area, scanning all of their calls to see whether
1342 there is any oil-related issues, people complaining about
1343 eye, throat irritation, I smell hydro-carbon odors, et
1344 cetera.

1345 The bio-sense program, which surveys healthcare
1346 facilities, then looks at what is the reason that somebody
1347 came into a healthcare facility. Was it because I had eye
1348 and throat irritation because I went to an area in which I
1349 was involved in cleanup, could be a worker, or I was a
1350 resident. I went to a beach area, for instance.

1351 In the third activity we are looking at State Health

1352 Departments both--Louisiana and Mississippi, Alabama, and
1353 Florida do an excellent job in their State Health Departments
1354 at collecting information about health complaints, people
1355 that are going to seek medical attention.

1356 And what is interesting about that lately is that we
1357 have seen about four, 500 calls if you add up all of those
1358 calls, and they are all on our website, on the CDC website.
1359 If you look at that, about 75 percent of them are coming from
1360 workers. Only about 25 percent are coming from residents.
1361 So the proportion is obviously workers. There are, as you
1362 know, many millions of people who live in the Gulf area, so
1363 we are not seeing a large number of calls now, but we are
1364 monitoring, and what we are doing now is then looking at the
1365 types of information that we are getting, both from a call as
1366 well as an appearance in a healthcare facility. Then
1367 comparing that to the 3 years previously as a way of looking
1368 at a baseline. Are we seeing more throat and eye irritation,
1369 more cough comes in? We are trying to compare the last 3
1370 years to what we are seeing now.

1371 Mr. {Pallone.} Okay. I was going to maybe just
1372 quickly, Mr. Taylor, this idea with the FDA assessing whether
1373 the oil or the dispersants bio-accumulate in seafood, would
1374 you explain that to me? I mean, do the components in crude
1375 oil bio-accumulate in fish and other seafood, and do we need

1376 to be concerned about that in this, you know, with this
1377 crisis?

1378 Mr. {Taylor.} Well, if fish are exposed to oil, it will
1379 be present. It can be bio-concentrated, bio-accumulated in
1380 the fish, in the edible portion of the fish, and this is why,
1381 of course, the primary preventive measure is to close waters
1382 and not take fish from waters that are contaminated with oil
1383 so they won't be so exposed.

1384 Dispersants, compounds of dispersants are different.
1385 They are water soluble. They don't have the same ability to
1386 bio-concentrate, which is another important part of the
1387 analysis there, but, again, the primary preventive is to keep
1388 fish that we are going to put in the marketplace away from--
1389 not take fish that are affected by the oil in the first
1390 place.

1391 Mr. {Pallone.} Okay. Thank you. Mr. Shimkus.

1392 Mr. {Shimkus.} Thank you, Mr. Chairman. Dr. Howard and
1393 Mr. Taylor, is the fish on our store shelves safe? Or the
1394 seafood?

1395 Dr. {Howard.} Well, I am going to defer to--

1396 Mr. {Shimkus.} No. Don't defer because you have in
1397 your testimony, I think, a statement to that fact.

1398 Dr. {Howard.} Yeah. I would say yes.

1399 Mr. {Shimkus.} Thank you. Mr. Taylor.

1400 Mr. {Taylor.} We are confident about the safety, as I
1401 have testified, of the seafood that is in the market, Mr.
1402 Shimkus.

1403 Mr. {Shimkus.} Great. Thank you very much.

1404 Back to Dr. Howard, I understand that you are conducting
1405 health hazard evaluation report illnesses, and you have been
1406 given medical reports for seven previous hospitalized
1407 fishermen to assist in their evaluation. When do you think
1408 this evaluation will be complete?

1409 Dr. {Howard.} Well, we certainly hope it is going to be
1410 complete by the beginning of next week, because we want to
1411 talk about it at the Institute of Medicine meeting in New
1412 Orleans.

1413 Mr. {Shimkus.} Great, and this was a great discussion
1414 between the Chairman and the difference between rostering and
1415 a registry, and I think that is an important line to continue
1416 to move down. How--first you have a roster and then maybe
1417 that moves to a registry. How do you ensure that if your--
1418 you mentioned in your opening statement about people who
1419 might have asthma or chronic pulmonary activity, they would
1420 be more susceptible.

1421 So in this process how do you do things? How do you get
1422 an appropriate baseline of their health conditions prior to,
1423 and then how would you do an evaluation of--if there is

1424 degradation in years based upon normal health decline or an
1425 impact on something like this?

1426 Dr. {Howard.} I think the easiest answer would be
1427 comparison between the baseline that you have collected and
1428 then the assessment that you are doing after the exposure.

1429 Mr. {Shimkus.} But you are going to have to get health
1430 data from their healthcare professional previous to this
1431 event.

1432 Dr. {Howard.} And as Dr. Miller referred to in these
1433 previous studies what has happened is questionnaires have
1434 been filled out by individuals who are workers or residents
1435 in these previous spills, and then you assess what their
1436 level of symptomatology was before and then you assess it
1437 after the exposure.

1438 Mr. {Shimkus.} So you are getting it from the person
1439 who may be ill and may be more ill, not a healthcare
1440 professional that does an evaluation of their health status.

1441 This is the same type of issue that we deal with in pre-
1442 existing conditions on VA issues, healthcare issues, how do
1443 you identify this issue was based upon service duty or
1444 service connected or not.

1445 Dr. {Howard.} Certainly self-identified issues in a
1446 questionnaire have to be corroborated or should be
1447 corroborated in a better study with actual medical data,

1448 either a previous medical information that that individual's
1449 healthcare provider had in a previous record, so you want to
1450 look at that, and as it was referred to before in the 9/11
1451 situation, we have previous annual physicals for
1452 firefighters, so we have a baseline for them and then we look
1453 at them post-exposure.

1454 Mr. {Shimkus.} Great. Thank you, and because you went
1455 on that line, do you currently run a program that provides
1456 treatment and monitoring of health conditions for first
1457 responders to the World Trade Center attack?

1458 Dr. {Howard.} Yes. Our Department--

1459 Mr. {Shimkus.} Thank you, and my time is quick, so I
1460 want to continue to move.

1461 Dr. Miller, based upon what I have read weatherized oil
1462 has lost most of its volatile organic compound. What is
1463 happening to these?

1464 Dr. {Miller.} The volatile organic compounds?

1465 Mr. {Shimkus.} Right.

1466 Dr. {Miller.} They are evaporating off into the
1467 atmosphere.

1468 Mr. {Shimkus.} So they are evaporating.

1469 Dr. {Miller.} That is correct.

1470 Mr. {Shimkus.} A lot of the testimony or the
1471 experiences we are citing is based upon like the Exxon Valdez

1472 or the Spanish tanker that broke up on--this is different
1473 because it is a mile under the top of the ocean, there is a
1474 lot of pressure.

1475 Does pressure have a different characteristic that is
1476 making this do something different than just the evaluation
1477 of crude oil itself washing on the shore?

1478 Dr. {Miller.} I don't have any specific information on
1479 how the pressure affects it per se, but we are doing
1480 measurements, and EPA is doing measurements to actually see
1481 what is in the actual atmosphere. So part of it is this
1482 weathering process of the crude and as it comes toward land
1483 or it moves around and is exposed to sunlight, et cetera, and
1484 gets to the atmosphere. Then these volatile organics do come
1485 off, as well as some other compounds tend to break down in
1486 the weathering process as well.

1487 Mr. {Shimkus.} And my last question and my time is
1488 almost up. Could the oil and dispersant mix to form a
1489 compound that creates a unique human health risk that would
1490 not exist with just the oil or the dispersant alone?

1491 Dr. {Miller.} Now, that is an area of uncertainty, and
1492 it is a potential concern for us, what is the effect of the
1493 oil and dispersant together. Is it--it could work two ways.
1494 One, it could lessen the effect, or it could also increase
1495 the effect, and that is something we need to look at.

1496 Mr. {Shimkus.} Thank you, Mr. Chairman.

1497 Mr. {Pallone.} Thank you.

1498 The gentlewoman from California, Ms. Eshoo, has 8
1499 minutes.

1500 Ms. {Eshoo.} Thank you, Mr. Chairman. I want to thank
1501 our witnesses for your expertise, for your testimony, and for
1502 the work that you are doing.

1503 Several news reports have stated that BP has told its
1504 workers that they don't need to use a respirator for the
1505 cleanup efforts, and the company is only releasing limited
1506 test results to tamper down public worries.

1507 So I would like to start out by asking you if in your
1508 opinion do you believe that BP is doing everything it can to
1509 protect the health of the cleanup workers?

1510 Now, in our staff background notes it is noted that
1511 there are over 13,000 cleanup workers that are employed by BP
1512 or its contractors. So this is a large group of people. So
1513 that is my first question.

1514 And my second having to do with this is have you been
1515 given access to BP's test results, and if so, could
1516 additional information from BP help you make more informed
1517 decisions?

1518 I don't know who wants to take this but--

1519 Dr. {Howard.} I would be happy to.

1520 Ms. {Eshoo.} Okay. Thank you.

1521 Dr. {Howard.} Excellent questions. You know, I think
1522 that from the perspective of the data that we have, you know,
1523 oftentimes we don't know what we don't have.

1524 Ms. {Eshoo.} That is why I am asking.

1525 Dr. {Howard.} That is the most serious issue. What I
1526 know we don't have, and we have asked BP for is an actual
1527 list of the 13,000 workers.

1528 Ms. {Eshoo.} And when was that request made?

1529 Dr. {Howard.} We made that request several times in the
1530 last couple weeks.

1531 Ms. {Eshoo.} And no response?

1532 Dr. {Howard.} We have yet to receive it. So we are
1533 anxious to receive that, because we would like to correlate
1534 it with our roster to make sure that we are capturing
1535 everybody, and for those folks that we do not have, we would
1536 like to go out and find them so we can put them on the
1537 roster.

1538 Ms. {Eshoo.} How many are rostered right now?

1539 Dr. {Howard.} Right now there are 13,000 rostered. We
1540 believe that--

1541 Ms. {Eshoo.} So you know--

1542 Dr. {Howard.} --it may be 15 or 20,000.

1543 Ms. {Eshoo.} Wow. Does anyone else want to comment on

1544 that?

1545 On funding, we know that--well, the President announced
1546 today that there will be an escrow account that taxpayers
1547 will not pick up a dime of the cost of this catastrophe, have
1548 any of you been reimbursed for your work so far? Or is
1549 still--

1550 Dr. {Howard.} Well, Secretary Sebelius wrote the BP
1551 Chairman saying that she expected all of our work in support
1552 of the response to be reimbursed.

1553 Ms. {Eshoo.} Well, we all expect that. I just wondered
1554 if there is any attempt to--

1555 Dr. {Howard.} We are keeping track of it.

1556 Ms. {Eshoo.} --reimburse. Okay.

1557 Dr. {Howard.} We are keeping track.

1558 Ms. {Eshoo.} Let us know when the check arrives.

1559 On the dispersants, oil is not obviously the only health
1560 concern. The manufacturer of Corexit, the dispersant being
1561 used to clean up the oil, warns against contact with eyes,
1562 skin, obviously the lungs. This product is somewhat
1563 volatile, and it is critical for cleanup workers and
1564 volunteers to wear personal protection equipment when
1565 applying the dispersant or working near where it has been
1566 applied.

1567 Can you tell us what steps you are taking to ensure that

1568 the dispersants will not pose a threat for the workers or the
1569 nearby communities?

1570 Dr. {Howard.} From the health and safety perspective,
1571 we are not fans of dispersants. There was aerial spraying of
1572 dispersants up until about 2 to 3 weeks ago. That resulted
1573 or was correlated with the illness that the nine fishermen
1574 had that we are investigating.

1575 Now, dispersant is only being applied I am to understand
1576 in a sub-surface manner. Okay? So aerial spraying really
1577 puts it in all sorts of exposure zones that we do not think
1578 is safe, so we are delighted that the application of
1579 dispersant is only sub-surface.

1580 Ms. {Eshoo.} Uh-huh, and when it is sub-surface, there
1581 isn't anything that reaches the surface, so there isn't any
1582 concern there?

1583 Dr. {Howard.} Well, that is unclear. We really don't
1584 know, and certainly those workers that are operating at the
1585 source where the oil and water column are coming up mixed
1586 with dispersant, those workers may be at risk.

1587 Ms. {Eshoo.} Are there any studies on human health
1588 effects of the dispersants that are being used now?

1589 Dr. {Howard.} No. I think as Dr. Miller pointed out,
1590 we have very scant information in general about oil spills.
1591 It has come from a few studies of oil tankers that have run

1592 aground. We have some information about acute irritant
1593 effects.

1594 Ms. {Eshoo.} Uh-huh.

1595 Dr. {Howard.} We have some information about
1596 psychological stress in the communities. We have practically
1597 none about chronic effects.

1598 Ms. {Eshoo.} Is there any such thing as a safe
1599 dispersant?

1600 Dr. {Howard.} Well, you are talking to a Health and
1601 Safety Director, and I am not a fan of putting more
1602 hydrocarbons in an area that already it has a lot of
1603 volatiles in it. I understand the reasons why they are being
1604 used, but from a health and safety perspective, I am not--

1605 Ms. {Eshoo.} Well, that is what we are here for today,
1606 to examine the health impacts.

1607 Does anyone else want to comment on that? Dr. Miller.

1608 Dr. {Miller.} Yeah. Just kind of reiterating a little
1609 bit because the effect of the dispersants and we understand
1610 that they are, you know, trying to break up the oil and do
1611 things with it, but in terms of adding additional complexity
1612 and uncertainty for human health exposures and the facts is
1613 more complicated, and certainly we need to be monitoring what
1614 these exposures may be both at the source and as it moves
1615 toward other human populations to understand exactly what we

1616 are dealing with.

1617 Ms. {Eshoo.} Thank you. Mr. Taylor, in your testimony
1618 you stated that current science does not suggest that
1619 dispersants bio-accumulate in seafood. We had some
1620 discussion I think from previous questions about this, but
1621 NOAA is conducting studies to look at that issue.

1622 Do you know when those studies will be completed?

1623 Mr. {Taylor.} I don't have a precise timetable. I am
1624 told it will be a few months. They are doing a series of
1625 studies to really confirm what our hypothesis is and our
1626 understanding from the knowledge that we do have that these
1627 compounds do not bio-accumulate. We want to certainly
1628 confirm that, but--so but this will be a course of work over
1629 the next few months as I understand it. I would have to
1630 defer to them on the details.

1631 Ms. {Eshoo.} Uh-huh. Thank you.

1632 In terms of the chain of command, who covers for the
1633 President all of the various health aspects? Is it Secretary
1634 Sebelius that is part of the team, and you all feed into or
1635 contribute your daily doings and--

1636 Dr. {Kaplowitz.} Well, we--

1637 Ms. {Eshoo.} What is happening on the ground?

1638 Dr. {Kaplowitz.} --certainly all report to Secretary
1639 Sebelius. She has been very involved. As I said, her Chief

1640 of Staff has been at all our meetings. We actually--

1641 Ms. {Eshoo.} Uh-huh.

1642 Dr. {Kaplowitz.} --were just meeting with her today.

1643 The President is in charge, and Admiral Allen is the incident

1644 commander. So we work through the Incident Commander. The

1645 Secretary is responsible for the health response.

1646 Ms. {Eshoo.} It seems to me that there is--this is a

1647 very important aspect that is not being covered, and when I

1648 asked about the chain of command, I really don't hear--I

1649 don't think I have heard anything on TV that has either put

1650 out warnings or health reports, what people can access. I

1651 mean, maybe I am missing it, but I haven't been aware of it,

1652 and that is why I am, you know, I raised the question.

1653 You know, this is--I think it was--one of the members

1654 said, you know, there is so many narratives to this. Without

1655 a question this is the largest environmental disaster in the

1656 history of our country, and it is sickening, and I think

1657 anyone that is saying that song, Drill, Baby, Drill, should

1658 have some second, third, and tenth thoughts about this.

1659 So I want to thank you for what you are doing and what

1660 you will continue to do. I wish that this wasn't--I wish it

1661 were not the case that you are going to be busier and busier

1662 as a result of this catastrophe, but I think that the

1663 longest-lasting effects are the ones that you are--the ones

1664 that are going to be responsible to help take care of.

1665 So, thank you, and thank you, Mr. Chairman.

1666 Mr. {Pallone.} Thank you.

1667 Next is Mr. Whitfield.

1668 Mr. {Whitfield.} Thank you, Mr. Chairman, and thank you
1669 all for your testimony.

1670 To follow up a little bit on Ms. Eshoo's line of
1671 questioning, when we had the CEOs of the major oil companies
1672 in here yesterday, I believe, they talked a lot about the
1673 Unified Command, and Dr. Kaplowitz, you were talking about
1674 Secretary Sebelius and Admiral so and so and so and so, but
1675 is--what is your relationship to the Unified Command and
1676 explain to us a little bit about the Unified Command.

1677 Dr. {Kaplowitz.} Certainly. The Incident Commander is
1678 Admiral Allen. The two agencies that are jointly responsible
1679 for the response in my understanding are EPA and the Coast
1680 Guard, and certainly Secretary Napolitano is very involved
1681 since she--since the Coast Guard is part of the Department of
1682 Homeland Security.

1683 We have representation in the National Incident Command
1684 Center, DHHS.

1685 Mr. {Whitfield.} Okay. Can I interrupt you one minute?

1686 When you say Incident Command, is that the same thing
1687 as--

1688 Dr. {Kaplowitz.} Yes.

1689 Mr. {Whitfield.} --Unified Command?

1690 Dr. {Kaplowitz.} Unified Command implies there is more
1691 than one individual.

1692 Mr. {Whitfield.} yeah.

1693 Dr. {Kaplowitz.} So I am--

1694 Mr. {Whitfield.} You all refer to it as Incident
1695 Command. Yesterday they kept talking about Unified Command.
1696 It is the same thing.

1697 Dr. {Kaplowitz.} It is the same structure. Yes.

1698 Mr. {Whitfield.} Okay.

1699 Dr. {Kaplowitz.} It is, and we have representation in
1700 the National Incident Command Center or the NICC, so that if
1701 any questions come up in terms of health issues, we are
1702 available. We are also available locally in the command
1703 sites within Louisiana and Alabama. There are State Health
1704 Officials that are involved in each of the states who also
1705 assist their governors, for example, in response, in terms of
1706 state responsibilities.

1707 Part of the important aspect here is ongoing good
1708 communication among all aspects, but it is Admiral Allen who
1709 is responsible for the response.

1710 Mr. {Whitfield.} But all of you represent agencies that
1711 are involved with the Incident Command.

1712 Dr. {Kaplowitz.} Yes, sir.

1713 Mr. {Whitfield.} Okay. Now, as far as these
1714 dispersants, Dr. Howard, I think you made it rather clear
1715 that you think the negative impact of dispersants would
1716 exceed any benefit by using the dispersants. So I am
1717 assuming that if you had the authority, you would just say no
1718 dispersants at all?

1719 Dr. {Howard.} No. I don't have that authority.

1720 Mr. {Whitfield.} No, but if I you did have that
1721 authority.

1722 Dr. {Howard.} If I had that authority, I would say we
1723 have enough hydrocarbons in the exposure--

1724 Mr. {Whitfield.} Okay.

1725 Dr. {Howard.} --zone and--

1726 Mr. {Whitfield.} But does EPA--is EPA the agency that
1727 makes that decision?

1728 Dr. {Howard.} I believe so.

1729 Mr. {Whitfield.} Okay, and it is my understanding that
1730 they are still using dispersants, but that EPA made them
1731 reduce by 25 percent what they started off using. Does that
1732 make sense?

1733 Dr. {Howard.} My understanding is the aerial spray of
1734 dispersant has ceased about 2 or 3 weeks ago, and now
1735 dispersant is only being applied sub-surface as the crude oil

1736 column comes through the water column.

1737 Mr. {Whitfield.} Okay. Now, you know, another--when
1738 you have an event like this, obviously with your
1739 responsibilities you try to anticipate what may be happening,
1740 and since we have very scant information from the impact of
1741 spills like this, I mean, you have indicated that we just
1742 have a few studies from tankers that have leaked, the Valdez
1743 tanker, others, so forth.

1744 But do we have any information at all? I have been told
1745 that the biggest spill that ever occurred from an oil well
1746 was in 1978, in the Gulf, which referred to something like
1747 1XCO2T1, and that there were 3.3 million barrels of oil that
1748 leaked out between June of '78, and March of '79. And I have
1749 been told that that was the biggest spill in the history of
1750 the country.

1751 Do any of you have any information at all from that
1752 spill?

1753 Dr. {Howard.} If it was the biggest spill, it wasn't
1754 studied from the health perspective. If it was studied from
1755 the health perspective, nobody wrote it up and put it in the
1756 scientific literature.

1757 Mr. {Whitfield.} Okay. Thank you.

1758 Mr. {Shimkus.} Would the gentleman yield for--

1759 Mr. {Whitfield.} I yield.

1760 Mr. {Shimkus.} I just want to follow up quickly on this
1761 dispersant issue.

1762 The use of dispersants are designed to push the oil not
1763 below the surface but above the surface so it will evaporate.
1764 That is--and the dispersants is not something new that we--
1765 the issue here is the amount and using under and the
1766 pressure. This is what we use in everyday detergent. That
1767 is the same chemicals that we are using in dishwashing soap
1768 and stuff. That is what this dispersant is, and I think the
1769 issue for us is the amount, is the amount. I think that is
1770 what we need to focus on.

1771 Dr. {Howard.} There is one other attribute. The
1772 dispersant may contain a concentration of the surfactant that
1773 is found in dish--but at a much higher concentration.

1774 Mr. {Pallone.} Thank you. Ms. DeGette.

1775 Ms. {DeGette.} Thank you. I want to follow up on Mr.
1776 Whitfield's questions because I--my staff prepared a whole
1777 bunch of questions for me, which I am going to submit almost
1778 all of those for you to answer in writing, but what really
1779 strikes me is how it seems to me we are trying to do public
1780 health on the fly here because we don't have the data of how
1781 an oil spill like this, you know, we are resisting calling it
1782 a spill, it is such a catastrophe, will impact public health.

1783 And what strikes me is in all of your written testimony

1784 and then your verbal testimony today you are talking about
1785 putting together the worker monitoring, you are putting
1786 together the different lists and so on.

1787 But what I want to know is do we have enough data to
1788 tell people about the potential health risks and to warn them
1789 about what they should or shouldn't be doing. I am wondering
1790 is anybody can answer that question.

1791 Yes.

1792 Dr. {Kaplowitz.} I will start. First of all, you are
1793 absolutely right. We don't have enough information. I
1794 wouldn't say we are doing public health on the fly. I have
1795 been in public health for many years. We know how to do
1796 monitoring, how to do surveillance, how to--

1797 Ms. {DeGette.} Yeah. That is just great, and I am glad
1798 you are monitoring and you are surveying, but my question is--
1799 -let me just--Dr.--and I am not meaning to be critical of
1800 you, but when we were down there last week, we were talking
1801 to folks who were concerned. They didn't know what to do.
1802 We were talking to workers who were saying we are being told
1803 by OSHA to wear breathing masks, and then we are being told
1804 by BP that the risk of heat exhaustion is such that we
1805 shouldn't wear the breathing masks, and they didn't know what
1806 to do.

1807 But then we received an email, we received actually a

1808 bunch of emails from Dr. Gina Solomon's blog, which talked--
1809 she is of the National Resources Defense Council, and yeah,
1810 she testified, and about people who don't know what to do,
1811 not just the workers, although we are hearing concerns from
1812 the workers. This one gal said, ``I am pregnant and
1813 concerned about the health of my unborn baby. We live about
1814 a half a mile from the Mississippi Gulf Coast. I am
1815 concerned about the fumes that my family is breathing. Do
1816 you have anymore info on this or other areas to find info on
1817 it?

1818 You said miscarriage is possible for pregnant women.
1819 What stages would this be? All stages or up to a certain
1820 trimester? I also have two children under 5 that I am
1821 concerned about the impact on their development. I am
1822 seriously considering leaving the area.''

1823 Do we know what to tell people like this, and are we
1824 telling that to them?

1825 Dr. {Kaplowitz.} First of all, I want to--there is a
1826 great deal we don't know, and that is exactly why we are
1827 having the Institute of Medicine do the workshop next week.
1828 We are very concerned about vulnerable populations, and we
1829 have asked experts--the Institute of Medicine has brought in
1830 experts addressing these issues with children, with pregnant
1831 women. We know they are vulnerable to many exposures.

1832 Ms. {DeGette.} So, yeah.

1833 Dr. {Kaplowitz.} We don't know in this case--and--

1834 Ms. {DeGette.} So--but here is the thing, and I think
1835 this is a great opportunity for us to get more data, but we
1836 are hoping on the other end that we will put regulations in
1837 place and supervisions so that we don't have oil spills like
1838 this. So we will get the data for the next one, but my
1839 question is so you are bring the Institute of Medicine, you
1840 are bringing everybody in, that is great, but what are we
1841 going to tell this gal? What are we going to tell everybody
1842 else to do?

1843 Because it does no good to just collect the data if we
1844 don't have something to tell them. Like Mr. Taylor saying,
1845 you know, we know what we are going to do with the fish. We
1846 are going to tell people not to fish there and not put those
1847 fish on the market.

1848 What are we going to tell these people who live along
1849 the Gulf Coast or the people who are the fishermen or the
1850 people who are helping remediate it? What are we going to
1851 tell them to do? And when?

1852 Dr. {Howard.} At CDC we have a website that has
1853 information about food, about smell, about swimming, about
1854 water, about drinking--

1855 Ms. {DeGette.} Okay. So if people smell the oil, what

1856 are we telling them to do from a public health perspective?

1857 Dr. {Howard.} Well, odors--some people are very
1858 sensitive to odors, and obviously we would like people to,
1859 you know, avoid if they are in an area in which there is a
1860 lot of odors, and certainly in workers populations they could
1861 be in those areas.

1862 Ms. {DeGette.} Okay, but like if people are smelling
1863 bad odors, that is because there is some substance in the
1864 air, probably oil, that smells. Do we have some knowledge or
1865 sense that that might have some adverse affect and maybe tell
1866 them to stay indoors or I don't know.

1867 Dr. {Howard.} Exactly. That is exactly what I just
1868 said.

1869 Ms. {DeGette.} Okay.

1870 Dr. {Howard.} I am not trying to avoid it. You know, I
1871 think we should point out that the human olfactory nerve at
1872 the top of our nose is probably the most sensitive measure of
1873 hydrocarbons that we could have. A lot of the instruments
1874 that we use that find undetectable levels that we measure
1875 often are not as sensitive as our nose.

1876 So the nose is extremely important. If you smell
1877 hydrocarbon, try to get away from that area or go inside.

1878 Ms. {DeGette.} Okay, and have we told that to people?

1879 Mr. {Pallone.} The gentlewoman's time has expired.

1880 Ms. {DeGette.} I apologize. I am going to ask you all
1881 to supplement your answers because I think these are really
1882 important questions.

1883 Mr. {Pallone.} Any written questions you would like to
1884 submit. Sure.

1885 All right. We will follow up. I should mention to you
1886 that, you know, you will obviously receive written questions.
1887 We try to get them to you within the next 10 days or so.

1888 Next is the--is our Ranking Member, Mr. Barton.

1889 Mr. {Barton.} Thank you, Chairman Pallone, and I
1890 apologize if I ask a question that has already been asked
1891 since I have just now gotten here.

1892 Yesterday when we had the CEOs of the major oil
1893 companies, I asked them a question, and they weren't very
1894 definitive, so I am going to ask you folks the same question.

1895 Is there any capability now to put some of these
1896 organisms into the oil spill that convert it to non-toxic
1897 substances? Some of the people have talked about some sort
1898 of an organism from algae or some of these activities like
1899 that.

1900 Is that advanced enough that we could use that to
1901 convert the oil into something that didn't have any kind of a
1902 long-term health liability?

1903 Dr. {Howard.} I will just say that, you know, we

1904 represent the Department of Health and Human Services, so we
1905 are experts in human health, and so that may be something
1906 that may be more environmental or other issue.

1907 Dr. {Miller.} I believe EPA was working on remediation
1908 efforts and using biologics to try to help with remediation,
1909 so probably--

1910 Mr. {Barton.} You all aren't aware of any of that
1911 activity yourself? And I am not saying you should be. This
1912 is a health hearing, so I am asking a health question.

1913 Dr. {Howard.} I think we have read the same reports
1914 that you have read, but we are sure not experts in that area.

1915 Mr. {Barton.} All right. Really that is the only
1916 question I had, Mr. Chairman, so I am going to yield back.
1917 Thank you for the--I think this is a good hearing. I would
1918 ask the Chairman a question. Why do we not have the EPA
1919 here? Did they not come, or you didn't want them to come or--
1920 -

1921 Mr. {Pallone.} The--you are asking a difficult
1922 question--

1923 Mr. {Barton.} I am not intending--

1924 Mr. {Pallone.} --which delves into the realm of
1925 jurisdiction of the subcommittees.

1926 Mr. {Barton.} Okay. Well, that is a fair answer.
1927 Thank you.

1928 Mr. {Pallone.} Next is the gentlewoman from California,
1929 our Vice-Chair.

1930 Mrs. {Capps.} Thank you, Mr. Chairman, and thank you
1931 all for your testimony. It is really helpful to hear the
1932 important steps that the Department is taking to protect the
1933 health and safety both now and in the future.

1934 You have all described how your agency is working in
1935 cooperation with each other. If you sense a certain
1936 frustration with us, it is because of the sense that there
1937 might have been, and this is going to drive the series of
1938 questions that I hope to elicit some responses from you,
1939 before I do I just want to say at the outset you are doing
1940 incredibly and important work and necessary work. We need to
1941 learn lessons. If there isn't enough data, we need to start
1942 creating data now, and I understand that from Dr. Francis
1943 Collins, who spoke--who addressed another of our
1944 subcommittees or this subcommittee yesterday.

1945 We need to develop a coordinated health system to
1946 respond to any disaster in the future, whether it is like
1947 this one, whether it is natural, whether it is manmade, so
1948 that we can ensure the health and safety of both responders
1949 and local communities and in any future tragedy. And I know
1950 this is not something that you haven't thought about as well.

1951 So I am--I want to get some responses from you about how

1952 we can--well, let me just phrase it this way. Last week at a
1953 hearing environmental health experts agreed that enhanced
1954 federal coordination was needed to best respond to this
1955 disaster, and with that being said, you work in one of the--
1956 under one Cabinet Secretary. We know that a lot--some of
1957 this public health response is being done outside of HHS and
1958 OSHA and NOAA and there are--there is presence at the Gulf
1959 now by these other agencies as well.

1960 So in the--I have written--I will just say as a
1961 disclaimer, written a letter to the President cognizant that
1962 BP is not capable of dealing with this. They have not
1963 demonstrated their ability to deal with the public health of
1964 their workforce and the others that they have employed to
1965 help clean up the disaster. So I said, take it out from
1966 their responsibility, I have suggested to the President and
1967 create kind of a head coordinator or czar if that is a word
1968 that you--appeals to you.

1969 I want to know--that is behind some of the questions I
1970 am asking you. If you give me some specifics, each of you,
1971 briefly, of the ways that you and your Department have
1972 coordinated outside HHS with some other federal agencies and
1973 in a very short answer if you could.

1974 Dr. {Kaplowitz.} I am actually glad to answer that--
1975 Mrs. {Capps.} Great.

1976 Dr. {Kaplowitz.} --because I was on the phone today
1977 with the head of OSHA. OSHA actually has joined our call,
1978 even though HHS, they are very important, we have been in
1979 meetings with EPA. I know my colleagues have coordinated
1980 with NOAA because of the whole issue of fish. There has been
1981 a great deal of discussion cross departments.

1982 Mrs. {Capps.} Okay.

1983 Dr. {Kaplowitz.} Another piece that I just want to say
1984 briefly is the role of the state and localities is--

1985 Mrs. {Capps.} Yes.

1986 Dr. {Kaplowitz.} --very important.

1987 Mrs. {Capps.} That was another concern is had. Are you
1988 able to work down that--

1989 Dr. {Kaplowitz.} Absolutely. We have close
1990 coordination. I was also in communication with state health
1991 officials.

1992 Mrs. {Capps.} Let me drive it one step further. What
1993 is your relationship with BP as you are--or your people on
1994 the ground as you are dealing with them?

1995 Dr. {Kaplowitz.} The--I will do my best.

1996 Mrs. {Capps.} I mean, yeah.

1997 Dr. {Kaplowitz.} Our communication with BP has been
1998 through Incident Command. It is through the Coast Guard. We
1999 want to work through the appropriate channels.

2000 Mrs. {Capps.} Okay.

2001 Dr. {Kaplowitz.} There--I know that there are many
2002 discussions in terms of the payment issue, but we really try
2003 to coordinate, including our discussions with BP. So I don't
2004 know if any of my colleagues--

2005 Mrs. {Capps.} Okay.

2006 Dr. {Kaplowitz.} --want to answer, but we work through
2007 Incident Command.

2008 Mrs. {Capps.} That was a great response. I am going to
2009 ask one final question, but I would like to have anybody else
2010 pick up on this if this seems an appropriate topic for you to
2011 explore.

2012 Mr. {Taylor.} Well, just on the food safety aspect of
2013 this, our collaboration with NOAA and the states has just
2014 been central. We are working towards really--

2015 Mrs. {Capps.} So you already do that.

2016 Mr. {Taylor.} --state and federal waters. It is a
2017 seamless, you know, coordinated effort on the seafood safety
2018 side.

2019 Mrs. {Capps.} Okay.

2020 Dr. {Miller.} I have an additional comment, too. With
2021 regard to our Worker Education Training Program that we went
2022 down and try to help develop content--

2023 Mrs. {Capps.} Is this with BP?

2024 Dr. {Miller.} This is--this was actually--BP is the one
2025 who implements it, but it was developed with OSHA using our
2026 Coast Guard and Incident Command in general as a throughput
2027 in developing this so EPA could start to develop this and use
2028 it for the workers.

2029 Mrs. {Capps.} Can you guarantee that they are actually
2030 doing it? Do you have a way of doing that as well?

2031 Dr. {Miller.} We don't have that from our particular--
2032 but OSHA who we work with and NIOSH--

2033 Mrs. {Capps.} They would.

2034 Dr. {Miller.} --also, they would have additional
2035 oversight and opportunity to evaluate the actual
2036 implementation of that.

2037 We also have an interagency work group now that is
2038 working on the surveillance issues and some of the health
2039 longitude and short-term health issues.

2040 Mrs. {Capps.} Let me see if I can get an answer--I am
2041 being rude. I am sorry. We tend to sometimes do that, at
2042 least I get--I would like to--and then my time is out. I
2043 would love to have one other response if I could, and maybe
2044 you don't feel comfortable saying this.

2045 Do you see a need for a little bit more coordination
2046 than you are able to get it because of the urgency on the
2047 ground there? Would you like--would that be an idea that

2048 should be pursued, that I should keep bugging people about,
2049 having a Chief Coordinator, if you will, or someone to
2050 organize?

2051 I--we--I find it hard to know who to turn to.

2052 Dr. {Kaplowitz.} Actually, I used my--I came from the
2053 state and the local perspective. I have only been in my
2054 position 3 months. I think that things are being very well
2055 coordinated at all levels up and down and across government
2056 and using Incident Command is really the best approach to
2057 take--

2058 Mrs. {Capps.} Well, that--I suspected that--

2059 Dr. {Kaplowitz.} --gives us the--there has been an
2060 incredible amount of communication cross department.

2061 Mrs. {Capps.} And so would that--so Admiral Allen is
2062 the Incident Commander. Right? And so you believe that is
2063 the--and you all feel--can I get a real quick assessment from
2064 each of you? Is that working? Do you feel like having that
2065 one point person should be the way it continues?

2066 Just kind of answer real quick.

2067 Mr. {Taylor.} When the system is working well in terms
2068 of--

2069 Mrs. {Capps.} You think--you feel it is working well?

2070 Mr. {Taylor.} From an FDA standpoint, food safety
2071 standpoint I think the system is working very well.

2072 Dr. {Miller.} From NIEHS we coordinate through the
2073 Department and back up. So we haven't seen a problem with
2074 respect to that.

2075 Mrs. {Capps.} Okay.

2076 Dr. {Howard.} I would say one of the issues that we
2077 would want our committee to look at next week is whether or
2078 not we have sufficient coordination.

2079 Mrs. {Capps.} What committee is that?

2080 Dr. {Howard.} Our Institute of Medicine Committee--

2081 Mrs. {Capps.} Oh, yes.

2082 Dr. {Howard.} --meeting in New Orleans.

2083 Mrs. {Capps.} So you are going to bring this--

2084 Dr. {Howard.} One of the questions that we want them--
2085 are we being--are we coordinated enough.

2086 Mrs. {Capps.} Well, I will be interested--will that be--
2087 -okay. I will look for that answer then from then. Thank
2088 you very much.

2089 Dr. {Miller.} And our issues are still getting at data
2090 and things like that that help NIOSH and us, you know,
2091 perform the research that we need, so that needs to get
2092 translated back to BP.

2093 Mrs. {Capps.} Thank you.

2094 Dr. {Kaplowitz.} I can tell you one panel includes
2095 federal, state, local. It is going to be a whole discussion

2096 of that aspect of coordination.

2097 Mrs. {Capps.} Great. Thank you very much.

2098 Mr. {Pallone.} Ms. Christensen.

2099 Mrs. {Christensen.} Thank you, Mr. Chairman, and thank-

2100 -I would like to thank all of the witnesses for the work that

2101 you are doing. It is really appalling the lack of

2102 information on health impacts that we have not been able to

2103 accumulate over the years, but--and I hope we never have

2104 another spill like this, but I hope that the work that is

2105 being done now, should it happen, we would be better

2106 prepared.

2107 A question following up on Ms. Capps' question. Within

2108 the Health Department who is in charge? Within the

2109 Department of Health and Human Services, who is the--

2110 Dr. {Kaplowitz.} Within the Department of Health and

2111 Human Services Secretary Sebelius is--

2112 Mrs. {Christensen.} She is not--

2113 Dr. {Kaplowitz.} I will say my boss is the Assistant

2114 Secretary for Preparedness and Response and is the Chief

2115 Advisor to the Secretary on emergency response issues and

2116 that is Dr.--

2117 Mrs. {Christensen.} And coordinates the rest of the

2118 team?

2119 Dr. {Kaplowitz.} Exactly, and that is why I am here.

2120 We do take this very, very seriously. We are in constant
2121 communication with the Secretary's office, and you know, she
2122 is in charge.

2123 Mrs. {Christensen.} Okay, but even within the different
2124 agencies, with so many agencies operating, it is really--we
2125 still need--

2126 Dr. {Kaplowitz.} We have twice-a-week calls.

2127 Mrs. {Christensen.} Okay.

2128 Dr. {Kaplowitz.} They are chaired by Dr. Lorrey, Dr.
2129 Lorrey was on leave, I chaired them, we have pulled together
2130 all components of HHS, including CMS because of whole issues
2131 about healthcare payment issues, everything you can imagine.
2132 Agency for Children and Families. So everybody, every
2133 component of HHS has been either in the room or on that call,
2134 and it has worked very well in terms of coordinating our
2135 efforts.

2136 Mrs. {Christensen.} Another question I guess would go
2137 to--I am not sure who it would go to. It might go to Dr.
2138 Howard from Centers for Disease Control.

2139 You--in response to another question about the
2140 information that is being shared with the population about
2141 what to look for and how to respond, you talked about it
2142 being on the website. The population, a large part of the
2143 population that we are dealing with in the Gulf Region don't

2144 have access to a website.

2145 So what other avenues are you using to reach some of the
2146 harder-to-reach people?

2147 Dr. {Howard.} We are using every avenue that we can get
2148 our hands on, including the local and the State Health
2149 Departments.

2150 Mrs. {Christensen.} What about radio?

2151 Dr. {Howard.} Radio, TV, we are twittering, we are
2152 using all social media that we can get our hands on.

2153 Mrs. {Christensen.} And for the public meeting, the IOM
2154 meeting, again, are all media being used to reach out? If
2155 the public is invited, we want the public to know about it.

2156 Dr. {Kaplowitz.} That is an excellent point. We are
2157 well aware this is a very diverse population, very culturally
2158 diverse, and that is one charge we, additional charge we have
2159 given to the IOM. We want to have addressed at this meeting
2160 the best way to reach out and to communicate with the range
2161 of populations, and we hope for some very good feedback from
2162 them.

2163 Mrs. {Christensen.} Okay. A recent study apparently of
2164 beach cleanup workers and volunteers after an oil spill in
2165 Spain reported increase in DNA damage, and I believe it has
2166 been reported in some of the other spill workers from some of
2167 the other cleanup of oil spills.

2168 What--do we have any idea what the effects of those
2169 changes to DNA or to genetic make up might be, and are we
2170 planning to follow up on what we have seen with the workers
2171 and volunteers in this spill?

2172 Dr. {Miller.} We have actually as part of our
2173 interagency group as well have connected with the research
2174 group from Spain and are evaluating not only their materials
2175 but we will be working with them closely to look at some of
2176 their results as well that may help inform us.

2177 And this will go also before the IOM and the direction
2178 in which we develop research. So how does this help us think
2179 this through, what tests do we need to do, and what are our
2180 concerns based on those findings?

2181 Mrs. {Christensen.} Was any--I don't remember that
2182 there was any finding from the Exxon Valdez workers and
2183 volunteers. Any thought about going back and checking them?
2184 Or is--

2185 Dr. {Howard.} There has been some follow up of limited
2186 populations but not in the scope that there should be.

2187 Mrs. {Christensen.} Is this damage to DNA considered
2188 serious, or is it something that is felt can repair itself?

2189 Dr. {Miller.} I am not totally familiar with all the
2190 tests, but the tests certainly indicate that there may be a
2191 problem that is happening based on the exposure. So what

2192 they were looking at is the groups that had higher exposure
2193 and lower exposure and did these changes occur.

2194 So the ultimate ramifications in terms of public health
2195 or disease is not known at this point but certainly it is a
2196 cause for concern, and we will look more closely at that
2197 particular issue.

2198 Mr. {Pallone.} The gentlewoman--

2199 Mrs. {Christensen.} Thank you.

2200 Mr. {Pallone.} Thank you. Just so you know, we are
2201 expecting to have votes, so I am trying to get everybody in
2202 before.

2203 The next member is Ms. Castor.

2204 Ms. {Castor.} Thank you, Mr. Chairman.

2205 Mr. Taylor, the FDA's recent announcement said the
2206 public should not be concerned about the safety of seafood in
2207 stores at this time, but there are large areas of the Gulf of
2208 Mexico closed down. You know, here is the most recent map,
2209 and it is really having a terrible impact on our, all of our
2210 commercial fishermen and our charters. So many small
2211 businesses.

2212 But I think it is important to also emphasize there are
2213 large areas still open for fishing, you know. You can come
2214 right off of Tampa Bay and get the reef fish, grouper and
2215 snapper, fabulous. So you all are monitoring. You are

2216 working with NOAA on these closures, and I wonder if you
2217 would go through your jurisdiction and then explain some of
2218 the sampling that is going on as well. I know that is
2219 primarily NOAA's jurisdiction, but if you would explain that,
2220 and then tell us what--how you are working with states to
2221 ensure that the areas are reopened on a timely--

2222 Mr. {Taylor.} Sure.

2223 Ms. {Castor.} --basis.

2224 Mr. {Taylor.} Sure. There is a shared jurisdiction
2225 over all of this between FDA, NOAA, and the states. With
2226 respect to closing waters, federal waters, that is from 3
2227 miles offshore and out, that is NOAA's jurisdiction or
2228 federal waters. The states have the authority to close the
2229 state waters, and of course, NOAA and the states--

2230 Ms. {Castor.} Three miles?

2231 Mr. {Taylor.} Three miles out to the--yes.

2232 Ms. {Castor.} Uh-huh.

2233 Mr. {Taylor.} NOAA and the states work very closely on
2234 that, and we are in consultation as well with NOAA and the
2235 states about the closure of water, so we are confident
2236 collectively that these are ahead of the spill, they are
2237 protective, and they are ensuring the seafood that is then
2238 harvested and brought to market, you know, has been taken
2239 outside of these closed areas, and we have got that

2240 fundamental preventive measure in place to give us
2241 confidence.

2242 But, then, yes, we are doing surveillance sampling of
2243 fish that is coming to market. NOAA and FDA are doing that
2244 sampling, again, just to verify, you know, that that
2245 protective measure is working.

2246 And so it is very much a shared enterprise.

2247 Ms. {Castor.} How does that take place?

2248 Mr. {Taylor.} Well, it is various ways in which the
2249 sampling is done. NOAA is collecting samples out, you know,
2250 in the water in the vicinity of the spill, and just, again,
2251 being sure that their understanding of the protectiveness of
2252 the closure is, you know, verified. We are collecting sample
2253 at retail--I am sorry, at processing establishments I should
2254 say, where the fish has been brought to be processed to go to
2255 retail, and, so, again, that is where we are looking at the
2256 crabs and shrimp and shellfish.

2257 So, again, it is a collective, coordinated effort to
2258 provide a verification that the system is working.

2259 Ms. {Castor.} And then on the reopening, I want to make
2260 sure I understand the criteria for reopening. You mentioned
2261 that you and other agencies have looked at baseline levels of
2262 oil contaminants in seafood from the Gulf. While this spill
2263 is obviously very severe, there has been a lot of drilling in

2264 the past and spills of petroleum product.

2265 Are the baseline levels of petroleum-related
2266 contaminants in seafood in the Gulf of concern to the FDA?

2267 Mr. {Taylor.} The baseline levels are not of concern,
2268 and, in fact, they are well below what would be our level of
2269 concern from a public health or safety standpoint. And so we
2270 are developing a protocol for reopening that would look at
2271 the levels that are of concern and be sure that any residues
2272 are below those levels of concern.

2273 So, you know, we expect over time levels will go back to
2274 baseline, but baseline is way below--

2275 Ms. {Castor.} And if it turns out that the baseline
2276 levels are well within the safe range, will you wait until
2277 the levels return to the baseline before NOAA reopens federal
2278 water?

2279 Mr. {Taylor.} No. We don't think public health
2280 requires waiting until we go all the way back to baseline.
2281 Again, based on our safety evaluation and our risk
2282 assessment, we can set levels that, you know, where the level
2283 of concern actually is and then be sure that any levels are
2284 below that.

2285 So we don't need to wait until we go all the way to
2286 baseline.

2287 Ms. {Castor.} Okay. We had a researcher at the

2288 University of South Florida where they have a great
2289 consortium of all the public and private universities in
2290 Florida, and they have just gotten some grant money from BP,
2291 thankfully, because they have been out on the water with
2292 their vessels, and the taxpayers, who really should not be
2293 paying for their research, and they are one of the partners
2294 for NOAA, and one of the researchers had difficulty getting a
2295 water sample, an oil sample from BP.

2296 Have you all run into any of that, any resistance from
2297 BP getting oil samples, water samples, or air samples?

2298 Mr. {Taylor.} I am not aware that from FDA's vantage
2299 point. I would check, though, and be sure, but I haven't
2300 heard those reports as far as FDA is concerned.

2301 Ms. {Castor.} Okay.

2302 Dr. {Howard.} We wanted to acquire some dispersant to
2303 study it. The manufacturer is under contract to BP to sell
2304 all of their product to BP. So we went to BP to see whether
2305 or not they would allow us to purchase some, and we received
2306 that assurance from BP through its manufacturer that we would
2307 be able to look at getting some so we could study.

2308 Ms. {Castor.} What is their timeframe?

2309 Dr. {Howard.} The timeframe for getting that
2310 permission?

2311 Ms. {Castor.} Or getting the actual sample.

2312 Dr. {Howard.} Well, we are still waiting for it, but we
2313 are hopeful.

2314 Mr. {Pallone.} The gentlewoman's time has expired. I
2315 am just trying to move along because I know we are going to
2316 have votes soon.

2317 Gentleman from Iowa, Mr. Braley.

2318 Mr. {Braley.} Thank you, Mr. Chairman. I would like to
2319 start with some brief comments about terminology. Some of
2320 you used the word, spill, in your presentations. This is a
2321 spill.

2322 BP from the beginning has misled us about the volume of
2323 spill coming from the Gulf, and I want to talk about that
2324 because it relates to the whole problem of planning from a
2325 public health standpoint.

2326 The day after this release occurred we were told that no
2327 more than 1,000 barrels were day were coming out of that well
2328 head. On April 27 an outside group looking at the video
2329 monitor upgraded that estimate to 5,000 barrels per day,
2330 which BP contested. Then last week or the end of May that
2331 estimate was raised upward from 12,000 to 19,000 barrels per
2332 day and then just this week we have been told that the
2333 release after the intervention occurred can be as great at
2334 60,000 barrels per day.

2335 That is 2.5 million gallons per day, 17.6 million

2336 gallons per week, 75 million gallons per month, and over the
2337 57 days of this disaster, which is what it really is, it is
2338 144 million gallons, and my friend, Mr. Whitfield, talked
2339 about this 1XCO2T1 release in Mexico, it wasn't in the United
2340 States or the Continental Shelf, which was termed the largest
2341 accidental disaster in history of 100 to 140 million gallons.
2342 We will exceed or have exceeded that flow rate.

2343 So when we use the word, spill, talking about that
2344 massive amount of release, it does a great disservice to the
2345 people whose lives have been impacted by this disaster.

2346 And Dr. Howard, you mentioned that you were not a big
2347 fan of dispersants, and having spoken to people on the ground
2348 who were involved in those decisions, I mean, one of the
2349 problems we have is we are talking about balancing
2350 environmental and public health interests. People who made
2351 that decision did so reluctantly, talking to them, because
2352 managing this immense quantity of oil from an environmental
2353 and ecologic standpoint is a totally separate challenge than
2354 dealing with the public health implications.

2355 Isn't that true?

2356 Dr. {Howard.} Yes.

2357 Mr. {Braley.} And, you know, so you talk to the people
2358 in the Gulf, and they talk about this enormous water column
2359 at the site of the release and the trillions of gallons of

2360 water that are being used where these chemical dispersants
2361 are dissipating in some way these large plumes and slicks of
2362 oil, but the reality is is you are making tough decisions
2363 about tradeoffs between how you clean this mess up and how it
2364 impacts the long-term commercial fishing industry and
2365 vacation industry, and then the implications for public
2366 health from the workers who are exposed to it.

2367 So I would like all of you, if you would, to comment
2368 about how you are struggling from a public health standpoint
2369 with dealing with decisions that have to be made, that could
2370 be not in the best interest of public health, but have very
2371 significant implications for environment and ecology.

2372 So--

2373 Dr. {Howard.} I would say that what I would like is for
2374 when those decisions are discussed and made that a
2375 consideration at that time be placed on that same table for
2376 public health, both from the residents' standpoint and from
2377 the workers' standpoint.

2378 So all I would ask is as those very tough decisions are
2379 being made, talk about, factor in the public health issue.
2380 That is all I would ask.

2381 Mr. {Braley.} Dr. Miller.

2382 Dr. {Miller.} And additionally, in terms of the
2383 toxicology that come with this, so if we don't know something

2384 that we put into place, structure to get the information we
2385 need so we can make better decisions, we can understand that
2386 effects of what our actions are.

2387 Mr. {Braley.} Dr. Kaplowitz.

2388 Dr. {Kaplowitz.} Just to add to that, public health is
2389 at a disadvantage precisely because we don't know. If we had
2390 the data, it would be easier to present the risks, and since
2391 we don't know what they are, it makes it very, very difficult
2392 to counter some of the decisions that are being made.

2393 Mr. {Braley.} Mr. Taylor.

2394 Mr. {Taylor.} I think our approach to food safety very
2395 much takes account of both sides of the coin. I think it is
2396 our being protective and preventive of seafood being taken
2397 from contaminated waters is what permits us to say that the
2398 product on the market is safe.

2399 And so protecting the fisheries that are safe from the
2400 public confidence concern that would arise if we didn't have
2401 a good protective system in place where the seafood is
2402 potentially contaminated. So I think inherently our food
2403 safety approach is taking account of both sides of that coin.

2404 Mr. {Braley.} Well, I think you have done a nice job of
2405 laying out the toxic components of sweet crude and some of
2406 the dispersants and how they interact, but when you don't
2407 know the total volume of this release and how that combined

2408 effect can contribute to these public health considerations,
2409 I think we are all at a disadvantage, and I think we need to
2410 get to the bottom of that as well, and I yield back my time.

2411 Mr. {Pallone.} Thank you, Mr. Braley.

2412 The Chairman of the Energy and Environment Subcommittee
2413 has joined us, and I would yield to him. Mr. Markey.

2414 Mr. {Markey.} I thank the gentleman very much.

2415 Dr. Howard, in your written testimony you state that
2416 there may not be health risk just because residents and
2417 workers smell toxic chemicals because these chemicals can be
2418 smelled at levels, ``well below those that would make most
2419 people sick.''

2420 Last week in a hearing here to examine environmental
2421 fate and human exposure to oil and dispersants, at that
2422 hearing one of the witnesses said that she believed that it
2423 was inappropriate to not warn people that they could be made
2424 sick. This witness named several chemicals found in oil,
2425 including Benzene and Toluene, which are hazardous to human
2426 health at levels far below the odor threshold.

2427 Dr. Howard, would you agree that some chemicals present
2428 in crude oil may be hazardous to health at levels below what-
2429 -where they can be smelled and that assuring people that they
2430 are safe when they smell these chemicals may not be
2431 appropriate?

2432 Dr. {Howard.} Yes. I would agree.

2433 Mr. {Markey.} Is it possible that these fumes can cause
2434 long-term health impacts long beyond when the symptoms of
2435 eye, nose, throat, and skin irritation pass?

2436 Dr. {Howard.} It certainly is possible. We don't have
2437 any data to refute that.

2438 Mr. {Markey.} Do you think if people smell these fumes,
2439 should they go inside to reduce their exposure?

2440 Dr. {Howard.} Yes.

2441 Mr. {Markey.} If these fumes come into the home, should
2442 people close their windows to reduce their exposure?

2443 Dr. {Howard.} Yes.

2444 Mr. {Markey.} Dr. Miller, do you believe that there
2445 should be a centralized federal agency responsible for
2446 compiling all the health information and surveillance data
2447 related to the BP Gulf oil disaster?

2448 Dr. {Miller.} It needs to be done. I don't know what
2449 the best agency to do it is in terms of that, but it needs to
2450 be done in a reasonable component.

2451 Mr. {Markey.} Which agency in your opinion should hold
2452 that responsibility?

2453 Dr. {Miller.} Well, through HHS probably a shared
2454 collective response with regard to that.

2455 Mr. {Markey.} How would you then share that information

2456 with university and other independent, non-governmental
2457 scientists?

2458 Dr. {Miller.} If it is developed accordingly, they
2459 should be putting stakeholders in the actual development up
2460 front and participate in the way it is implemented.

2461 Mr. {Markey.} Okay. The CDC website says that smelling
2462 chemicals isn't a risk. Should that be rephrased on the CDC
2463 website?

2464 Dr. {Howard.} I think for most people, but there are
2465 people who are very sensitive to odors, and I think that
2466 would be something that we are looking at.

2467 Mr. {Markey.} Is that phrase--is it phrased that way
2468 on--

2469 Dr. {Howard.} No. That is an area that we received a
2470 number of surveillance reports, and we are looking at that
2471 phraseology right now.

2472 Mr. {Markey.} Okay. So you believe that perhaps the
2473 warning should be more clear for those that might be
2474 vulnerable?

2475 Dr. {Howard.} Exactly. There are people who are very
2476 sensitive to hydrocarbon odors.

2477 Mr. {Markey.} And how long would it take in order to
2478 ensure that we have a warning that reflects the level of risk
2479 for people who could be vulnerable?

2480 Dr. {Howard.} Well, soon, very soon.

2481 Mr. {Markey.} Very soon.

2482 Dr. {Howard.} We hope to be able to finish that this
2483 week and to have the language on the website.

2484 Mr. {Markey.} So by Friday?

2485 Dr. {Howard.} Hopefully.

2486 Mr. {Markey.} We can--we would hope that you would be
2487 able to finish it by then.

2488 And one final question. Is BP sharing all the
2489 information that you want with regard to the health effects?

2490 Dr. {Howard.} You know, I had answered that question
2491 earlier. The answer for us in NIOSH is no. We have asked
2492 for a list of workers that they have hired specifically by
2493 name so we could correlate with our roster. We have yet to
2494 receive that list from them.

2495 Mr. {Markey.} Dr. Miller.

2496 Dr. {Miller.} We have not specifically asked BP for
2497 anything at this point, but we will be looking more toward
2498 that as we develop the research.

2499 Mr. {Markey.} Okay, but NIOSH, you have been asking,
2500 and they have not been fully cooperative?

2501 Dr. {Howard.} Yes, sir.

2502 Mr. {Markey.} Is there any reason why BP would withhold
2503 health-related information since it would make it possible to

2504 put together the best response to protect the health of
2505 people in the Gulf?

2506 Dr. {Miller.} I wouldn't speculate on that. I would
2507 add one thing just for our Worker Education Training Program.
2508 They have been very compliant in working with us with respect
2509 to trying to provide information to workers.

2510 Mr. {Markey.} On that program. But I am more concerned
2511 about what I am hearing from Dr. Howard. I would say that BP
2512 continues to be more interested in its own liability than it
2513 is in the livability for the people in the Gulf. They should
2514 make the health of these residents paramount. They are
2515 responsible for the harm that is going to be done. They
2516 should ensure that the information is in the hands of public
2517 health officials so that they can do their job and protect
2518 them, and they should do it immediately.

2519 Thank you all for your testimony. Thank you, Mr.
2520 Chairman.

2521 Mr. {Pallone.} Thank you, and that concludes all
2522 questioning just in time for votes. So I just want to remind
2523 members that they can submit additional questions for the
2524 record, some have already suggested that they would, and
2525 would like to get those to the clerk within the next 10 days.
2526 And then we will send them to your various offices for the
2527 panel.

2528 And, again, I want to thank you for being here today.
2529 Obviously this was very important, very informative. I--we
2530 may have to do additional, you know, hearings like this. We
2531 will see as we progress, but I thought this was very
2532 enlightening. Thank you.

2533 And without objection, this meeting of the subcommittee
2534 is adjourned.

2535 [Whereupon, at 4:15 p.m., the Subcommittee was
2536 adjourned.]