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Emergency Preparedness and Response

CDC Response to the Gulf of Mexico Oil Spill

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CDC and the U.S. Department of Health and Human Services recognize the importance of responding to potential public health issues related to the Deepwater Horizon Oil Spill in the Gulf of Mexico. CDC's National Center for Environmental Health (NCEH) initiated the agency's response on April 20th. CDC activated its Emergency Operations Center (EOC) on May 6th as part of the federal response to the environmental disaster. During this time, CDC communicated with state and local health departments so that the agency could quickly support and respond to emerging health concerns in the region. CDC's EOC was deactivated August 20th, after the leaking well was successfully capped. During the period of emergency activation more than 450 CDC personnel monitored health effects, analyzed environmental data, communicated health recommendations, and coordinated with response partners to mitigate immediate and short-term health threats in the Gulf States. During this time, CDC staff also participated in discussions concerning what long-term human health surveillance and research activities might be necessary.

Although CDC's EOC has been deactivated, CDC continues to support public health activities in the Gulf Coast region. During the emergency response period CDC laid a strong foundation for the recovery work ahead, which will require learning about and addressing potential long-term impacts of the oil spill on mental and physical health. CDC's National Institute for Occupational Safety and Health (NIOSH) will continue to monitor reports and data about workers who were involved in the oil spill and inform the public of any new findings. Future notifications related to Deepwater Horizon Oil Spill response worker health and safety will be posted on the [NIOSH website](#). NCEH will also maintain a Deepwater Horizon Task Force that will address any follow-up response activities that may arise. This Task Force will continue the coordination and communication activities the EOC performed during activation. The Task Force will remain in place until the response to oil spill-related public health issues have been addressed.

How Did CDC Respond?

Surveillance of Health Threats – CDC, in coordination with state and local health departments, monitored for health threats that were possibly related to exposures to the oil spill. CDC and the health departments used national surveillance systems such as the National Poison Data System (NPDS) and BioSense, as well as state-based surveillance systems, to track symptoms related to the eyes; skin; respiratory,

cardiovascular, gastrointestinal, and neurological systems, which could include worsening of asthma, cough, chest pain, eye irritation, nausea, and headache. CDC also monitored existing surveillance systems for evidence of foodborne outbreaks or behavioral health impacts. States and CDC shared data and reports with each other. A summary of state findings is posted regularly on the [CDC website](#).

Worker Safety - NIOSH conducted surveillance to protect workers and volunteers from potential safety and health hazards related to the spill and clean up efforts. NIOSH shared health information with industry responders, the Occupational Safety and Health Administration (OSHA), the U.S. Coast Guard, and other federal and state agencies. Additionally, NIOSH conducted Health Hazard Evaluations of off-shore and on-shore worker groups. NIOSH also provided OSHA and the National Institute of Environmental Health Sciences (NIEHS) with technical assistance in training response workers and with identification of workers for long-term health studies.

NIOSH collaborated with the Unified Area Command, BP Safety, and OSHA compliance personnel to coordinate the collection and analysis of injury and illness data reported to OSHA by BP. NIOSH also conducted a voluntary survey (roster) of workers participating in the response to create a record and a mechanism to contact these workers in the future about spill-related symptoms of illness or injury, if necessary. More than 52,000 responders (BP-trained, volunteer, vessel of opportunity operators, and federal workers) were rostered in one of three ways: 1) through a voluntary system at the staging areas where workers reported, 2) during worker training, and 3) through an electronic version posted to a secure web site.

Data Analysis - CDC's Environmental Health Team reviewed nearly 400 packages of data taken from environmental samples collected on Gulf Coast at the request of the Environmental Protection Agency (EPA). CDC reviewed this sampling data to determine whether exposure to oil, oil constituents, or dispersants might cause short-term or long-term health effects. The data included sampling results for air, water, soil/sediment, and waste oil samples (material actually reaching the beach or marsh).

Some of the pollutants suspected of being in the crude oil could have caused temporary eye, nose, or throat irritation; nausea; or headaches. Nevertheless, the samples collected in places where non-response workers would spend time showed none of those substances at levels high enough to cause long-term health effects. CDC's review was one of multiple independent reviews of this EPA data. EPA focused on the most likely exposures due to swimming. CDC focused on evaluating the exposures through air. Other federal agencies looked at potential harm to the environment or to fish. Working separately, EPA and CDC came to the same conclusion – the agencies found no direct exposures to these substances at levels high enough to be expected to cause harm. As a precaution, both agencies recommended minimized contact with any waste oil product.

Communicating with the Public – CDC along with the Department of Health and Human Services provided health protection guidance to workers, coastal residents, and Gulf Coast visitors through public service announcements, fact sheets, Twitter postings, Web postings, and the news media. This health protection advice included information about water and air quality, food safety, and contact with oil and dispersants. CDC regularly posted updates to the public on the CDC website. CDC also participated in weekly discussions with community health outreach teams and clinicians to address the concerns of healthcare providers in the region. In addition, CDC scientists attended workshops with the Institute of Medicine to determine how best to assess the human health effects from the Gulf Coast Oil Spill and discuss continued long-term monitoring for the region.

For More Information

[Learn More About Health Concerns after the Gulf of Mexico Oil Spill](#)

[Learn More About the Public Health Role in Disaster Response](#)

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