Local Experiences Related to the Marcellus Shale Industry

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What have we seen?

- An increase in outpatient volume
  - Zip codes are not local
  - Migratory population is not counted in population statistics (affects future planning for facilities, programs and services)
  - Industry is very appreciative of increased and flexible hours for elective services
What have we seen?

- Requests for pre-hire, accident follow up, and sobriety monitoring
  - Purchased equipment for blood/urine, alcohol and drug testing
  - Educated and certified staff
What have we seen?

- An increase in non-English speaking persons
  - This was a pretty homogenous area
  - Have obtained printed material in other languages
  - Have contracted with translator services
  - Have been contacted by the ARCC soliciting donations for “Rosetta Stone” due to an increase in Spanish women and children requiring shelter
What have we seen?

- **An increase in industry related injuries and exposures**
  - Foot and leg wounds and injuries, of mechanical cause and as a result of constant and/or long term exposure to frack fluid of variable and unknown chemistry
    - Cellulitis or flesh eating bacteria; worn out boots with holes
    - Inpatient admissions for intravenous treatment
    - A person flagging for a road crew was mauled by a dog
    - Cardiac issues
  - Have used the exterior decon shower to rinse a patient covered in frack fluid prior to treatment
  - Many of the workers are unfamiliar with our local area wildlife, farm animals, plant life, etc. and may suffer illness and injury as a result
  - An increase in population means an increase in illnesses and injuries
What have we seen?

- **Increased traffic and MVA’s**
  - Y Access to and from the borough of Troy and Troy Community Hospital is delayed or impossible at certain times of day
    - Y DPW conducting an assessment
    - Y DPW will make recommendations
    - Y $$ to finance recommendations?
  - Y Accidents have occurred related to frustration, anger directed at migrant workers, substance abuse, unfamiliarity with roadways, road rage; could use more State Police to assist with management and enforcement. Victims are most often local residents.
  - Y Patient transport and response to emergency calls are delayed and hampered requiring adjustments to timing of treatments and planning for increased delays
  - Y EMS services are all volunteer and volunteers are burning out
  - Y Call volumes for EMS services have significantly increased
  - Y Patient transport is uncomfortable due to rough roads
What have we seen?

- **Increased traffic and MVA’s (continued)**
  - The delivery of home care services has been greatly impacted related to traffic volume but also the hauling of industry related equipment and materials
  - Extended, non-productive travel times to and from patient homes
  - The roads are in severe disrepair and very hard on staff vehicles
  - Staff safety while traveling is a serious concern
  - Road repairs will further hamper travel, increasing staff dissatisfaction, increased gas use and vehicle wear, and decrease productivity
  - Road repair work should be a coordinated plan. Don’t do it on ALL access and travel ways at one time!!

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*Guthrie*
What have we seen?

- **Worker illness and injury**
  - Self pay; as a new industry employee, may not yet have health insurance
  - Frequently will wait to address health issues until they are severe
  - Increased workmen’s comp injuries
  - Families are far away (lack of emotional support)
  - Discharge needs may include discharge back to home state creating coordination of care difficulties and lack of knowledge regarding available services
  - Unknown immunization status
  - Poor health status due to lack of care which becomes evident with the first illness or injury
  - No Family Practice Physician available
  - Increased number of people with chronic illnesses seeking medications who are poor historians
  - Guthrie EMR initiative may not be useful if other states and services are not as advanced
  - Injured workers give false information
  - Workers are being hired as independent contractors and therefore have no payer or insurance
Other issues

- Subcontractors ignorant of regulations designed to protect the local environment and people
- An increase in sexually transmitted diseases
- An increase in drug use and specifically “bath salts”
- An increase in bio-waste from accident sites requiring proper management;
- Potential for multiple casualties and injuries related to fire and explosions
  - Training availability for EMS and Emergency Department employees
Other issues

- Lack of housing
  - No temporary housing is available locally for families of patients, healthcare related students and trainees or newly hired employees
  - Hotels are being built or planned for the area
  - Lack of availability and high rental prices have hampered the ability of many to find homes
  - Demand by the industry and their ability to pay has caused problems for native renters and purchasers
  - Troy borough has experienced frequent water pipe rupture affecting homes and industry. Potentially related to demand use and increased area population?
Other issues

- Training and educational programs offered by the industry related companies, for local EMS and other services, base their program upon their policies and what is supposed to be happening; this isn’t necessarily reality.
Growing Risk

- Available employees and inflated salaries
  - Gas industry and their subcontractors or related businesses will compete for administrative and other non-clinical employees
  - Healthcare will have difficulty keeping up with salary expectations
    - A maintenance employee left with little notice to accept a position that paid twice what he made in a healthcare related position
**Potential Risks**

- Contamination of water supplies related to caustic chemicals used in fracking – spill or no spill
  - Chemicals used have been shown to be caustic to many of the bodily internal organs
  - No studies have shown clear cause and effect
Recommendations

- Establish a task force which will work with local municipalities and key personnel to establish programs designed to address issues discussed.
- Increased DOH available services related to STD’s and substance abuse.
- While discussing an industry tax, make provisions for funds to come to local areas in order for local municipalities to address issues mentioned.
- Require companies doing business in the state to address healthcare insurance needs with employees or provide it (including primary care providers).
- Create industry health care case managers or navigators to assist with care locally and upon discharge to other states.
- Establish a methodology for state MA to be reciprocal without separate applications each time.
- Encourage local residency for long term workers.
- Engage area healthcare providers in the provision of educational programs for industry employees focused upon prevention.
  - Signs and symptoms of infections, chest pain, hydration, smoking cessation.
  - When to seek care.
  - Where to seek care.