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GOVERNMENT REFORM

JOINT ECONOMIC COMMITTEE



Congress of the United States

House of Representatives

Washington, DC 20515-3214

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Admiral Thad Allen National Incident Commander Deepwater Horizon Response 2100 Second St., S.W. Washington, D.C. 20593-0001

Dear Admiral Allen:

As oil from the BP platform continues to flow toward and onto the Gulf Coast, I want to thank you for your work as National Incident Commander for the Obama Administration's coordinated response to the spill. As the President said in his address this week, "We will fight this spill with everything we've got for as long as it takes." As a Member of Congress who has lived and worked through the 9/11 disaster and has fought for many years to provide health care to first responders at the World Trade Center site, I would like to share some of the lessons I have learned that may apply to the health of oil cleanup responders.

According to the Oil Spill Health Effects Summary (Week 32) prepared by the Louisiana Department of Health and Hospital's Office of Public Health, there have been 109 reports of health complaints believed to be related to exposure to pollutants from the oil spill to date. Seventy four (74) reports came from among workers and 35 from among the general population. They reported symptoms including difficulty breathing, vomiting, nausea, headaches and dizziness. Although the environmental hazards and symptoms reported were quite different, this sounds eerily to me like the weeks following 9/11, when first responders started to report illnesses.

Instead of listening to workers on the pile at Ground Zero, the government relied on air quality measurements and outdated standards, resulting in the government falsely telling people that the environment was safe. Looking back, we now know that the federal government should have had active systems of surveillance of workers at the World Trade Center site from day one. The Bush Administration fought tooth and nail against monitoring of responders, apparently because they did not want to know if people were sick. This made it very difficult to determine how and why conditions were emerging in the population of responders.

What we learned from the inadequate federal response to 9/11 health issues is that we need to listen to actual reports of peoples' symptoms and conditions, act quickly to respond to those immediate health needs, and follow up to track and understand potential

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long-term effects from coming into contact with the toxic substances. More than that, we need to be proactively soliciting this information from workers and the public—rather than relying on a passive system of surveillance and waiting for people to come into hospitals or doctors' offices. We should not be relying on BP for health judgments. State and local governments, while important in the process, do not have the capacity to coordinate among many agencies and authorities that would be involved.

An aggressive, comprehensive system of health surveillance and monitoring on the Gulf Coast from the beginning would allow us to follow up immediately on individual reports so that proper protective measures can be taken and also provide a record of who was there. It would give us a clear understanding not only of the short-term illnesses, but the onset of long- term health effects of the spill, as well.

Active health surveillance and monitoring is particularly important because it is clear—with the wellhead still uncapped at this writing—that individuals will have extremely prolonged exposures to toxins from the oil, the dispersants, and the combination of these chemicals. As I understand, very little is known about the health effects of such prolonged exposures. Without active surveillance and monitoring, we will not be able to take action to prevent illnesses and we will not understand the long-term exposures.

I urge the federal government to ensure that every effort is taken to protect workers and the public and to also conduct an aggressive, comprehensive surveillance and medical monitoring system to identify immediate and long-term health effects of the BP spill for the years to come.

CAROLIN B. MALONEY

Member of Congress

cc: Secretary Kathleen Sebelius, U.S. Department of Health and Human Services