Terrorism Response and the Environmental Health Role: The Million-Dollar (and Some) Question

This article is reprinted with permission from the Journal of Environmental Health September 2004

By Rebecca Berg, Ph.D.

A couple of years before September 11, a needs assessment was conducted in Union County, North Carolina, to determine what resources various agencies needed for disaster preparedness. On that occasion, all the funding that was available ended up going to hazmat teams, to fire departments, to police departments. There was no money left for public health, according to Tom Ward, environmental health director.

"They're buying fire trucks and $50,000 detection equipment and bomb robots," added Tom Butts, emergency management coordinator with the Tri-County Health Department in Thornton, Colorado, "and we're asking for a pickup truck so that we can tow a trailer... Our stuff just doesn't look as sexy as their stuff."

September 11 and the subsequent anthrax attacks did to some extent raise the profile of public health. Lawmakers began to express concern about a decaying public health infrastructure.

In 2002, Congress passed the Public Health Security and Bioterrorism Response Act, which provided money through CDC for counterterrorism planning.

But today, three years after September 11, public discourse is still dominated by images that, while they are not untrue, tell only part of the story of terrorism preparedness and response—romantic-heroic images of rescues by police and firefighters, of squads in Level A suits entering toxic zones. One sees the effect of this preoccupation in funding and budget decisions, and in the target audiences of training programs offered by federal agencies. The Department of Homeland Security (DHS) and the Federal Emergency Management Agency (FEMA), for instance, offer a myriad of valuable training opportunities for firefighters, law enforcement, and hazmat personnel. Web, satellite, and on-site courses are all available, as is funding that helps local agencies send its employees to participate. While course descriptions occasionally mention public health personnel as a "secondary" target audience, a search through the agencies' Web sites did not turn up any counterterrorism courses specifically targeted to environmental health.

It is true that with funding from the Public Health Security and Bioterrorism Response Act, the Centers for Disease Control and Prevention...

Number of Workplace Deaths in Massachusetts Remains High in 2004

The number of work-related deaths in Massachusetts remained alarmingly high in 2004. Seventy-two workers in Massachusetts died in 2004, most from acute, traumatic injuries on their jobs according to a new report. This number equals the third-highest number of work-related deaths in the last 10 years.

"I am saddened and disappointed that 72 workers lost their lives, most dying from needless and preventable tragedies on the job," said Robert J. Haynes, President of the Massachusetts AFL-CIO. "One family losing a loved one from a preventable workplace death is too many; clearly 72 is unacceptable and more must be done to fulfill OSHA's promise of workplaces that are free of hazards that cause death or serious physical harm."

The new report, Dying for Work in Massachusetts: The Loss of Life and Limb in Massachusetts Workplaces, was released by the Massachusetts AFL-CIO, the Massachusetts Coalition for Occupational Safety and Health (MassCOSH) and Western MassCOSH on Tuesday April 26th. The report was issued in advance of Workers Memorial Day commemorated annually each April 28th to remember workers killed on the job and to renew calls for improving workplace safety.

The report highlights that many employers continue to ignore OSHA regulations and fail to institute basic safety measures such as fall protection and machine guarding. "Workers are confronted by safety hazards, toxic chemicals, and many other hazards on their jobs at the same time that many employers are restructuring work by reducing staffing levels..."
Terrorism Response and the Environmental Health Role: The Million-Dollar (and Some) Question

Prevention (CDC) have been dispensing money for terrorism response through cooperative agreements with the states. Some local environmental health departments have received some money under that arrangement, as will be discussed later in this article. CDC also has helped fund the Louisville Metro Community-Based Emergency Response Program, which provides training geared toward public health and emergency response personnel from around the country. CDC also provides a wide variety of satellite and Web courses for clinicians and lab personnel on topics such as smallpox, plague, and anthrax. (For more information on the Louisville program, go to http://health louisvmetro.org. For links to a variety of general public health-oriented training opportunities, go to http://www.astho.org/templates/display_pub.php?pub_id=614&admin=1.)

But just as the larger public discourse on terrorism has to some extent overlooked the role of public health, public health discussions have often overlooked environmental health.

“We focused right away on the medical side,” observed Ron Grimes, director/health officer with the Jackson County Health Department in Michigan, “probably because the first term to come into play was bioterrorism, and we had the anthrax situation shortly after 9/11. And so I think that little bit moved us away from what the real issues are.” For one thing, terrorists—from the Oklahoma City bombers to the train bombers of Madrid, Spain, to those currently operating in the Middle East—often use readily available traditional explosives to create terrible destruction.

Environmental health professionals with whom the Journal of Environmental Health (JEH) spoke also are keenly aware of the potential for chemical and radiological disasters, intentional or not. “We have plenty of hazardous materials stored and shipped through our communities every day,” noted Rob Blake, environmental health director with the Dekalb County Board of Health in Georgia.

Von Roebuck, a CDC spokesperson, acknowledged that until recently, the CDC cooperative agreements have focused mainly on bioterrorism. But, he said, the agreements “are being expanded, as our preparation levels in those areas increase, to chemical and radiological areas.”

Nevertheless, a recurring theme in JEH’s conversations with environmental health professionals was the sense that for them, the scenarios, the training, and the focus, while useful and informative, don’t seem quite real; they never seem to address the heart of the matter from an environmental health perspective.

“We can study the diseases, but somewhere along the line we need to look at how it gets disseminated, how it gets through, how it can be prevented, what we do to disinfect. Not just ‘What do we do to give shots to people,’” said Daryl Rowe, counterterrorism manager for biosafety with the University of Georgia.

“So much of the training is geared toward police and fire response. There’s not a lot of training out there that is specific to environmental health,” said an environmental health training and resource specialist who asked to remain anonymous.

Pat Maloney, chief of environmental health services in Brookline, Massachusetts, has been deeply involved in emergency preparedness. But, he told JEH, “in the two and a half years of my training, there wasn’t a course that said, ‘Now, let’s look at this: You’re the environmental health officer, and this happens. Do you have X equipment? Do you need Y? Should you have X?’”

“I think we just kind of put our environmental sanitation experts out there in a different area, never to be seen or heard from again, as long as they make their quotas,” said Barry Moore, emergency response coordinator for the Memphis and Shelby County Health Department in Tennessee.

It’s enough to make an environmental health professional wonder: Do we have a role in this? Is “counterterrorism” really what we’re about? And one can imagine members of the general public thinking: Restaurant inspectors? Wastewater permitting officers? What on earth do they have to do with terrorism response?

This article will discuss some urgent reasons for environmental health to be involved in the issue and the question of what form that involvement should take. It also will take a frank look at some obstacles to involvement, as well as at some good reasons for a distinct ambivalence that exists within the profession. Finally, some possible solutions to the obstacles will be proposed, including more nationally coordinated leadership.

To continue reading this article please go to www.NEHA.org and on the right-click on the link.
Number of Workplace Deaths In Massachusetts Remains High in 2004

increasing workloads, extending work hours and pushing production,” said Nancy Lessin, Massachusetts AFL-CIO Health and Safety Coordinator and co-author of the report. “Health and safety is taking a back seat, many workplaces are becoming less safe, and workers are paying for this with their health, their limbs and even their lives.

The report underscores that immigrant workers in Massachusetts continue to be at particular risk. “We are deeply disturbed by the large number of immigrants killed on the job, with sizable concentrations of Latino, Brazilian, and Vietnamese workers,” said Marcy Goldstein-Gelb, Executive Director of the Massachusetts Coalition for Occupational Safety and Health and another report co-author. “These workers often labor in the most hazardous jobs and can face dire consequences for speaking out about unsafe conditions.”

Goldstein-Gelb also pointed to the fact that over 150,000 public sector workers who work for the Commonwealth or its political subdivisions lack OSHA protections currently afforded to their private sector counterparts. “Each year, including 2004 deaths occurred because basic OSHA protections have not yet been extended to the public sector workforce. This is something that must change.” The report focuses on the case of a 39-year-old MassPort electrician who was electrocuted on August 4, 2004 at his Logan Airport job. His death could have been prevented if basic safety measures had been in place, measures that would have been required had he been working in the private sector.

The report points to changes needed in OSHA, including increased staffing, funding and enforcement powers. According to the report, it would take 121 years for OSHA to inspect each workplace under its jurisdiction in Massachusetts. In 2004 the average fine in Massachusetts for a serious violation of the Occupational Safety and Health Act was under $1,000 ($971.00); and the average penalty paid by a Massachusetts employer with OSHA violations resulting in the death of a worker was under $10,000 ($8,885.71). “Some employers clearly think that it’s just cheaper to pay these fines rather than take the precautions that would protect their workers from harm,” lamented Lessin.

“Today we see an overall decline in the quality of jobs unlike anything we’ve seen in decades. We in the labor movement will continue to expand our fight for good jobs. We are united in our pursuit of jobs with good wages and good benefits, and safe and healthful working conditions—the kinds of jobs that provide good futures for working families in the Commonwealth,” said President Haynes. “Put simply, good jobs are safe. Safe jobs should be the exception, they should be the norm. We will continue to work towards this goal for as long as it takes for this type of report to be unnecessary.”

View the full report on-line at: www.massafcio.org or www.massCOSH.org.

MassCOSH and Western MassCOSH are non-profit organizations providing resources, education and training on worker health and safety issues to workers, unions, health and legal professionals. The Massachusetts AFL-CIO is the largest labor organization in the Commonwealth, representing 400,000 working families.

Hazard Disaster Preparedness Training


Based on TNEC’s long history in conducting emergency response level training with industrial emergency response workers, government response teams, and enforcement agents, under-served groups were identified that could benefit from specialized training but have not or could not obtain the training from other sources.

Eight hour Awareness level and 24 hour Emergency Response / Operational training was conducted for targeted healthcare and public health workers who are likely to participate in emergency response actions related to future disasters and terrorist attacks using weapons of mass destruction. The training involved hands-on participatory experiences in which the students developed additional skills and refined existing proficiency to improve to their new roles within the responder community.

As the need for effectively trained responders increases TNEC will continue to offer customized training in the area of emergency response to better prepare responders when they are again faced with health and safety issues that threaten their communities.
# TNEC 2005 Open Enrollment Training Calendar

University of Massachusetts Lowell, One University Avenue, Falmouth 202, Lowell, MA 01854  
Phone: 978.934.3257, Fax: 978.934.2012  
[www.uml.edu/t nec](http://www.uml.edu/t nec)  
e-mail: t nec@uml.edu

All TNEC trainings are held at the TNEC Training Center, Wannalancit Mills, 600 Suffolk Street, 5th Floor, Lowell, MA, unless otherwise stated.

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* Training is located at OSHA 175 Annon Drive, Manchester, NH 800-449-8742  
  **Emergency Medical Services/Tech
News from the COSHs

NH COSH

With funding from the New Hampshire Bureau of Adult Education, OSHA and Verizon Foundation, NH COSH conducts training for workers all across New Hampshire on basic safety, workers' compensation, ergonomics, OSHA and general workers' rights.

A trainer is available to make presentations for union locals, adult education classes, and other groups. Any group interested in learning how to confront specific safety problems in their workplace may contact the NH COSH at 603.226.0516.

Mass COSH

A new MA COSH guide aiding doctors in preventing workplace injury and illness is available. In February, 2005 Mass COSH and the Greater Boston Physicians for Social Responsibility announced the publication of a new guide to help doctors in recognizing work-related respiratory problems and asthma. The guide is titled: Addressing Work-Related Injuries and Illnesses: A Guide for Primary Care Providers provides clinicians with practical tools to recognize symptoms and serve patients suffering from work-related injuries and illnesses.

Developed with significant support and involvement from the MA Department of Public Health's Occupational Health Surveillance Program, the Guide includes a suggested occupational and environmental health history, a series of occupational profiles for occupations common among low-wage or immigrant workers, and a series of health effects profiles for potentially work-related health effects commonly seen in the primary care setting. For more information or to obtain a copy of the guide, call 617.825.7233 x12.

RI COSH—Chemical Safety by Prevention

The best way to deal with the toxic and flammable/explosive dangers of chemical products is to provide practical and effective alternatives. The Rhode Island Pollution Prevention Act of 2005 (H5331—sponsored by Reps. Naughton, Ginait, E. Codere, McNamara, and Crowley) proposes to set up a technical and environmental assistance center dedicated to toxic use reduction, a program to evaluate and develop alternatives to hazardous chemicals. In broadest outline the proposed center would:

• Assess data (mostly federal) on toxic exposures;
• Coordinate existing projects;
• Establish an assistance program for business;
• Provide training and education;
• Be a focal point for research;
• Cross reference and cross fertilize with potential federal programs;
• Moreover, it would help shape policy and set strategic goals

For further information call 401.751.2015

TNEC Adds Three New Courses for 2005

This Fall, TNEC is going to provide OSHA 10-hour and 30-hour Construction Safety training along with the OSHA #7600 16-hour Disaster Site Worker trainings as follows:

OSHA 10-hour Construction Safety  October 4-5 and November 2-3
OSHA 30-hour Construction Safety  November 7-10
OSHA #7600 16-hour Disaster Site Worker  October 11-12

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NHICOSH  603.226.0516

WesternMassCOSH  413.731.0760

The New England Consortium's Quarterly is a publication of the New England Consortium, based at the University of Massachusetts Lowell.

To receive The Quarterly at no charge, contact TNEC. Send letters to TNEC Quarterly at University of Massachusetts Lowell, One University Avenue Falmouth 202 Lowell, MA 01854. TNEC is a partnership between the University of Massachusetts Lowell and the Coalitions for Occupational Safety and Health in CT, MA, NH and RI. TNEC provides health and safety training for hazardous waste site workers and emergency response personnel under a grant from the National Institute of Environmental Health Sciences.

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Chemical Plant Security and Politics Collide

Many readers may have noticed over the past few months the numerous articles and editorials printed in major newspapers across the country about the vulnerability of our nation's chemical plants. A recent New York Times article by Adam Cohen stated that, "Chemical plants are probably the nation's greatest vulnerability." And politics seems to be at the heart of it all.

The chairman of the House Energy and Commerce Committee, Joe Barton, is a Texas Republican and environmental activists label him an energy industry loyalist. His hometown newspaper dubbed him "Smokey Joe" for his lack of support for measures to reduce air pollution. Public interest advocates point to his record as one known for weakening environmental laws and handing out tax breaks to his industry friends.

According to former Deputy Homeland Security advisor Richard Falkenrath, chemical plants stand "alone as uniquely deadly, pervasive and susceptible to terrorist attack." The death toll from a chemical plant attack could easily outstrip the number of deaths on 9/11. The Department of Homeland Security has warned that a single chlorine tank explosion could kill 17,500 people.

In another article in The Boston Globe, Charlie Savage reports that in October, 2002, Tom Ridge the former Homeland Security Director and former EPA director Christie Todd Whitman issued statements saying that voluntary chemical plant security measures were insufficient. But since then the administration has been mostly silent.

Shortly after the September 11 attacks there was bipartisan support to require the chemical industry to switch to inherently less dangerous processes where feasible.

Two of the country's most dangerous chemical facilities which threaten about one million people are located in Dallas just outside Mr. Barton's district. Large quantities of toxic substances and waste are regularly transported through his district on rail cars and highways. Mr. Barton's committee chairmanship is likely to give him an enormous say about whether chemical plant security legislation passes any time soon. Senator Jon Corzine's chemical plant security bill was unanimously voted out of committee, where senators had to record their votes. However, then the bill was blocked when it got to the Senate floor.

According to Savage, Mr. Barton pits the interests of his energy industry supporters against the well-being of his constituents who live or work in the vicinity of the vulnerable plants; and, Mr. Barton continues to favor the interests of the energy industry.

Mr. Barton has always spoken out against any chemical plant security legislation. In 2003, there was a serious push to pass a similar bill, but Barton did not see the need for a tough new law. There is hope that Mr. Barton and his colleagues will come to realize that there should be an attack at chemical facilities they feel they did everything they could to keep America safe.

Hazard Disaster Preparedness Training

Suspicious powders found in the workplace, threats of dirty bombs at public gatherings, preparation for infectious diseases mass inoculations; all new and frightening possibilities facing emergency responders in today's environment. Never in the history of the United States have so many pressing challenges faced responders, specifically public health professionals, where a poor outcome could have long term and devastating consequences.

Traditionally, first responders have comprised local fire departments and at times local law enforcement. Law enforcement departments and supporting agencies including; emergency medical services, local municipal highway departments and occasionally the local public health system, have provided support to the fire service in response to local emergencies that had a limited scope and may have only affected a small percentage of the local population. The concept of being "called to the table" to be an active participant in an emergency was rare or non-existent for most of our community agencies.

The events of September 11th, and the subsequent unsolved Anthrax attacks that followed the terrorist attacks, changed whom we now consider first and secondary responders and what their roles will be in future accidents and deliberate acts. Now not only are supporting agencies called "to the table" but, at times, are expected to sit at the head of the table and provide direct leadership to respond to a local incident that may develop into an incident on a regional or national scale. Many agencies were ill-equipped lacking proper resources and the level of training necessary to protect responders and to perform effectively at future situations.

Training exercise

The New England Consortium along with its academic and organizational partners designed awareness training as an introduction to issues arising from the potential use of chemical, biological, nuclear, radiological and explosive (CBNRE) substances that are hazardous to individuals. The emergency response curriculum development and training was funded through an award from NIEHS Worker Education and Training Program to support Worker (Continued on Page 3)