

From: John Howard
To: Hearl, Frank J. (CDC/NIOSH/OD)
Sent: 5/23/2010 9:57:54 PM
Subject: Fwd: Louisiana
Attachments: ATT373046.htm; Dr Lurie ASPR Questions 5_22_10 NIOSH response.docx

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Frank, the attachment from jim spahr contains a nice description of all the medical care being provided the oil cleanup workers.

Sent from my iPad

Begin forward message:

From: "Howard, John (CDC/NIOSH/OD)" <zkz1@cdc.gov>
Date: May 23, 2010 3:48:09 PM MDT
To: johnhoward8@verizon.net
Subject: Fw: Louisiana

John Howard

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

From: Spahr, James S. (CDC/NIOSH/OD)
To: Yeskey, Kevin (HHS/ASPR/OPEO); Kitt, Margaret (CDC/NIOSH/OD); Howard, John (CDC/NIOSH/OD)
Cc: Deitchman, Scott (CDC/ONDIEH/NCEH); Allred, Phillip M. (Mike) (CDC/ONDIEH/NCEH); Navin, Philip (CDC/OPHPR/DEO); CDC IMS Scientific Response Section Chief -2; EOC Report (CDC); Funk, Renee (CDC/NIOSH/OD); Delaney, Lisa (CDC/NIOSH/OD); CDC IMS Worker Safety and Health Team -2; Lamont, Brock (CDC/OSLS)
Sent: Sat May 22 17:08:37 2010
Subject: RE: Louisiana

To All:

Attached for Dr. Lurie's consideration are NIOSH's answers to questions posed this weekend, as requested.

Should staff at ASPR have additional information that NIOSH is unaware of concerning worker access to healthcare and complaints of worker safety issues please let us know and we can assist in asking more targeted questions of our health and safety contacts in Houma, Robert, Mobile, and Houston.

If you have any additional questions regarding the attachment, please let me know.

Best Regards

JIM

James S. Spahr, RS, DAAS, MPH
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"Information in this email has not been formally disseminated by NIOSH and should not be construed to represent any agency determination or policy."

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

From: Deitchman, Scott (CDC/ONDIEH/NCEH)

Sent: Saturday, May 22, 2010 10:27 AM
To: Spahr, James S. (CDC/NIOSH/OD); Kitt, Margaret (CDC/NIOSH/OD)
Cc: Allred, Phillip M. (Mike) (CDC/ONDIEH/NCEH); Navin, Philip (CDC/OPHPR/DEO)
Subject: Fw: Louisiana

Jim, can you respond to Kevin?

Thanks

Scott

RADM Scott Deitchman, MD MPH, USPHS

Centers for Disease Control and Prevention

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

From: Yeskey, Kevin (HHS/ASPR/OPEO)

To: Deitchman, Scott (CDC/ONDIEH/NCEH)

Sent: Sat May 22 10:19:58 2010

Subject: Louisiana

Scott:

As a follow on to Friday's noontime discussion, Dr Lurie has requested the information in the note below. Can you see if NIOSH has info related to the workers, especially those local hires. I'm ping the RECs and the NICC to see what they have.

Thanks

Kevin

Hi-Do you think our REC and RHA can rapidly get us a sense of what the magnitude of need is among oil spill workers (how many, what kinds of needs, how many are community residents vs new people, whether there are worker camps), where we might locate services, and how far it is to what kind of care? Any idea what BP is doing/providing?

Occupational Health Needs:

What is BP doing/providing (to meet the occupational health needs of response workers)?

Richard Heron, MD is the BP Health Director, Houston, TX, and Maria Bradshaw, MD, is the BP Director of Occupational Medicine, Houston, TX, and they are the medical officers in charge of directing occupational health services in locations affected by the oil spill.

The occupational health needs for clean-up workers are provided for workers at each of the BP Staging Areas. There are 14 Staging Areas (LA 6, MS 3, AL 3, FL 2) each with a centralized medical services station. Medical service stations are manned by paramedics. BP Occupational health nurses provide case management and follow-up for any worker-case that require advanced treatment. An Occupational Health Physician is on call at all times for medical guidance. In the event of serious medical conditions, emergency medical transportation services are provided by ambulances, which are stationed at each of the medical services locations, and plans are in place for helicopter medical evacuation if needed, for additional transportation backup to local hospitals. Observations, by visiting NIOSH field epidemiologists and physicians, reveal ample on-site medical access and transport available at all locations they have visited. Worker-patient workloads have been low for medical personnel on-site.

The occupational safety needs of workers are being met by appropriate personal protective equipment, worker training programs, and direct on-site safety supervision in the situations that NIOSH has observed. Before receiving an ID badge and before being employed, all clean-up workers must complete between 1 to 4 training modules, depending on their job assignment. These modules have been approved for use in this incident by OSHA in compliance with the OSHA hazardous waste operations and emergency response standard (29CFR1910.120, and OSHA Compliance Directive CPL 2-2.51).

How many workers are community residents' vs new people?

BP policy is to hire as many persons locally as possible to be best able to return lost earnings back into the impacted communities.

To date BP has trained more than 9,343 potential BP spill clean-up workers, and 2,200 Fish and Wildlife federal responders have completed "BP Gulf Of Mobile Spill Response Classes" which have been conducted in all four spill affected States at 21 BP classroom locations. Training was conducted by the BP certified occupational health trainers, and supported by both OSHA and NIH-NIEHS worker education specialists.

Total Responders accounted for in this event by BP includes the following total universe of industry, federal and volunteer responders:

Industry (BP, Transocean): **21,767**

Volunteers (currently engaged): **932**

Federal Responders (total = **699**):

NOAA: 64

MMS: 13

EPA: 18

DOI: 4

DHS: 12
DOD: 100
Coast Guard: 500

Total: **23,410** (Breakdown Personnel Deepwater Horizon for 19 May 2010)

However, not all of these responders will come into direct contact with oil, oil products, or dispersant materials. Primarily, only workers employed on-shore clean-up (estimated to be 1,600), vessels of opportunities (175 fishing vessels), various other surface vessels (75), and workers on-board active oil drilling platforms may become exposed to spill oil products, including dispersants.

Are any temporary worker camps being utilized?

Most shore-based workers, including short term clean-up workers, live in local communities or commute to and from local hotels during weekdays. NIOSH is not aware of any temporary worker shelters or encampments.

What is the magnitude of (occupational health) needs (among oil spill clean-up workers)?

OSHA 300 logs of reportable injuries maintained by BP Safety at the Unified Area Command, Robert, LA. Cumulative injury and illness reports for all Staging Areas (both EPA Regions) show low numbers of occupational injury and illness among spill clean-up workers, and spreadsheets are being reviewed by NIOSH personnel to identify trends. As of May 18, 2010 only 115 reportable injuries were identified, and of these only 39 required medical treatment. The most serious worker incidents have been motor vehicle incidents and heat stress. There have been no known reports of symptoms consistent with oil or dispersant exposure. Since April 20 through May 18, 2010 - 1,771,000 worker exposure hours have been reported to OSHA. This is the equivalent of approximately 8000 employees at work doing direct spill response clean up.

How many (Other Occupational Health) needs?

BP Safety oversight has mechanisms in place to request additional medical services. Houma ICP has just recently added two occupational health nurses to better address health communications needs and added two roving safety coaches that travel to Staging areas to insure health and safety compliance. BP Safety implemented a comprehensive continuous improvement process and work daily on improving safety operations. All reasonable requests for health support are being accommodated. Based on current injury and illness rates among clean-up workers, it is estimated that a level care equivalent to that of a Field Medical Station does not appear to be needed.

How far it is to what kind of care?

Distant between community-based health care and the BP Staging Area Occupational Health Services varies by State and County. For example, the nearest medical clinic to Venice is Port Sulphur, which is over 25 miles away. However, they have ambulances on standby with helicopter service available for air evacuations. Most other Staging Areas are located within large community settings where access distance to existing healthcare facilities is less than 15 miles.

Community Public Health Needs:

What kinds of needs? Where we might locate services?

An ability to answer these community public health concerns are beyond the scope of NIOSH to rapidly answer. We recommend that the appropriate place to determine whether there are healthcare capacity issues is at the State and local health department level.