

Feds Seek to Track Oil Spill–Related Health Issues

BY ALICIA AULT

FROM A HEARING OF THE HOUSE ENERGY & COMMERCE COMMITTEE'S SUBCOMMITTEE ON HEALTH

WASHINGTON — The federal government is seeking to track acute and long-term health effects in individuals working to clean up the BP oil spill in the Gulf of Mexico and is enlisting health care providers to assist, the director of the National Institute for Occupational Safety and Health (NIOSH) testified at a hearing.

Dr. John Howard said at the June 16 hearing that the agency he leads had begun enrolling workers in what could end up becoming a formal registry. NIOSH is eager to have a full list of anyone involved in the clean-up, he said, noting that no such list was compiled for volunteers and others who helped at Ground Zero in the wake of Sept. 11, 2001. The lack of such a list made it difficult to go back and correlate either acute or long-term health complaints with exposure, he said.

NIOSH is “trying to keep all health care professionals alerted to our rostering effort,” so that all workers who are potentially exposed to any hazards are included in the database, Dr. Howard said. He called on Gulf region physicians to refer to NIOSH any patients they might see who have worked on the clean-up effort.

NIOSH employees have gone into the field and to BP-operated training centers to ask workers to complete a simple one-page questionnaire. The questionnaire seeks demographic data, whether the worker is a contractor, BP employee, or volunteer. It includes specific questions relating to the type of work being done, duration of the work, and whether the person smokes or has been vaccinated for tetanus. Federal officials hope to post the questionnaire online shortly, and are asking

physicians who encounter workers to direct them to NIOSH to complete the survey.

So far, 13,000 workers have completed forms, said Dr. Howard, but he estimates that at least another 15,000–20,000 people are working on the clean-up. NIOSH asked for but has yet to receive a full list of BP workers involved, Dr. Howard said. “It’s a simple request,” he said to reporters after the hearing. Dr. Howard expressed consternation that the oil company had yet to respond.

Clean-up workers will receive the most significant exposure to toxic substances, he said, adding that they would be the best group to study to determine long-term risks. Currently, there are few data on long-term health effects of exposures to oil and to the chemicals, such as dispersants, being used in the clean-up, Dr. Howard said.

The federal government also is attempting to track exposures in the general population. The American Association of Poison Control Centers has directed its 60 local centers in all 50 states to code any calls related to the oil spill so that the Centers for Disease Control and Prevention can track them, said Dr. Howard. As of May 27, there were 93 calls, mostly from Louisiana and Mississippi. In all, 34 callers had been exposed to oil and reported symptoms, including cough, nausea, headache, eye irritation, chest pain, and dizziness, according to data on the CDC’s Web site.

Health issues are also being tracked through BioSense, an existing network of health facilities that track health changes in real time and report back to

the CDC. There are 86 participating facilities in the five Gulf states. So far, there have been some spikes in skin irritation and asthma in two states; investigations are continuing.

State health departments in Alabama, Florida, Louisiana, and Mississippi are also soliciting reports and tracking illnesses. At press time, the Louisiana Department of Health and Hospitals reported 109 spill-related illnesses—74 from workers and 35 from the public.

In all, 33 were reported through poison control centers; 43 through emergency departments; and others from urgent care centers, clinics, physician offices, and a hotline. Most of the complaints were of odors or inhalation issues. There were nine hospitalizations, all in workers.

Many lawmakers at the hearing said they were concerned that both workers and residents of the Gulf states were being given confusing messages about health and safety and where to report exposures or problems. In addition to the state health departments, the CDC, NIOSH, and BP are also taking exposure reports.

Dr. Howard said that was one reason he was pushing BP to correlate its list with NIOSH. He also said that he supports a centralized Web site for all the spill-related data.

The Environmental Protection Agency is also monitoring the air, water, and soil and issuing reports on its Web site; the Food and Drug Administration is tracking seafood safety. ■

NIOSH wants workers to complete a questionnaire asking about the type of work being done and its duration, and whether the worker smokes and has had a tetanus vaccination.



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Psychiatrists in High Demand

The physician search firm Merritt Hawkins & Associates says that from April 2009 to March 2010, requests for psychiatrists jumped 47% over the previous year, and 121% from 3 years ago. The Irving, Tex.–based company said that the increased demand is attributable to the recession and its accompanying rise in stress-related conditions. And as the population ages and more Afghanistan and Iraq war veterans need mental health services, the supply of psychiatrists is dwindling, said Merritt Hawkins. “The shortage of psychiatrists may be a silent one, but it is real nonetheless,” said company president Mark Smith in a statement. The company also reported that more physicians are choosing to work as hospital employees. Four years ago, 23% of physician searches were for positions in hospitals, but in the latest survey, that portion jumped to 51%.

Prescription Narcotic Treatment Up

Almost 10% of substance abuse treatment admissions in 2008 involved prescription narcotic painkiller abuse, quadruple the proportion in 1998, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). The increase touched all age groups, both sexes, and all levels of ed-

ucation and employment. However, slightly more prescription abuse occurred among women and people with higher-than-high school educations, with 13% and 12% of their abuse admissions involving prescription narcotics, respectively. “The nonmedical use of prescription pain relievers is now the second most prevalent form of illicit drug use in the nation,” said the agency’s administrator, Pamela S. Hyde, in a statement. It is also the fastest-growing problem, according to the White House Office of National Drug Control Policy. A SAMHSA study released in June found that emergency department visits for nonmedical use of painkillers had doubled between 2004 and 2008.

Millions Get Urgent Mental Care

One in eight (or 12 million) of the nation’s 95 million emergency department visits in 2007 was for a mental disorder, substance abuse problem, or both, according to the Agency for Healthcare Research and Quality. Of those 12 million visits, 43% were for depression, 26% for anxiety, and 23% for alcohol-related problems. Two-thirds were for a mental disorder alone, 25% for substance abuse alone, and the remainder for both issues, said the agency. Hospitalizations resulted from 41% of these visits, a rate that’s 2.5 times higher than that for emergency

department visits not related to mental disorders or substance abuse. The data are in the report “Mental Health and Substance Abuse–Related Emergency Department Visits Among Adults, 2007,” available at www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf.

313 Drugs Are in the Pipeline

The Pharmaceutical Research and Manufacturers of America said that there are 313 medications in development to treat mental illness. Of these, 90 (the largest group) are being developed to treat dementias. Two of those—both in phase III testing—are imaging agents intended to be used to diagnose Alzheimer’s disease. The next largest category of agents would treat depression, with 71 such products in development. Some 54 drugs are being investigated for schizophrenia, 33 for addiction disorders, 38 for anxiety disorders, 33 for eating disorders (primarily obesity, but also anorexia and bulimia), 21 for sleep disorders, and a handful of drugs for fragile X syndrome and autism. The manufacturers’ trade group said that mental illness costs the United States more than \$317 billion a year in lost wages, health costs, and disability benefits.

Teen Smoking Leveled Off

The long decline in teen smoking slowed from 2003 to 2009, according to data published in the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report (2010;59:797-801). The CDC analyzed data from the biennial Youth Risk Be-

havior Survey for trends from 1991 to 2009, and found that the prevalence of teens who said they’d ever smoked cigarettes declined from 70% in 1991 to 58% in 2003, but had dropped no farther than 46% in 2009. The proportion that had smoked least 1 day of the 30 days before the survey declined from 36% in 1997 to 22% in 2003 and to 19% in 2009. Current frequent smokers dropped from 17% in 1999 to 10% in 2003 and to 7% in 2009. “The slow progress since 2003 tells us that much more needs to be done to reduce youth smoking,” said CDC Director Thomas R. Frieden in a statement.

Bill Seeks Federal Safety Net

A congressional proposal would establish a network of federally qualified behavioral health centers to provide mental health and substance abuse services to low-income Americans. The Community Mental Health and Addictions Safety Net Equity Act (H.R. 5636) was introduced by Rep. Doris Matsui (D-Calif.) and Rep. Eliot Engel (D-N.Y.). It would reimburse the federally qualified centers through Medicaid. “Investing in mental health and addictions treatment can save our economy the many billions we now spend” on emergency department visits, incarceration, and lost productivity, said Rep. Matsui in a statement. The legislation is supported by the National Alliance on Mental Illness and the National Council for Community Behavioral Healthcare, among other organizations.

—Alicia Ault