**NIEHS Webinar: *Planning for the Gulf Worker Study***

**August 17, 2010, 1:00 – 2:30 pm EST**

**Webinar Report**

NIEHS will be the lead NIH agency for the GuLF (Gulf Long-Term Follow-up) Study, a prospective study designed to assess the potential short- and long-term health effects associated with the Gulf of Mexico Oil Spill clean-up and to create a resource for collaborative research on specific scientific hypotheses or subgroups.

Public input from a wide variety of stakeholders will be crucial to the success of the study. To initiate that process early in the study's planning stages, on August 17, 2010 NIEHS held the first of several scheduled discussion sessions in the form of a webinar. The electronic meeting provided NIEHS staff an opportunity for robust dialog with approximately 145 participants, several of whom asked questions and made suggestions and comments germane to the design of the study.

The webinar began with welcoming remarks from Dr. Linda Birnbaum, Director of NIEHS and NTP. She pointed out that NIEHS had been providing safety training to clean-up workers since shortly after the April 20, 2010 BP Deepwater Horizon explosion, and that NIEHS personnel have now assisted with safety training courses in English, Spanish and Vietnamese for more than 100,000 workers. With those efforts now in place, NIH Director Francis Collins has asked NIEHS to lead an extensive study on the potential health effects of exposures to oil products and dispersants in workers and nearby residents, committing an initial $10 million to the project. Dr. Birnbaum then introduced the leader of the study, Dr. Dale Sandler, Chief of the NIEHS Epidemiology Branch, who gave a brief presentation outlining the study concept, a draft of which is available online at http://www.niehs.nih.gov/about/od/programs/docs/gulf-study-concept-8-13-2010.pdf

Dr. Sandler stressed that she would be presenting the initial framework of the study, and that although the intention is to move very quickly to commence the investigation, there is ample opportunity for interested parties such as those participating in this webinar to provide input to help to shape the ultimate design of the study, the health endpoints to be focused upon, the nature of study materials, and methods to approach and include the community.

The health outcomes of interest for the five-year project were identified based upon the scant research available from studies of previous oil spills, or from studies of other groups exposed to compounds in oil, dispersants, heat or disaster-related stress. Outcomes to be examined will include respiratory, cardiovascular, hematologic, mental health, cancer, neurologic, liver, immunologic, renal, dermatologic, and reproductive effects.

The study population will consist of adults who speak English, Spanish, or Vietnamese. They will be divided into cohorts of exposed workers (paid and volunteer) and unexposed controls (those who trained but did not work, along with other community members as needed). Potential study participants will be identified through the roster of approximately 50,000 workers compiled by NIOSH, along with several other lists. Recruitment efforts will include community outreach and a media campaign. Ultimately, approximately 70,000 people will be approached and asked to respond to a telephone enrollment questionnaire focusing on spill clean-up responsibilities and possible physical and mental health effects. With an expected response rate of 70-75%, a final cohort of 50,000 workers and controls is anticipated. That cohort will be divided into an *active cohort* of 20,000 workers and 5,000 controls for active participation in the long-term study, with the balance assigned to a *passive cohort*, who will be tracked solely by record linkage, such as vital statistics and cancer registries.

Subjects in the active cohort will receive a home visit to establish baseline data, when additional questionnaire information will be gathered, biospecimens (blood, urine, toenail clippings or hair, saliva for DNA) and environmental samples (household dust, tap water) will be collected, and physiologic measures (height, weight, BMI, blood pressure, lung function) will be taken. Long-term follow-up will include an annual newsletter, telephone questionnaires in years 2 and 4, and passive surveillance through records linkages.

Five thousand members of the active cohort will be recruited to participate in a *biomedical surveillance sub-cohort*. They will be followed more extensively, with protocols developed in cooperation with local Gulf area researchers. More detailed medical exams, including additional collection of biological and environmental samples, will be carried out in years 1 and 3, either in a clinic setting, a mobile van, or the participant's home. These data will be compared with baseline data to track outcomes. An extensive, appropriate Informed Consent process is planned, as is appropriate, non-coercive remuneration of participants.

Dr. Sandler discussed biospecimen collection in more detail, and related plans to store samples in a biorepository offered by EPL in Research Triangle Park, North Carolina, a contractor with a long history of support for NTP and epidemiologic and clinical studies by NIEHS.

Given that it was not possible to collect samples and document exposures as they occurred, due to the emergency nature of the event, one of the keys to the success of the study will be the ability to reconstruct exposures. One of the first steps, said Dr. Sandler, will be to evaluate the data collected by other government agencies, BP, and university researchers. Industrial hygienists will assess exposures by task, location and time, while drawing upon other local, governmental, and industry expertise. Other pertinent data will be incorporated to generate job-exposure matrices and GIS-based exposure measures.

There will be a phased roll-out of the study, with a mini-pilot test of protocols and approaches in the first 2-3 weeks. There will be a concerted effort to engage the community, by getting local leaders to endorse and participate in the study, facilitating the recruitment of special populations. Local staff will be employed in many areas. The study is expected to begin in earnest in late October 2010, with enrollment and baseline data collection anticipated to take 6-9 months. A comprehensive communication strategy will be developed, including reports to participants, local communities, partner organizations, and the larger scientific community.

A community referral strategy will be developed in collaboration with local health departments and other groups to ensure that participants found to have significant medical or mental health conditions will receive needed care. Data sharing will be accommodated, while safeguarding the privacy rights of participants. There will be considerable oversight of the study, including scientific peer review of the protocol, a study advisory board, a community advisory board, and additional oversight by the Institute of Medicine and other Federal panels.

Dr. Sandler concluded her presentation by summarizing the limitations of the planned study. Chief among them is the fact that there are no systematic pre-exposure samples or health assessments available, requiring retrospective methods to derive pre-spill baselines. Also, subjects will be enrolled after exposures have ended. Furthermore, due to the special circumstances presented in this instance, there is no ideal, heterogeneous, unexposed comparison group to constitute controls, creating a challenge on several fronts. As is often the case in epidemiologic studies, there are no quantitative exposure measures for chemicals with short half-lives, such as those involved in the oil spill and the clean-up. So qualitative rankings will be used instead, including most- to least-exposed and other metrics. Biosampling should allow quantification of persistent compounds.

The discussion section of the webinar then began, moderated by Christine Flowers, NIEHS Director of Communications.

The first telephone questions came from Dr. Gina Solomon, Senior Scientist at the Natural Resources Defense Council and Associate Clinical Professor of Medicine at the University of California San Francisco. First, she thanked NIEHS for holding the webinar and for pursuing this “very ambitious and exciting study.” She asked whether Dr. Sandler had any data on the number of women working on the Gulf Coast, what percentage of the cohort might be expected to be women, and whether there was a plan to oversample women in the study to look at reproductive effects or other considerations relevant to that population. Second, she asked about the plan to use cancer registries as sources of follow-up information, noting that data from cancer registries could be inconsistent, and wondering whether other, more reliable sources of follow-up data may be considered. Finally, she asked about plans for communicating results with

participants, urging that as much information as possible be communicated, potentially even biomonitoring results.

Responding to Dr. Solomon's initial question, Dr. Sandler said the percentage of women in the cohort would be unclear until the NIOSH roster is reviewed. A preliminary look at 15,000 of the workers on the roster showed that approximately 17% were women. She noted that that figure might be an overrepresentation due to the tendency of women to be more likely to respond to questionnaires. She said that it would be intriguing to pursue special studies in women if that percentage figure holds up, and that there is certainly a plan to include data regarding male reproductive effects as well.

Dr. Sandler felt that the cancer registries in the affected states are well-established and have reputations for generating high-quality data.

In response to Dr. Solomon's question regarding the communication of results to participants, Dr. Sandler said that the samples from the 25,000 initial home visits would be banked, and that there may not be information from this study to share regarding specific exposure outcomes or biomarkers. However, information will be shared regarding blood pressure, a simple pulmonary function test, and BMI, based on guidelines for local information sharing, along with plans for referrals to emergency rooms or other health care resources as may be appropriate. Partnerships in the local communities will be vital to ensure that those who are identified as being in need of care, whether urgent or more routine, will in fact receive it.

The next question by telephone came from Dr. Steven Levin of the Mount Sinai Center for Occupational and Environmental Medicine, New York, NY. Speaking from his experience studying adverse health and psychological effects in World Trade Center workers post-9/11, he emphasized the potential difficulty of documenting physical and mental health needs while lacking the financial or clinical resources to secure effective care for study subjects in need. Turning to technical points, noting that hair sampling for the presence of metals is planned in the GuLF Study, he pointed out the importance of collecting and processing the samples properly, with the section closest to the scalp being most relevant in terms of assessing exposures. Regarding the planned "simple" pulmonary function tests, he said that with the World Trade Center workers, one of the issues was clearly irritant-induced bronchoconstriction, a form of asthma. He elaborated that many of the people tested appeared normal after initial pulmonary function testing, only to discover that they responded positively to subsequent bronchodilator challenge testing, indicating that they had in fact been experiencing subtle bronchoconstriction.

Dr. Sandler told Dr. Levin that she and her team are definitely interested in consulting with him to draw on his experiences in designing similar protocols. She said they are aware of the technical issues regarding hair sampling, and have been having discussions regarding the

appropriate pulmonary function test for this study. Although there is certainly a possibility that the bronchodilator challenge tests described by Dr. Levin would be used in the sub-cohort, the exact protocol would depend on the ability to train staff, how much time is available in home visits, and other factors. In terms of treatment resources, Dr. Sandler mentioned the recent (8/16/10) announcement by BP that it would be providing $52 million for mental health care for affected communities. She said the team is acutely aware of this issue, and that they would be meeting later this week with several federal partners to discuss it.

Next, Ms. Flowers related a question from an instant message by Dr. Michael Kosnett of the University of Colorado Health Sciences Center, Denver. He asked: "It appears that many of the biomarkers of exposure (e.g. hair) and effect (e.g. immunologic function, cytogenetics, DNA damage) may not have been validated with respect to their positive predictive value and other features of screening tests. How does the study propose to inform workers of the results of tests with unestablished validity, and how will follow-up for "out of range" tests be managed when the prognostic significance of the test result is not known?" Dr. Sandler said that it is important to bear in mind that this is a research study and not the provision of medical care, and that the only way to handle the reporting of results from tests of uncertain predictive value is to be very careful about what is said—that while it important to report results, it's also important to be very forthright about the limits of current scientific knowledge. It will be important to make a clear distinction to study participants between research tests and clinical tests, she said.

John Hosey of Biloxi, MS, was the next caller. He identified himself as working for a non-profit specializing in disaster-related behavioral health, specifically looking at mental health issues since Hurricane Katrina. He noted that there are varied populations in the Gulf Coast region with many cultural differences, raising the issue of the cultural competency of the researchers who will actually be doing the work, and the connections they will establish with the local communities. He recommended that the study work with non-profits in the area such as his and others, who have experience with those issues to assist in establishing trust and helping to gather data, particularly regarding mental health and ecologic issues following the oil spill. Dr. Sandler replied that her team is absolutely committed to working with organizations such as his. (Following the webinar, Mr. Hosey sent to NIEHS contact information and a fact sheet for his organization, the MS Coast Interfaith Disaster Task Force, which append this summary.)

The next telephone question came from Bill Kojola, an industrial hygienist in the Safety and Health Department of the AFL-CIO. He asked what role the several other Federal agencies involved in the response to the oil spill, such as NIOSH, OSHA and EPA, would play in the design and conduct of this study. Dr. Sandler said that the study team is in regular contact, through an intergovernmental agency task force, with representatives of those and several other agencies. She said they are seeking partnership with those agencies, perhaps not in conduct of

the study's field work, but certainly in helping to design the study, particularly in the all-important area of reconstructing exposures.

Dr. Phil Landrigan of Mount Sinai Medical Center, New York, NY, emailed a request to discuss parallels between the Gulf worker study and 9/11 medical follow-up studies in New York. Dr. Birnbaum indicated great interest in his input, and said she and Dr. Sandler would speak with him soon.

By telephone, Sarah Hoffpauir of the non-profit Louisiana Public Health Institute in New Orleans indicated that she was pleased to hear of the community referral protocol within the study. She said that in her group's recent interactions with the area population since the oil spill, they had seen considerable rates of uninsurance and escalating medical conditions, and she urged NIEHS to be in contact with local medical resources and health departments to put the referral program in place. She also reiterated the importance of working with local non-profits, particularly considering the cultural diversity in the region. Dr. Sandler agreed, and asked all non-profit groups participating in the webinar to send in their contact information, so that NIEHS could begin to meet with them and strategize on the best ways to move forward with the study. (Ms. Hoffpauir later sent contact information for several non-profit groups active in Greater New Orleans response to the oil spill. Her list appends this summary.)

The next telephone comments came from Eileen Senn, an industrial hygienist from New Jersey. She elaborated on the difficulty of finding unexposed controls, citing the example of take-home exposures among people living with clean-up workers. She said it would be difficult to assign people to groups based solely on job title, since there are many other variables in tasks. For example, some workers who were skimming may not have found much oil, others may have encountered a great deal, resulting in highly variable exposures. She suggested that workers should be advised to begin activity diaries to document their exposures. Dr. Sandler thanked Ms. Senn for her important advice, acknowledging that the tasks are more complex than she had had time to describe in her presentation. She mentioned that now that the flow of oil into the Gulf has subsided, workers would need to reconstruct their activities (and thus their exposures) from memory. She said the questionnaire that had been designed would help with that process, including soliciting information about the worker's home situation as well as the work environment. She said that industrial hygienists would be involved in the study, and that there would be opportunities for further input.

Ms. Flowers read a question from the chat box, from Dr. Ed Trapido of the LSU Health Sciences Center in New Orleans, who wrote that he was working with a consortium of nine universities. He asked what components of the study would be handled internally, and which would be "farmed out." Dr. Sandler replied that the largest piece of the study that is planned to be delegated to local universities is the biomedical surveillance sub-cohort. She said the initial

telephone contacts would be handled internally, but that a decision had not yet been made regarding the home visits associated with baseline data collection. She said that the plan is to hire interviewers/phlebotomists locally, but that could be worked through the local universities or through direct hires. She listed the best opportunities for universities as the biomedical surveillance, helping to develop the communication strategies, and possibly helping to pull together the exposure information.

The next chat box question, from a participant identified as "Danielle 2," was: "Can you clarify what will be done to better examine the co-relationship between these biomonitoring studies that will be conducted (under this NIEHS project) and the environmental sampling data already provided on websites such as EPA and OSHA for public viewing?" Dr. Sandler said that the currently available data would not cover the entire cohort, but would be used to help identify the workers with the potentially highest exposures, based upon where they were on what days and what they were doing. While that data will be insufficient to fully document any individual's exposures, it will be exploited in the design of the study and the interpretation of results.

From the chat box, Stephan Mambazo of Montgomery, AL asked, "To what degree will behavioral and mental health be explored?" Dr. Sandler said that behavioral and mental health effects are a central focus of the study. The questionnaire includes standardized scales for conditions such as depression, anxiety, and post-traumatic stress, which will also be included in follow-up contacts. As mental health concerns are identified, they will be incorporated into the biomedical examinations. Although the study will not be designed to provide personal mental health care, the intent is to identify strategies for making referrals on an individual basis.

Sharon Hodge wrote, "Have you considered that many of the oil workers are not from the Gulf region? I do not have definitive data, but I had heard that many came from far away -- due to high unemployment these days." Dr. Sandler said that a first look at the data revealed that approximately 25% of the workers had come from out of state, i.e. not from any of the four affected Gulf states. The initial telephone solicitation to establish the large cohort will be done without regard to residence, she continued. For the in-home visits, although it would be easier to concentrate those activities in the Gulf states, if the data show a significant to include residents of other state, examiners would be sent.

On the telephone, Dr. John McLachlan, a faculty member at the Tulane University School of Medicine and Director of the Tulane/Xavier Center for Bioenvironmental Research, noted that there is a well-trained group of investigators in southern Louisiana, since the area has recently gone through recovery from Hurricane Katrina, which generated "an amazing amount of work" between universities, universities and non-profits, and universities and state and local governments. The five years of training includes involvement with local communities, so there is an excellent cohort of potential colleagues available in the area, second only perhaps to New

York City. Dr. Sandler thanked Dr. McLachlan for his comments, and pointed out that NIEHS has been involved in post-Katrina research in that area in the HEAL study, and that the study would capitalize on that experience as well.

Dr. Franklin Mirer of Hunter College, CUNY, New York, wrote: "In addition to this broad enrollment, there should be immediate effort to collect urinary metabolites of PAH's, stratify offshore, near shore and onshore workers. CDC has population data for comparison. Waiting will mean these data are lost." He also mentioned that PAH metabolites have been measured in firefighters by NIOSH. Dr. Birnbaum replied that the half-life of PAHs (polycyclic aromatic hydrocarbons) is relatively short, meaning that monitoring of urine levels would reflect ongoing exposure. She said NIEHS wished it had been possible to collect such samples earlier, but that things are currently moving as quickly as possible to secure the appropriate clearances and get personnel into the field. She added that examining PAH urinary metabolites was a perfect example of an ancillary, hypothesis-driven study that could be done with the urine that will be collected during the project.

David Pham wrote in to ask, "Has there been any mention of a strategy to involve the Southeast Asian community in the Gulf Coast with the plans for medical efforts in the area?" Dr. Sandler said that that will be a key piece to put in place for the study, and asked that Mr. Pham pass along any suggestions he might have regarding community groups from that population who should be contacted.

Dr. David Peden of the University of North Carolina at Chapel Hill asked, "Are there CTSA [Clinical and Translational Science Awards] sites located near where medical assessments need to be done?" Dr. Sandler said she believed that there were CTSA sites in two of the Gulf states, and that they may well have an advantage for bidding on the biomedical examination portion of the study, given that they would have clinical infrastructure in place. Dr. Claudia Thompson added that there are CTSA sites in Alabama and Texas. Dr. Stephania Cormier of the LSU Health Sciences Center in New Orleans later wrote in to mention that there is a CTSA site at the University of Texas Medical Branch (UTMB) in Galveston, Texas.

Danielle 2 asked, "Will funding be provided to local universities (i.e. training grants) who would like to contribute their expertise to this study?" Dr. Sandler replied that there may be opportunities to work directly with universities through the availability of some contract funds, and that there may be extramural research opportunities as well. Dr. Birnbaum added that NIH extramural managers are currently evaluating how much funding might be available to go out in Request For Proposals, to form consortia in the Gulf that would require local participation by community groups and academics. Those FOAs (Funding Opportunity Announcements) are still under development, she said.

Dr. Cormier commented that "BP should have worker task logs." Dr. Sandler said her group is aware of that, has had conversations with the BP Medical Director about it, and hope to be able to incorporate such data, which could provide important information about what people were doing and when.

Dr. Mirer commented that "Critical exposures have very sparse measurement. Particulate matter, DPM, and aerosol from dispersant. The huge collection of VOC data are less likely to be related to health effects although they should be explored as surrogates of exposure." Dr. Sandler said that her group is aware of that issue, but that unfortunately, emergency conditions on the ground in such a large, unanticipated event precluded such measurements.

Eileen Senn called to ask whether the study team is aware of the evaluation of the BP, OSHA, and Coast Guard air sampling data and whether the timing of that evaluation will be soon enough to be useful to the study. Dr. Sandler said they are aware of that data and will be evaluating it. It has not been studied in detail yet, she said, but added that it would be an important piece for characterizing exposures.

Dr. Levin called to raise the issue of workers compensation, inquiring whether there would be special workers compensation provisions for volunteers in this case, as there were after the World Trade Center disaster. He asked whether NIEHS has considered how to respond if that issue arises, as it very likely will, he speculated. Dr. Sandler said they are aware that it could arise, although it has not yet, as there is no clear signal thus far for Gulf exposure illness. She acknowledged that it is a possibility, and that they should be prepared for it, particularly in consultation with OSHA.

Media representative Elana Schor asked via chat, "I know of at least one nonprofit that has already begun health sampling on the ground, though it incorporates residential, non-occupational exposure, as well as on-the-job exposure. Do you plan to incorporate any of that existing work to help inform cohort selection?" Dr. Sandler said the study would be interested in taking advantage of that effort, and asked Ms. Schor to send in information about it so that they could follow up on the suggestion.

Ms. Schor also asked whether it was expected that the $10 million NIH appropriation would be sufficient to cover the costs of the study. Dr. Birnbaum replied that the $10 million generously provided by Dr. Collins is just for the initiation of the study. The out years of the study are currently being considered in terms of how much work will be involved and potential costs. She said that it is important to realize that $10 million is just the "deposit" on the conduct of a full longitudinal, prospective study.

From the chat box, Dr. Cormier asked, “Exposure, especially to combustion products from the in situ burning, may have occurred in non-worker, coastal populations due to unexpected wind shifts during the burns. Are there any plans for studies in non-worker, coastal populations?” Dr. Sandler replied that the focus is on workers and non-workers who may have suffered exposure, and that hopefully such data would be captured by the initial questionnaires and ancillary data on elements such as wind, weather and burning sites.

David Pham commented, “With 1 in 3 fishermen from the Gulf Coast being of Southeast Asian descent, will there be steps to have all the information presented today to be translated or interpreted in any form to offer better accessibility to these resources?” Dr. Birnbaum pointed out that all of the NIEHS worker training materials had been translated into Vietnamese and had been shared with the Vietnamese trainees, and that the intention is for many of the upcoming materials to be made available in English, Spanish, and Vietnamese. Dr. Sandler added that of course all of the study materials and questionnaires will be translated. She asked Mr. Pham about the fact that when the NIOSH roster was first examined, very few Vietnamese, less than 1%, were registered. She wondered whether that might have been attributable to early main use of contractors by BP, or whether there had been initial reluctance to get involved by the Vietnamese fishermen, or any other reasons. Mr. Pham replied on the telephone that there was an initial push to get Vietnamese fisherman hired for the clean-up program, but that initially the training was only offered in English. With many of the workers illiterate in English and even sometimes in Vietnamese, English materials or even translated Vietnamese materials presented a barrier. Visual depictions were sometimes the only effective communication method, he said. The same considerations were true for clean-up health care information communications by BP, as well as poor translations.

Dr. Sandler thanked Mr. Pham for his input, and said that he raised important issues which highlight the need to involve the local Vietnamese community leaders in approaching that population for the health study, including hiring representatives of the community to be research partners in collecting the needed information. She asked Mr. Pham to send her his contact information for follow-up.

The final question, from the chat box, came from Dr. Roy Rando, a professor of environmental health at the Tulane University School of Public Health and Tropical Medicine. He asked, “In addition to providing field services (PFTs, phlebotomy, etc.) will there be opportunities for University researchers to participate in study design, data analysis and interpretation, etc.?” Dr. Sandler said there will be opportunities as collaborating researchers to design and carry out the protocols in the biomedical piece of the study. There will also be opportunities to propose add-on studies, to obtain access to data, to analyze data, and to write reports, in hopes of making the study a resource for the larger research community.

Dr. Birnbaum concluded the webinar by thanking everyone for their participation. She mentioned that the Gulf Worker Study is just one piece of a larger HHS public health response to the oil spill, including chemical analysis and toxicology work to be conducted by the National Toxicology Program. Additional research opportunities for local universities will be announced in the near future, she said. She encouraged participants to join in future webinars.

**Addenda**

Following the webinar, Eman Williams of Louisiana sent in the following comments and follow-up questions:

> Today, I participated in the Gulf Coast Worker Study web meeting. I was happy that several of the participants who work for non-profits emphasized the importance of considering cultural competency when developing and implementing the study. In the call today, Mr. Pham mentioned that many workers in the Vietnamese communities were unable to participate in cleanup activities because they we illiterate and due to the lack of interpreters in their native language. I have been communicating with non-profits who work with the Haitian Creole and other populations who stated that workers in their areas were unable to work due to the lack of interpreters. I also have worked with health educators and physicians in the Latino community and have been informed that certain subpopulations of the Latino community who were working in the Greater New Orleans area following Hurricane Katrina were illiterate and preferred to receive information via pictures and presentations. I was wondering if your agency would be contacting non profits who work with the communities of interest in order to develop culturally appropriate methods for obtaining information from the workers. …..In terms of oil spill response, I have been communicating with non-profits who are working with Native American and Haitian Creole populations that have also been impacted by the oil spill. I have been informed that many members of the Haitian Creole community have been participating in oil spill cleanup. I was wondering if your agency would also be reaching out to other communities who are also participating in cleanup in addition to the communities that were mentioned on the web meeting. Also, since there are workers of Haitian Creole descent who have participated in oil spill cleanup, I was wondering if your agency would be developing information in Haitian Creole. While participating in a CDC Oil Spill Health Educator call, one of my counterparts who works for the Florida Dept. of Health also mentioned that there was a large population of Haitian fisherman who had been impacted by the oil spill. …. I am aware that the EPA will be providing funds to communities in the impacted areas to conduct research projects. I was wondering if your agency had planned on contacting the EPA in particular their environmental justice division in order to obtain additional input from communities regarding study development. I am also aware the CDC developed several health education groups share information among the impacted states. I know that the CDC's Agency for

> Toxic Substances, Office of Tribal Affairs was interested in ensuring that the public health concerns of the tribal communities were addressed. Representatives for the EPA, CDC, U.S. Coast Guard and other federal agencies have participated in community meetings to provide the residents in the impacted areas with information. I was wondering if NIEHS will be participating in these events in the future to provide the residents with information on the study and to obtain additional input. …… I am also aware the health communication specialists from the CDC were interested in working with health departments to ensure that the residents receive information in the appropriate language and in plain language. I was wondering if your agency would be developing information in a format that is easy for the workers to understand. Especially since the educational level of the workers may vary.

Dr. L. Faye Grimsley, Associate Professor at the Tulane University School of Public Health and Tropical Medicine, sent in an additional question: "How will home visits (e.g., environmental sample testing) in different states/communities be selected and coordinated?"

Mr. Hosey emailed information about his organization and its interest in the study, as well as a fact sheet, which is included below:

> Our organization represents a larger group of disaster recovery organizations that may play a necessary role in the introduction and promotion of this study to the impacted populations. I would also encourage that research associates who will be collecting data undergo training around crisis intervention and cultural competency related to the broad scope of cultural groups represented on the MS Gulf Coast (e.g., Vietnamese, low-wealth and other vulnerable communities).
>
> MSIDTF can arrange meetings and conduct trainings to help meet these needs. I have attached an information sheet that will help you learn more about our organization.
>
> **John M. Hosey, M.Div**
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**Mississippi Coast Interfaith Disaster Task Force**

**Mission Statement:**

To enhance disaster preparedness, recovery, and resiliency on the Mississippi Coast by strengthening the ability of faith-based organizations to meet the needs of their constituents and those who are most vulnerable.

**Vision:**

IDTF achieves its mission by maintaining a broad and robust interfaith network, improving knowledge and understanding of the needs of faith organizations and their communities, capturing and disseminating best practices, facilitating high quality training, and promoting effective communication and coordination between the network members and local, state, and national partners.

**Bringing Recovery Organizations Together**

- 2006 Recovery Summit (Coordination of Disaster Relief Agencies)
- 2007 Mental Health Summit (Creating a Safety Net)
- 2007/08 Interfaith Clergy Retreat (Care for the Care Givers)
- 2008 Katrina Recovery Summit (Funding for Case Management)
- 2008 Mental Health Summit (Finding Meaning Through Recovery)
- 2009 Mental Health Summit - (Children, Families and Communities Best Practices)
- 2010 Community Wellness Conference: Mind - Body - Spirit (May)

**Since October 2005, IDTF has developed partnerships with more than 40 organizations. IDTF and partners:**

- Provided more than 40 training workshops for recovery organizations;
- Assisted in the development of Long Term Recovery Committees in the lower 6 counties;
- Developed a community-wide, interfaith warehouse for free building materials and home furnishings;
- Successfully advocated for the Phase II grant State-administered program for renters and low income residents;
- Hosted wellness and resiliency retreats for clergy and other care providers;
- Hosted community-wide summits on critical issues such as case management and mental health;

- Provided crisis intervention training for area clergy, mental health professionals, case managers and first responders.

*Rabbi Myrna Matsa, D. Min - "MSIDTF has a long history and under the capable leadership of Ms Avila has evolved into one of the most important resources in the arena of recovery efforts along the Coast".*

*Rabbinic Pastoral Counselor*

*New York Board of Rabbis in Partnership with*

*United Jewish Communities*

**Partnership Information**

IDTF has worked with disaster recovery partners to address the unmet needs of families that have not recovered from Katrina. IDTF works to develop strategies for meeting those needs and identify the resources to implement new programs and services.

In a partnership between the University of South Mississippi and IDTF, the two organizations have worked to address the emotional and spiritual health needs of pastors and their congregations after the disaster. Dr. Jamie Aten and Dr. Sharon Toppings have utilized their research with African American clergy to assist IDTF in the development of programs and outreach to clergy across the region. With Professor Toppings and Aten's assistance, IDTF received a grant to develop the Clergy and Mental Health Partnership which is designed to equip clergy to provide disaster related spiritual and emotional care for their congregations and surrounding communities. John Hosey serves as our Clergy/Mental Health projects coordinator developing strategies to build collaborative partnerships between clergy and mental health clinicians to serve the spiritual and emotional needs of survivors, first responders and disaster relief organizations in the event of a disaster.

Alice Graham, PhD has served IDTF as Executive Director since August of 2009. She brings a wealth of experience as an educator, pastoral counselor and member of the clergy to IDTF's mission to provide relevant emotional and spiritual care for faith based organizations. She is currently involved with several congregations on the Mississippi Gulf Coast training *Church Disaster Coordinators* to better prepare their congregation and communities through disaster preparedness, response and recovery.

**Katrina Recovery**

The effects of Hurricane Katrina have been especially difficult for the poor, the elderly, and the vulnerable. IDTF has played a critical role in bringing people, ideas, and resources together over the past several years to focus on solving the problems that the most vulnerable residents face. The challenges of recovery and rebuilding will continue for several years to come. Issues surrounding health care and mental health are just a few of these unmet needs. IDTF will be there bringing recovery organization together until recovery is complete.

*Carol Buchanan Jones, PhD, NCC, LPC - With local non-profit and faith-based organizations and many other organizations arriving on the Coast after Katrina, IDTF personnel worked untiringly to ensure that collaborations were formed and that these groups provided complementary services rather than duplicating or supplanting one another.*

*Director, Project Relief/Mississippi Counseling Association Director, Psychology and Counseling William Carey University,*

**Gulf Oil Spill Disaster**

MSIDTF has been in the process of determining long term impacts related to the Gulf Oil Spill Disaster. In partnership with the South MS Voluntary Organizations Active in Disaster (SMVOAD) and the University of Southern Mississippi, MSIDTF hosted a Recovery Summit on June 30 to discuss potential long term impacts on the ecology, economy and emotional/physical well-being of coastal residence. The summit drew over 200 participants who joined regional experts to define the major priorities of recovery and strategies for a collaborative approach to meeting community needs. Our experience with the local population and community stake holders, universities and disaster relief organizations has provided unique access into vulnerable populations for education and research projects.

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## Additional Chat Box Questions and Comments received

3. Gema Rodriguez Trigo: Ok, 1: have you considered the internal measure of exposure, ex: DNA adducts. 2: I think that is important to considerer outcomes in exhaled breath condensate: 8-iso, interleukins, VGF, etc. 3: I think that is very important to make a detailed study of genotoxicity. Thanks and congratulations. Gema Rodriguez Trigo, MD and researcher for the SEPAR-Prestige study group, Spain.
4. Kathleen Fagan: Workers comp is a very important issue. But to be accurate, OSHA does not provide workers comp. Workers comp is a State program. You will need to worker with each of the Gulf States.
25. Eileen Senn: 1.What if “unexposed” controls actually have been exposed by swimming in the Gulf; oil/dispersant contamination of air, water, and seafood; or through take-home exposures?2.Will the adequacy and accuracy of

BP’s monitoring data be independently verified? 3.How will variability even within exposure groups be dealt with? For example: a. Exposures for those who did skimming depend on how much oil they actually found and skimmed and their proximity to fresh oil and dispersant applications. b. Exposures in general depend on many variables exposure differences due to spill events, dispersants being used, cleanup tasks being performed, machinery and equipment being used, temperature and humidity, rainfall, sunlight and cloud cover, wind speeds and direction, currents, tides, wave height, and other variables that affect exposures.
26. STEPHAN MAMBAZO: What issues or area of concern do you intend to query and explore?
39. Gina Solomon, MD, MPH: What's the plan for evaluating dermatological effects? Most non-melanoma skin cancers aren't included in cancer registries. It sounds as though a skin exam isn't part of the in-home evaluations or any other part of the evaluation.
40. Gina Solomon, MD, MPH: Do all of these states have cancer registries? I don't think they do. What's the plan for those states?
41. Gina Solomon, MD, MPH: I might suggest considering defining "exposed" as people who worked more than a week or so on the clean-up. People who just worked for one day could increase the problem of exposure misclassification, since they were barely exposed.

**Webinar Participants (as per log)**

He Wang
Elana Schor
Collette Steward-Briley
Gema Rodriguez Trigo
Franklin Mirer
Maureen Lechtveld
Suzanne Shean
Susanne Pagano
Stephan Mambazo
Tom Matte
Bill Kojola
Y Harvey
JD Rench
Mary Gant
Kristina Peterson
Larry Engel
Mary desVignes-Kendrick
Mark Saperstein
Theresa
Lorraine Backer
Frank Hearl
Teri Manolio
Stephania Cormier

Lindsay Lloyd
JP
Alison Scherer
Eman Williams
Casey
Tory Dietel Hopps
Anne Sweeney
Luke M. Syphard
David Pham
LSUHSC SON
D
Elizabeth Grossman
Dianne Dugas
Gina Solomon, MD, MPH
Arthur G. Cosby
Ya-Sin Shabazz
Salvador G. Sarmiento
Megan Latshaw
Dustin Russell
Yongli Shi
Lynn M. Grattan, Ph.D.
Roy Rondo
Elizabeth Grossman
Abbe Mitchell
Richard
Danielle
Robin Mackar
Kitt
Linda Rowley
Jessica Vermilyea
Farah Arosemena
Lawrence A. Palinkas
Kathleen Aubin
Eddy Ball
Sujata Gupta
Kim Ross
Michael Kosnett
Russell White
Diem Nguyen
Diane Blake

Cassandra
Sarah Hoffpauir
Wayne Backes
RADM Galloway Support Staff
CAPT David Callahan
Paul Byers
Robert Bingham
Xu Xiong
Jacques
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Richard Scribner
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Gregory Hellman
Lauren Scott
Anna Hrybyk
Jan Chambers
Leanna Kelly
Allen
Kathleen Fagan
Nalini Sathiakumar
Al
Eileen Senn

Robert Bingham
Scott Masten
Alisha Brinson
Phil Landrigan, Mt. Sinai
Felicia Rabito
Gary Heuttmann
Russell Eggert
Grace Scire
Chip Hughes
BL