



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH**

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Statement of Letitia E. Tierney, JD, MD, Commissioner for Public Health in the state of West Virginia and State Health Officer

Mr. Chairman, thank you. Congressman Rahall and Congresswoman Capito.

I am Dr. Letitia Tierney, State Health Officer and Commissioner of the Bureau for Public Health. I am both a physician and a lawyer and am licensed for both in West Virginia. Proudly, I was born and raised in West Virginia. My undergraduate degree and my medical degree are both from West Virginia University.

I am honored to be here today to represent the hard working men and women across the Bureau for Public Health who work daily on behalf of all West Virginians – from the healthiest to the most vulnerable of our population

As Commissioner and State Health Officer, my focus is on community health – assuring the safety and wellbeing of West Virginia's population. I very much appreciate the opportunity today to make a brief statement as to the Bureau for Public Health's role during the events that first began on January 9, 2014.

First, the mission of the Bureau for Public Health is to have healthy West Virginians in healthy communities and to shape the environments within which they can be safe and healthy. We rely on science and evidence-based medicine for virtually every decision we make.

This belief has guided the Bureau for Public Health's response. Let me walk you through some of the response activity that occurred from the Bureau.

From the time West Virginia American Water issued the Do Not Use advisory, the DHHR set up its Health and Medical Incident Command unit at the Center for Threat Preparedness. Experts from across the Bureau for Public Health and from our partner network were engaged in that command structure including physicians, environmental engineers, geologists, toxicologists, chemists, epidemiologists, disaster preparedness officials, water quality experts, nurses, pharmacists, and communication officials.

Immediately, we began reaching out to local health departments, hospitals, schools, and long term care facilities to quickly announce the discontinuation of all water use.

The Bureau's Office of Epidemiology and Prevention Services spearheaded plans to put into motion health surveillance across the 9-county area.

At the same time, we began collaborating with the West Virginia Poison Control Center which served as an informational resource for concerned residents. It is led by a doctor of pharmacy with significant experience in toxicology who served as an immediate resource for health care providers and the public alike, but also helped us track patients and their condition.

The Bureau's Office of Environmental Health Services began overseeing an interagency team led by the National Guard collecting water samples. The Bureau's Director of Infectious Disease Epidemiology reached out to the CDC to learn more about the chemical and to obtain guidance on a screening level for MCHM. The CDC's toxicologists developed a very conservative screening level for the drinking water, at 1 part per million (ppm).

Therefore, the Bureau for Public Health, on the advice of the CDC, set the threshold for lifting water zones at 24 hours of results at 1ppm or less. From the beginning a valuable collaboration made up of all stakeholders at the local, state and federal level was created, allowing for the timely sharing of information in order to provide the best possible service to our citizens. The water has been repeatedly sampled and tested at multiple points across the affected region – using split samples to ensure testing results were consistent at multiple labs including the Bureau's Office of Laboratory Services (OLS).

Seven days into the response, CDC issued a letter to the Department of Health and Human Resources suggesting an advisory be issued to pregnant women to not drink the water until the MCHM results were at undetectable levels, out of an abundance of caution.

The Bureau for Public Health asked CDC to clarify their advisory. It was explained that all populations, including pregnant women were included in the original assessment of the screening level of 1 ppm. The 1ppm screening level was set at a very conservative level. However, CDC explained that the advisory was precautionary and issued only out of an abundance of caution. In this case, the CDC stated that they wanted to put the power of the decision back in the hands of the pregnant women and that was the point of the advisory.

Then nearly two weeks into this event we were informed that Freedom Industries had reported to EPA a second chemical, PPH stripped, was also spilled into the river on January 9th. This chemical was stored in the same tank and was estimated to be approximately 7% of the total volume. The intra-agency team went back and retested historic water samples. The CDC and their partners also rolled up their sleeves and went back to work to help us obtain critical data on the PPH. This was complicated by Freedom who initially providing us with the incorrect MSDS which resulted in a delay in obtaining the appropriate screening level from our federal partners. Fortunately, virtually every sample tested for the PPH was at non-detectable levels.

Today, the Bureau for Public Health continues to oversee water testing. However, the public confidence level in the water quality is still low.

Moving forward, the Bureau for Public Health will continue to work on health and community assessments. Hospital surveillance began within 24 hours. Now, we are working with the CDC to initiate a community assessment study. This, with the health surveillance we initiated within the first 24 hours of the event are the first steps. Once these data sets are fully assessed, then we will be able to use a more reasoned approach to evaluating the best method for population surveillance for possible long term effects. Rushing into a decision is not in the best

interest of Public Health and this is not something we want to get wrong. We want to make sure that our surveillance, whether it be research, a registry or other method, will yield us the data we seek in a statistically significant and reliable manner.

This is the heart of the mission of the Bureau for Public Health. This is what we do every day. We have been actively engaged in this event since day one and for us, our job is really just beginning. Water is fundamental and impacts every part of our life and the things we hold near and dear to our hearts in West Virginia.

In closing, I want to thank you for your time and attention. We all appreciate the work that you are doing on this important Committee. Please know that both my staff and I are available to you at any time. Ultimately we are all on the same team and have the same goal which is to keep West Virginia safe and provide healthy communities.