

aLanguageBank TRANSCRIPT for FEMA

TITLE: FM453-07

TOPIC (if needed): FEMA News Briefing

DATE: December 13, 2007

LENGTH: 27 minutes

PARTICIPANTS: R. David Paulison, Administrator, Federal Emergency Management Agency

Dr. Howard Frumkin, Director, National Center for Environmental Health-Agency of Toxic Substances and Disease Registry of the Centers of Disease Control and Prevention

ABBREVIATIONS: [U/I] = Unintelligible
[PH] = Phonetic Spelling

Speaker

Transcription

R. David Paulison: Thanks for being here. I appreciate it very much. Let me just make a few comments, and then I'm going to turn it over to Dr. Frumkin from the CDC. I am pleased, quite frankly, to be here with him as part of our partnership with the CDC. We're here to announce the formaldehyde levels studies on the travel trailers and mobile homes that are in Louisiana and Mississippi.

FEMA is not a public health agency, so we have turned to what I consider the premier experts in this field to help us better understand the challenges that we're going to be facing in the near future. Our first priority, my first priority, has been and will

continue to be the health and safety of our people that we have in our temporary housing units. We will continue, as we have been, to move any resident with concerns [about formaldehyde] into hotels and motels immediately when they ask to do so, and we have been doing that now for several months. We're working to provide all temporary housing residents with long-term housing solutions that meet their various needs. On average, about 800 families a week have been moving out of the travel trailers into more permanent housing.

These tests that we're getting ready to do, and the studies that will follow, will provide the residents with additional information as they make their choices in the housing and where they want to move to. And I want to give you a number. For any residents that have questions about what's going on, we have setup a FEMA hotline: and that number is 1-866-562-2381. Let me give that to you again, 1-866-562-2381.

As we all know, CDC is the expert in managing these types of tests. So, in a few minutes I'm going to turn this over to Dr. Frumkin. He is the director of the National Center for Environmental Health and the Agency of Toxic Substances and Disease Registry at CDC. Dr. Frumkin's an internist. He's an environmental occupational medicine specialist and an

epidemiologist. Before coming to CDC, he was professor and chair at the Department of Environmental and Occupational Health at the Rollins School of Public Health at Emory University, and he's the professor of medicine at Emory Medical School in Atlanta.

So, what I'd like to do now is introduce Dr. Frumkin and discuss what is going to happen over the next few weeks. Dr. Frumkin.

Dr. Howard Frumkin:

Thank you very much, Mr. Administrator, and good morning members of the media. I'd like to begin by reemphasizing the importance that CDC places on safe, healthy, wholesome living conditions for all Americans in the homes where they live, including those Americans who are now living in trailers in the Gulf region. We also believe that temporary housing is just that, temporary housing, and we support FEMA's goal for people to get into safe, healthy, permanent housing as soon as is feasible.

The program we're announcing today is a program of testing formaldehyde levels in 500 trailers that are occupied across Louisiana and Mississippi to determine the formaldehyde levels in those trailers and to determine some factors that might affect the levels, either pushing them up or pushing them down.

The timeline for this study is shown on the graphic to my

left, to your right. We will begin the testing just before Christmas. We'll stand it down for a few days during the holidays, and continue the testing for about a one-month time, concluding in late January. We expect to have the entire data set of results available for distribution both to the participants and to the larger community later in February.

The methods of the testing will be as follows. We'll have our staff visiting 500 randomly selected trailers. We have a careful distribution of trailer types so that we'll be able to comment on differences that may apply from one trailer type to another. They'll conduct an air sample using standardized industrial hygiene methods, as well as make observations of the trailers and conduct interviews with people in the trailers to understand some of the conditions that prevail in the trailers.

This is a limited study in the sense that it's one-time-only testing. We're aware that the levels we measure during our January testing may not be the same as the levels that prevailed, say, a year or two ago when the trailers were newer, or that may not be the levels that prevail when the weather is warmer. So, we'll be issuing appropriate cautions with the results that we issue.

Now, how do we understand and utilize the results that we

get from our testing program? The first point to make is that there is no single, safe, line-in-the-sand level of formaldehyde exposure that is acceptable, and there is no single level that is unacceptable. The higher the exposure to the formaldehyde, the greater the concern with regard to health effects; the lower the level of formaldehyde, the more reassurance we can issue to the people who live in mobile homes.

Formaldehyde, moreover, is only one of several factors that families will want to consider as they make decisions about relocating to more permanent housing. Not only is the formaldehyde level important in making decisions about protecting the family's health, but the medical conditions of those in the trailer matter.

For example, if anybody in the family has asthma, they would be more concerned about a lower formaldehyde level and would be more likely to want to move sooner; the age of those in the trailer, because of susceptibility of the very young or the very old; how the trailer is used. If people are in the trailer essentially all the time, that's different than if people are only in the trailer for a few hours a day. And so the decision-making process about remaining in a trailer or how soon to move out is a complex process, and the formaldehyde level is only one of the factors to

take into consideration.

The results of the sampling will be useful as people make decisions about how quickly they need to move. The results will be useful in terms of protecting public health. We do have steps that we can offer people in terms of lowering formaldehyde levels and protecting their health in trailers and mobile homes. Those with higher formaldehyde levels will be advised and will want to take those steps in a more deliberate way to bring their levels down. And finally, the results will be useful as we think about the possibility of future testing. If we understand the patterns of formaldehyde elevations in trailers, it will help us target any future testing that may need to be undertaken.

The key health messages here are the following. Formaldehyde is not the only health issue. Staying safe and healthy in a trailer means maintaining good indoor air quality, and that's a factor of formaldehyde but also of moisture and mold, of cigarette smoke, of cleaning agents or other chemicals that may be introduced into the trailer. And all of those factors need to be taken into account so that people who live trailers can stay as safe and healthy as possible.

Some of the ways to stay safe and healthy in the trailer include good ventilation, controlling mold and moisture, reducing

the level of allergens that are in trailers – allergens can cause many of the same symptoms that are associated with formaldehyde – refraining from smoking in trailers, controlling the use of other chemicals in trailers.

Finally, I'd like to mention that this sampling program that CDC is conducting in collaboration with FEMA is only one of a series of activities undertaken to address and protect the health and safety of Americans living in these trailers. We have convened an expert panel that's given us guidance from outside government on the best approach to research and to public health protection. We are conducting a parallel study of unoccupied trailers to understand structural factors and abatement methods that may help reduce levels of formaldehyde. We are planning a study of children's health in trailers so that we can specifically focus on health outcomes that may be related to formaldehyde exposures. And we have an extensive program of communication and outreach.

As part of that program, we have distributed brochures and informational material across the Gulf region, and these are examples of the materials that we've distributed. We've also created an explanatory graphic to help people understand the significance of various levels of formaldehyde – and that graphic

is shown on the screen to my right and your left – indicating, as I said before, that although there are no sharp cutoffs, the higher the formaldehyde level, the more health concern is warranted and the more families will want to take steps to reduce their levels. The lower the formaldehyde level, the less concern, and the more reassurance would be appropriate.

Thank you very much for your attention, and I'm happy to take any questions.

Unidentified Male 1: Please identify yourself [U/I] ask questions and we'll be taking questions [U/I] take those questions [U/I].

R. David Paulison: Let's do a couple things. One, like I promised earlier, we also have people who have called in on an audio line and we can answer questions. So, we'll take a few questions from the audience here, and then we'll turn to the audio line to make sure that we give everybody an opportunity to ask questions. So, please, go ahead. And I wear a hearing aid, so you really need to speak up. Too many sirens and air horns over the years.

Question: You mentioned about 800 people are moving out per week on average. How many are still in the trailers, both in Louisiana and Mississippi?

R. David Paulison: We have a little less than 47,000 families still in travel trailers and mobile homes spread across the southeast.

Question: Can you break that down, like from each state [U/I] –

R. David Paulison: I do have those figures. I don't have them in front of me right now. But I know that the bulk of them, I think, it's 24,000 or so are in Louisiana and the others are in Mississippi, a few hundred in Texas, and a few hundred in Alabama. But for the most part, the bulk of them are actually in Louisiana.

Question: And the testing will take place in [U/I].

R. David Paulison: In Mississippi and Louisiana both, yeah. We did a statistical analysis of all the 500 – and I'll let Dr. Frumkin talk about that – to make sure that we got both states covered, which were we get pretty much all of the manufacturers, all the lifestyles, all the locations, those types of things.

Question: [U/I].

Dr. Howard Frumkin: The 500 trailers will be distributed across Louisiana and Mississippi, just the two states. The stratification that we're undertaking – sorry for the 25-cent word there – but we're stratifying by trailer type to be sure that we have an adequate statistical sample of each kind of trailer that's in heavy use. And the sampling plan has been designed so that we have good, solid results about each trailer type. And at the end of the day, we'll be able to comment on whether trailer type matters in terms of formaldehyde levels.

Question: Can you talk about what kind of types are there? I mean, [U/I].

Dr. Howard Frumkin: There are different brands, different manufacturers who provide the trailers, and within that, there are different models of trailers. So, there are travel trailers, there are park homes, there are mobile homes. And the combination of different manufacturers and different models defines the universe of trailers that we'll be sampling.

Question: Wasn't there some testing that was done [U/I] about eight months ago or [U/I] done, and what were the results of that testing, and why do you have to do the testing again, and why now? I mean, these people have been living in these trailers for [U/I].

R. David Paulison: You're asking about three questions there, but that's okay. One, we have done some sample testing along the way. What has not happened is a pure scientific test to find out exactly what we have. And that's why we've asked CDC to come in and do this. In fact, as far as I know – and maybe Dr. Frumkin can comment on this – I don't know if any other testing as extensive as this has ever been done on residential formaldehyde issues. So, we wanted to make sure that we had a test that was scientifically based, that we had a credible agency that really understood formaldehyde to come in and do this, to give us no-kidding

assessment of what's going on. So, that's why it's taken as long as it has, to make sure we had the good testing protocols in place, make sure we had the right experts on the panel, and make sure we had something we could tell residents at the end of the day.

We could have tested a few months ago, but we did not have any process to tell the residents at the end of the testing. So, that's what they're going to do, which is going to really help us a lot and also help the residents make some decisions. And you had another part of your question.

Question: Just about the forecasts. And then, also just to kind of follow up, why now? Will you be prepared to handle it if the results come back and say that there are high levels of exposure or possible exposure, would you be prepared to handle a surge in the number of people who wanted to relocate?

R. David Paulison: Regardless of whether we tested six months ago or six months from now, our process is the same. We are moving people out as quickly as possible. We all know there's limited housing, particularly in Mississippi. So, we're moving people who want to move immediately into hotels and motels. Those who are willing to wait a little bit, we're moving into apartments and houses in other areas. We've put together a housing task force with

FEMA, the Veteran's Administration, HUD, and USDA, all working together to find whatever housing is available so we can move people out, and we're going to do that. It may not be down the street from where they are now. It may be further away. That's one of the issues we're dealing with also. So, this is going to be a personal decision.

The testing that CDC is going to do will help those people in those travel trailers be the most informed as they can about what they want to do. Do they want to stay there? Do they want to move out? And where do they want to move? Do they want to move into a hotel or motel for a few months? Some of them don't want to do that. Some of them would rather wait until an apartment comes available. Those are the types of things we're struggling with right now. But, at the end of the day, the answer is -- yes we will find people a place to stay.

Question: What happens in February when you come up with the results?
What will be the procedure at that point?

Dr. Howard Frumkin: When we come up with the results, one of the first things to do is to go back to each participant and inform them of their results. We've created teams of public health professionals and FEMA officials who will together go to each participating household, present them their results, and help them interpret what they

mean.

As I said, there's no firm number that would be a direct guideline to action. Each family will need to interpret its test result in its own context. So, a family with symptomatic respiratory disease, and small children, and so on, might accept a lower number as a trigger, and that might make them decide they want to relocate.

Question: Do these families know who they are right now [U/I]?

Dr. Howard Frumkin: We are just now in the process of contacting the families to solicit, to invite their participation.

Question: It is the middle of the holidays. Don't you find this timing a little bit disruptive? It's the middle of Christmas, and Hanukkah, and holiday time, to be having people disturbed and having to go through this whole situation?

Dr. Howard Frumkin: That's a good question. We worried about that, too. We did focus groups in the Gulf region in the last few weeks and asked people – it looks as though the quickest we can get ready is going to be right in the holiday season, would you prefer that we wait, or would that be okay? And uniformly, the answer was, "We want you to come during the holiday season. We're going to be home. We're glad to have you doing the testing finally. Come ahead and do it." So, we did ask that question, and we

got an answer from the folks down that it's time to go ahead.

Question: Do you think it's because they're so desperate to have some sort of answers? Because they are in situations that are unhealthy, that I'm sure it's a little – I don't know the word I want to use, but it seems that these are people who want answers sooner rather than later. I wouldn't expect them to say, no, don't come. But did you [U/I] thought that asking them at that point was the appropriate way to do it?

Dr. Howard Frumkin: I think all of us, those of us in government and the people living on the ground in the trailers, are eager to get closure on this issue as soon as possible.

Question: Are you displacing these people during the holidays?

Dr. Howard Frumkin: Displacing? No, these will be people who are in their homes that –

Question: But while you're doing the testing, they'll be living in the house?

Dr. Howard Frumkin: Yes. Yeah, no displacement at all.

Question: What kind of test exactly happen [U/I]?

Dr. Howard Frumkin: It's what people informally call "air sucking." We bring a machine in. It sucks a sample of the air over a one-hour period, and we have a known rate of collecting the air. And then we measure the formaldehyde that's collected on a sample medium at the end of that hour. At the same time, we ask people, as we sit

there for the hour waiting for the air to be collected, about some of the ways they live, what sort of cooking fuel do they use, what sort of cleaning materials do they use, do they smoke in the trailer or do they not. And all of that's going to help us interpret the results that we find.

Question: So, in other words, you take an air sample, but you also have someone asking questions about the specific usage of the trailer [U/I] –

Dr. Howard Frumkin: That's right. Right.

Question: And do you only take it in one room, or do you take it in through certain areas in [U/I] –

Dr. Howard Frumkin: It's a standardized location in the center of the trailer at the breathing height so that we can replicate what people actually breathe.

R. David Paulison: Let's do one more question in here, and then we'll go give the audio [attendees] a chance.

Question: I understand this is a sample size of 500, but will you then be making recommendations to each trailer resident based upon these results, and how is that notification process going to work?

R. David Paulison: Well, I think you heard Dr. Frumkin say that we're going to go to each individual person that we've tested with a FEMA person, with a CD person to sit down and talk to them about the results

that we get. And with that, we can extrapolate – and again I'm getting into your territory, and I apologize. If we have particular models that are problems, if we have particular manufacturers that are a problem, we can do that. If we have to go back and retest again to test more trailers, we're willing to do that. But we want to see what the results are first.

We're going to get the results done, we'll get the study done, and then we'll make some decision on whether we want to go back and retest. And people may want, an individual may want some tests. We'll look at those things and make those decisions after we finish all of sessions to see what we have.

Question: [U/I] are the trailer manufacturers involved in any of this? Do they have any say, any input, any...

R. David Paulison: No, this is strictly between FEMA and CDC. We want it as above board as possible. That why we brought CDC. And they are the experts in this type of thing, to make sure that whatever comes out at the end of the day people can believe that these are accurate results and what we're going to do with it. Can we turn to the audio now?

Unidentified Male 2: We're going to take six questions off the phone lines, and then we're going to end –

Question: [U/I] public radio.

R. David Paulison: Tell them to make sure that they speak up very loudly so I can hear them.

Unidentified Male 2: Operator, go ahead with the first question.

Operator: Please do not place your phone on hold or otherwise disrupt the press briefing session, or the operator will disconnect you from the line. Please use your handset rather than a speakerphone when asking your question. We'll allow one question from each reporter as time permits, and we'll begin with Shelly Bluejay Pierce of the *Native American Times*.

Shelly Bluejay Pierce: Hello, this is Shelly Bluejay Pierce, *Native American Times*. In making this extremely clear, I noticed that in all the commentary we're using the word "trailer." Dr. Frumkin clarified a little bit in this briefing that this includes the mobile homes. My primary question is, is that the case that the mobile homes, say, that are coming out of Hope, Arkansas, the same type that have been deployed into California for the fire victims, are those the same kind of units that are going to be tested – completely tested – since we're using sort of a global word here in referring to trailers?

R. David Paulison: We're testing every model that we have. The mobile homes that we sent to Native Americans are very similar to the ones that we're using in Louisiana and Mississippi, so we should be able to

extrapolate all of that, also. The ones that we actually have given to the Native Americans are trailers that we purchased directly from manufacturers and not necessarily by our specifications, so they're a higher-end trailer with more amenities and things like that. But the trailers, HUD actually regulates the types of materials that go into mobile homes, as opposed to what they don't for travel trailers. So, we're very comfortable with the fact that the mobile homes are fine, but we wanted to put them in the tests anyway just so we have a comparison.

Operator: Next is Gene Coleman [PH] with [U/I] *Press*.

Gene Coleman: Gene Coleman [PH] [U/I] *Press*. My question is how much time has been spent on, how much money has been spent on testing since Katrina, and what is the anticipated cost of this forthcoming test?

R. David Paulison: That I don't know.

Unidentified Male 3: How much has been spent on testing so far and how much will this test cost?

Dr. Howard I don't have that information.

Frumkin:

R. David Paulison: Yeah, I don't have the answer to how much we've spent so far, but it has not been a significant amount. Does anybody have any idea what the actual was spending on the testing for this time? We can get those numbers to you. They're public record.

I just don't have them off the top of my head what it is.

Operator: The next question will come from Becky Bohrer with the *Associated Press*.

Becky Bohrer: Becky Bohrer with the *Associated Press*. I wanted to check, first, if I understood correctly that there would also be a parallel study of unoccupied trailers. And then, secondly, how difficult is it going to be to test for formaldehyde or to know if formaldehyde is causing any of these health problems that residents are reporting when there might be other factors, like smoking, or cleaners, or whatever? How do you stress [PH] that formaldehyde may be a contributor or may be to blame?

Dr. Howard Frumkin: Well, thanks for both questions. With regard to the parallel study of unoccupied trailers, that's a study that CDC is conducting in collaboration with Lawrence Livermore Labs. It involves actually deconstructing some trailers physically and looking at the off-gassing rates of the component materials, and testing various methods of bringing formaldehyde levels down. It's a test of abatement methods, so it's much more a structural study of the dynamics of formaldehyde levels in trailers.

In terms of diagnosing, essentially, whether formaldehyde is the culprit in the case of somebody with symptoms or whether something else is, that's a very good question. Let me

emphasize that this study of formaldehyde levels in trailers will not answer that question. This is not a health study. This is a study of formaldehyde levels. We will begin to approach answers to that question in the health study that I talked about a few minutes ago, looking at the health of children who are in trailers, doing a very careful look at the various factors, whether they be allergens, or cigarette smoke, or other chemicals, or formaldehyde, and teasing apart which of those factors may be associated with symptoms. That kind of approach is very standard in the environmental and occupational medicine field, where when patients come forward and have symptoms that may be related to a particular environment, we do our best to diagnose very carefully what's in the environment and to determine what the cause or the factor may be. So, that won't be a part of this study, but that is exactly the goal of the health study that I discussed a few minutes ago.

Operator: The next question will come from Mimi Hall with *USA Today*.

Mimi Hall: This is Mimi Hall at *USA Today*. My question's been asked and answered, so I'm all set.

Operator: Kathy Lohr, National Public Radio.

Kathy Lohr: Kathy Lohr, National Public Radio. What health standards are you looking at as safe? I know you said that there's not one safe

standard, but is there a way to measure, when you find the levels, what is considered safe, what is considered too high?

Dr. Howard Frumkin:

Thanks for that question. As I said, there aren't specific cutoffs that are going to be helpful to us in determining what's safe or what's not safe. The advice we're giving people is more the advice that goes along with a continuous variable – the lower the better, the higher the worse. So, this is more like temperature. On a particular day, if you know what the temperature is – it may be 68 degrees, or 72 degrees, or 95 degrees – people understand how to look at the various numbers and make judgments about whether it's too hot for them or not too hot for them.

Similarly, with formaldehyde levels, there's a continuum from low to high. We know that the higher levels are associated with more of a risk of adverse health effects and the lower levels with less of a risk, but people will have to factor their measurements together with other considerations as they decide on how best to lower their levels and when is the best time for them to move.

Unidentified Male 4: Okay, just one more question on the phones.

Operator: Our last question will come from Will Dunham with *Reuters*. Let me just remind everyone, for those of you who haven't been able

to ask a question, you can contact the FEMA news desk at 202-646-4600. We can address your questions through our news desk. And the materials that are being distributed through the press briefing can also be found on the FEMA Web site at www.fema.gov. Will?

Spencer Hsu: This is Spencer Hsu at *The Post*. Can I ask a question if Will's not there?

Operator: Okay, go ahead, Spencer.

Spencer Hsu: Thanks. Was the reason the testing went up from 300 trailers to 500 a consideration that the government may use the results for issues of liability, responsibility on the part of the trailer makers? And secondly, I know you've been consistent in saying that there's no safe levels that's known for residences. But why would safety levels for residences be less stringent than for workplaces, given that people generally spend more than eight hours in homes and the population of homes are more vulnerable, potentially, including children, and old people, and sick people?

Dr. Howard Frumkin: Thanks for the questions. The number of trailers to be sampled was determined purely by scientific considerations. We needed samples big enough to give us statically stable estimates of formaldehyde levels in each category of trailer. So, that was

really the only driver for the sample size calculations.

In terms of the levels, as I said, there are no specific legal limits for formaldehyde exposure in residential settings. In general, standards of environmental exposures are more stringent in environmental settings than they are in workplace settings because environmental, or in this case residential, settings include young people, old people, sick people with longer-term exposure. So, you're exactly right that, in general, protective standards are more protective in the environmental setting than they are in the workplace setting.

R. David Paulison: Folks, thank you very much. We have a "get back" for you -- the cost that we're spending, and we'll get that out to you. Make sure they get that. And then you also have the FEMA number for our media group that can answer any questions that were not asked here. Again, thank you very much.