

**Framing Points for the EPA Listening Session & Participant Comments****EPA Office of Emergency Management (OEM)****Host:** EPA OEM Deputy Director **Brendan Roache**

WEDNESDAY June 29, 1–3 pm EST

**EPA Oil Branch & HQ attendees (\* = contacts)**

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**Participants (\* = present)****Facilitator**

**\*Riki Ott**, ALERT Project

**Gulf Coast participants**

Daniel Le, Boat People SOS

**\*Lesley Pacey**,  
Eastern Shore Community Health Partners  
Colette Pichon Battle, Jamie Billot, Kendall Dix

Gulf Coast Center for Law & Policy  
Lella Lowe, Gulf Coast Creation Care  
Cyn Sarthou, Michael Esealuka

**\*Roishetta Ozane**, **\*Naomi Yoder**  
Healthy Gulf

**\*Derrick Evans**  
Turkey Creek Community Initiatives  
Bridge the Gulf  
Gulf Coast Fund for Community Renewal  
& Ecological Health

Ramsey Sprague, Mobile EJ Action Coalition

**\*Juan & Anna Parras**, Texas Environmental Justice Advocacy Services

**\*Emma Haydocy**, Pete Stauffer  
Surfrider Foundation (FL)

Renate Heurich, 350NewOrleans

**\*Joanie Steinhaus**, Turtle Island Restoration Network

Kindra Arnesen, Plaquemines Parish, LA

Lori Bosarge, Coden, Alabama

Sheree Kerner, New Orleans, Louisiana

**\*Terry Odom**, formerly Pensacola, Florida

**\*Bryan Lucas Parras**, Houston, TX

**Regional participants**

Pam Miller

Vi Waghiyi

Alaska Community Action on Toxics

Miyoko Sakashita

Center for Biological Diversity (CA)

Sue Mauger, **\*Liz Mering**

Cook Inletkeeper (Alaska)

**\*Hallie Templeton**, Friends of the Earth

**\*Adam Arnolds**, **\*Ben Chan**

Government Accountability Project

**\*Rosemary Ahtuanguaruak**  
Nuiqsit, Alaska

**Purpose of EPA Listening Session:** To share our concerns relating to EPA's oil spill preparedness and response (OSPR) programs from an environmental justice perspective

### **Environmental justice intro**

**Roishetta Ozane:** Healthy Gulf's Community Organizer in southwest Louisiana and southeast Texas described the communities she works in to meet basic needs as well as organize to stop the buildout of oil-chemical and fracked gas export facilities. "Once you make people whole, they can hear you. They can listen more fully when their basic needs are met."

### **PREPAREDNESS**

#### **1) Environmental monitoring: Add EPA stationary AQ monitors in Gulf Coast communities from western Louisiana to the western Florida and up to 100 miles inland**

EPA did this in southeast Louisiana during the BP DWH disaster under the assumption that this land mass was closest to the offshore spill. Researchers with Dillard University and Texas Southern University (Nance et al., 2016) analyzed the data and found air quality exceedances of benzene and fine particulate matter (PM<sub>2.5</sub>) during the 5-month peak of OSR in coastal and rural areas, but not in urban areas. Data had an aerosol signature – and should have been used to inform residents of risk in real-time. *Measurement-based* studies documented that the downwind plume of heaviest oil contamination swept like an uncontrolled firehose spewing oil-chemical pollutants across the Gulf coast, depending on the wind direction, and contaminating *all coastal communities* and well over 50 miles inland (Middlebrook et al., 2012).

### **FOCUS: Public health & stories of harm from oil spill exposures from LA to FL**

**Kindra Arnesen** (unavailable – commercial fishing): Commercial fishing family from Plaquemines Parish, LA, who was sickened along with her children and husband from BP oil spill exposures. The oil haze that littered her yard with dead and dying seagulls can be viewed in the trailer to the investigative film, *The Cost of Silence*, 1:13–1:30: <https://www.costofsilencefilm.com/about-the-film>

**Sheree Kerner** (unavailable – family business in Mississippi): Sheree's late husband Frank Stuart ran a company of oil spill response workers in Louisiana that contracted to BP during the disaster. Frank became sick 8 years after the disaster and died from acute myeloid leukemia, a rare blood cancer linked with exposure to oil spills. He was 65. Sheree told me, "BP never told us that the oil and chemicals he was exposed to were lethal, nor that they would cause a problem eight years later," said Kerner. Sheree visited south Louisiana communities to collect stories of other "disappearing victims." Frank's story is here: <http://disappearingvictims.net/oil-water-dont-mix-part-2-disappearing-victims/>

**Lori Bosarge** (unavailable – storm knocked out internet service): Lori started the Coastal Response Center after Hurricane Katrina to help Coden and Bayou La Batre residents be more prepared for disasters. She was directly sprayed with Corexit dispersant while taking

photos at a local public marina near Coden – and survived to share her story.

<https://mynbc15.com/news/reality-check/the-bp-oil-spill-aftermath>

**Terry Odom:** Terry is a former BP contract safety trainer who worked in Pensacola, FL, during the BP oil disaster. “I was told that I would probably not come in contact with oil, so I had no awareness of oil spill exposures in the air and no expectation of getting sick.” Terry was recently diagnosed with asthma, microcytosis (a blood disorder), and chronic kidney disease.

**Adam Arnold:** Adam shared overview impressions of the Government Accountability Project’s research to document and follow up with people who experienced “horrific health impacts” from the BP DWH disaster. Taken together, the reports show that acute symptoms evolved into long-term harm for many; that the harm was widespread and lingering; and that people reported new symptoms with time as well as worsening health.

**Lesley Pacey:** Lesley is a former investigative reporter with the *Mobile Register* who founded Eastern Shore Community Health Partners and began collecting cancer data in coastal Alabama counties when her young daughter had cancer. She still works as an activist and now, also, with a law firm that is suing BP on behalf of sick children and adults. Lesley stressed that no one knew about oil-chemical exposures and illnesses before the BP disaster. People had to figure this out themselves – many still haven’t. *This is still ongoing.* The latency period for cancers is 12–18 years. We’ve seen some early cases of cancers, but now we are seeing more.

**Rosemary Ahtuanguaruk:** Rose is an Inupiat leader from the North Slope of Alaska and a trained physician assistant who documented respiratory harm in her village of Nuiqsit during development of the Prudhoe Bay oilfields. Most recently, she was dealing with an industrial gas flare that caused hardship and conflict in her community. People asked: Is this going to be like Bhopal? Or the BP DWH disaster? A stationary air quality monitor was provided to her community during the gas flare to supplement the monthly “snatch-and-grab” sample. People need to be educated about health risks of these large-scale industrial activities up-front before accidents. People share similar concerns across the country about the health impacts of oil and gas activities, and that education is needed so people understand the health risks.

**Derrick Evans:** A long-time community organizer and founder of Turkey Creek Community Initiatives, Derrick stressed that oil disasters are one failure after another, in that they put people who live near oil-chemical industrial facilities and toxic exposures at further risk when deployed for oil spill response.

**Bryan Lucas Parras:** Bryan stepped up to document impacts and witness harm to people from the BP DWH oil disaster, but had to step back when his own health failed. He also stressed that the harm extends years past the disaster event.

## **2) Protective standards: Establish special evidence-based disaster standards for workers and residents under the NCP**

Federal standards for occupational safety and health are not protective of workers during OSR under the NCP, primarily because standards do not exist for complex, multi-phase mixtures of oil-chemical hazards in constantly variable physical and environmental settings, for extended shifts, and 24/7 exposures over months. Standards do exist for some individual compounds like benzene, however using individual compounds, or groups of compounds (like VOCs, BTEX, PAHs, THC<sub>s</sub>), or even chemical surrogates as proxies for oil spill exposure is inappropriate, as it underestimates health risk. Measurement-based standards do not represent the full toxic nature of crude oil. When people get sick at levels below the standard, no mitigating action can be taken. What is needed are evidence-based standards that could be triggered by an outbreak of symptoms characteristic of oil-chemical exposures within the OSR workers or the oil-impacted communities. EPA could establish health-protective, evidence-based standards for workers and residents in collaboration with OSHA and CDC.

### **FOCUS: Occupational health & stories of oil spill response workers**

**Terry:** I had no pre-placement screening for my BP contract safety officer job for OSR. I wonder what might have happened if I had been screened for pre-existing illnesses. If they knew about my anemia, I might have been told it was not a good job fit because of risk of benzene exposure. BP has systemically horrible safety record. I understand that the financial liability is on them. But why put the spiller in charge of worker health and safety when the spiller has just demonstrated that they are irresponsible? Sure, accidents happen. But we need a better balance between capitalism and our community needs.

*See also comments in point 1.*

## **3) Classification consistency: Maintain OSR as hazardous waste operations**

Since 1989, OSR have been classified as hazardous waste operations that require higher standards of training to protect workers and to help them handle, store, and dispose of hazardous wastes in special facilities to protect the environment and future life. Since 1989, OSR has been repeatedly de-classified as hazardous waste operations by the On Scene Coordinator. For example, during the BP DWH oil disaster, the U.S. Coast Guard declassified OSR response due to lack of sufficient hazardous waste storage facilities in the oil-impacted Gulf coast region – something that should have been considered in the Area Contingency Plans, as a condition of government approval. This resulted in disposal of (declassified) hazardous oil waste in nine municipal landfills – the majority of which were located in POC communities. It also resulted in less than the full 40-h HAZWOPER (hazardous waste operator) training for most OSR workers and deployment of workers who were not aware of the hazardous nature of their activities or the symptoms of overexposure.

**FOCUS: Communities received hazardous waste & workers were at risk from lack of proper HAZWOPER training**

Riki shared a story from a meeting during the BP DWH disaster with **Thao Vu** and the board of the Mississippi Coalition for Vietnamese-American Fisherfolks & Families. (Daniel Le with Boat People SOS was unavailable – on vacation). Vietnamese-American fishermen qualified for 8 hours of HAZWOPER training for OSR work in nearshore waters. The BP training consisted of a 1-h taped training, translated into Vietnamese, that was played 8 times!

**Lesley:** Lesley worked with Adam/GAP on this story. The nine municipal landfills are in a region that gets its drinking water from aquifers. Disposing of hazardous wastes in municipal landfills reintroduces the toxins into the aquifers. BP-paid contractors monitored the material and claimed it was “safe” to dispose of. This added insult to the injury.

**Adam:** We don’t know the answers up front, before a disaster, so scientists have to wait for a “spill of opportunity” – and then the research is botched, so we still don’t have the science needed to make the necessary decisions to protect people, wildlife, and the environment. In these situations, EPA needs to adopt the precautionary principle.

**4) Risk communication before an oil spill: Educate citizens and medical community about oil-chemical exposures, symptoms of exposure, proper diagnosis, and treatment *before* oil spills**

Protecting safety and health of workers and the public are the first priorities in OSR, but to mitigate harm *during* an oil spill requires public education about the risks *before* an oil spill. Initial symptoms of oil-chemical exposures express as cold- and flu-like symptoms and are usually treated as such by the affected populace through self-medication or by general practice health care providers as illnesses with a biological causation, i.e., bacteria, virus, allergy, etc. Proper diagnosis and treatment of oil-chemical exposures is a specialty field of Occupational and Environmental Medicine (OEM). OEM practitioners are trained to safely detoxify people to mitigate chronic harm – long-term illnesses and cancers that can result from oil-chemical exposures. Citizens and the medical community should be prepared to understand and address oil-chemical health risks, exposures, and the need for long-term medical monitoring, as part of disaster preparedness under the state emergency response system for natural *and man-made disasters*.

**FOCUS: Long-term harm**

**Derrick:** Expounded on the theme of “not knowing” – or willful not knowing – by those whose job it is to protect those who don’t know what they need to know. We knew we needed respirators. The Gulf Coast Fund gave grants within 48 h of request to LEAN (Louisiana Environmental Action Network) but the need was much greater than what we could fund. NOT wearing respirators was the message from people who should have known better but who wanted to make it appear that the spill was not as big, bad, and ugly as it really was. OSR command and BP exploited the fact that the people didn’t know the real

health hazards. People (residents) were forced by the spill to sign up for BP's Vessel of Opportunity program to earn money to replace lost livelihoods. They were put in harm's way.

**5) Additional risk communication during an oil spill: Provide real-time communication to our communities about aerial and surface spraying of dispersants and oil plume path**

We need to know 24 h in advance of when and where dispersant spraying is to occur, especially when it occurs in coastal waters. That way, we can choose to stay off the beaches, out of the water, and away from dispersant staging activities in our local marinas when this is occurring. Studies have found that use of chemical dispersants creates a human health hazard – a dramatic increase in ultrafine particles that can travel longer distances and to penetrate more deeply into the lungs than larger particles.

There is also a greater danger for widescale harm to people and wildlife from dispersant spraying into the air and onto surface waters – like from pesticide spraying. We question why dispersants are even sprayed in coastal waters when it is known to be unsafe. Dispersants are not allowed within 3 miles of the coast or in <10 m of water – but coastal states have Letters of Agreement that preempt the regulations. States need to be educated about the health risks to people, wildlife, and the environment.

In addition, we need to know the daily onshore trajectory of the downwind “fire-hose” plume of highest oil concentrations from the offshore source. That way, we can take extra precautions to avoid these higher oil spill exposures.

**FOCUS: Coastal waters & dispersant use**

**Lesley:** Lesley tracked childhood cancers in three states – Alabama, Louisiana, and Florida. The latency period for children is 8–12 years. Children are more susceptible, but the real issue is infants and fetuses. She provided some cancer statistics for coastal areas of Alabama, Louisiana, and Florida, which are attached to this report.

**6) On-call OSR residents:** Create an OSR network of on-call residents who are current on HAZWOPER training, screened for pre-existing medical issues, and ready to respond to an oil spill

In Alaska after the 1989 *Exxon Valdez* oil spill, the oil industry and fishing industry worked together to create a [Fishing Vessel Training program](#) in Prince William Sound. It consists of a core fleet of vessels and crew that are highly trained and skilled in OSR operations. These Tier 1 first responders receive annual HAZWOPER training as part of a paid compensation package to maintain a state of readiness. Funding is provided by the pipeline and tanker owners/operators – Alyeska's Ship Escort Response Vessel System (SERVS). Alternative funding would be through the Oil Spill Liability Trust Fund (OSTL Fund). During the BP DWH disaster, BP's Vessel of Opportunity (VOO) program contracted fishermen residents and others to conduct OSR. Most contract workers were generally not



screened before deployment (if at all), did not receive the full HAZWOPER training, and were generally either not provided with personal protective gear or were threatened with job termination if they wore it. The Alaska program should be scaled up to other areas.

**FOCUS: On-call network of paid, trained first responders/residents**

Presented by coalition, but not thoroughly discussed due to time constraints.

**7) Citizen advisory councils:** Establish a companion citizens' advisory council for every area/regional contingency plan

The Oil Pollution Act of 1990, passed after the *Exxon Valdez* oil spill, created two model citizens' advisory councils to provide a voice for citizens affected by decisions related to oil industry operations in their area. *This is what meaningful engagement looks like – a nonpolitical body (no voting seats for municipalities) of non-industry affiliated concerned citizens who are authorized and funded to be directly involved in the background day-to-day work critical to providing environmentally safe oil industry operations.* Results in [Prince William Sound](#) include weather restrictions on tanker traffic and state-of-the-art tractor tug escorts to improve safety, a trained on-call team of resident first responders to improve response, and consistent environmental monitoring as a reality check on field operations, among other things.

For example, at least two citizens' advisory councils are needed for just the area impacted by the BP DWH oil spill spans two EPA regions (IV and VI) under the NCP. New-improved citizens' advisory councils should include monitoring HAZWOPER training of workers, collecting data and monitoring disease outbreaks among workers and residents during OSR, and providing updates on long-term health monitoring to create a reality check on OSR operations. Also, CACs could establish the human equivalent of environmentally-sensitive areas but for socioeconomically-sensitive areas like socioeconomically-disadvantaged people and schools, hospitals, retirement centers, etc. where people would be at higher health risks from oil-chemical exposures. Funding could come from the OSLT Fund.

**FOCUS: Meaningful engagement through citizens' advisory councils**

Presented by coalition, but not thoroughly discussed due to time constraints.

**RESPONSE**

**8) Recording & reporting symptoms:** Work with OSHA to require recording and reporting of cold- and flu-like symptoms as potential work-related illnesses during NCP OSR and create provisions for medical follow up of symptoms that last over two weeks

Currently, OSHA exempts colds and flu from its recording and reporting requirements for work-related illnesses [29 CFR 1904.5(b)(2)(viii)]. However, OSHA has broad discretion in this matter. With reason and need, OSHA could lift the exemption – that is, require recording and reporting of colds and flu-like symptoms – during emergency OSR

under the NCP. OSHA could create conditions for removing reports (not records) if symptoms persist less than two weeks, *and* it could create provisions for employers to follow up with medical monitoring, recording, and reporting for illnesses that persist two weeks or more. This exemption is one of the biggest failures of OSHA record-keeping as it fails to document work-related illnesses *during* OSR. This ignorance results in contingency plans that lack adequate preparation to minimize risk of oil-chemical exposures to workers, and it leads to preventable oil chemical illnesses and long-term diseases, cancers, and premature deaths in children and adults.

**FOCUS: Establish OSHA recording & reporting for cold- & flu-like symptoms**

Presented by coalition, but not thoroughly discussed due to time constraints.

**9) Human safety and health: Monitor *daily* compliance with evidence-based standards for workers and public health, and trigger action when necessary to address health risks**

Human safety and health are the oft-stated number one priorities during OSR, but what has been done in the past does not prevent harm. Current studies on health impacts of oil spill exposures on people and wildlife have documented consistency in mechanisms of action and disease pathogenesis, progressing from molecular and cellular effects, to organ dysfunction, to systemic effects that compromise fitness, growth, reproductive potential, and survival – or, in cases of high concentrations, multiple organ failure and death. EPA needs to monitor OSHA compliance with mandatory screening for pre-existing illnesses and HAZWOPER training for workers PRIOR to deployment. EPA needs to monitor state collection of public health data for disease outbreaks. When outbreaks occur, EPA needs to trigger the evidence-based standards and take action to address the outbreak in collaboration with OSHA for workers and with CDC for public health, as part of the agency network for NCP response.

**FOCUS: As above, but for public health & getting a RECORD of disease outbreaks**

Presented by coalition, but not thoroughly discussed due to time constraints.

**10) Monitoring long-term harm: Create a medical monitoring program for follow up with workers and residents who had symptoms of oil spill exposure during an oil spill**

As a result of the Oil Pollution Act of 1990, a Natural Resource Damage Assessment and Restoration program was developed for wildlife and the environment with dedicated funding through the OSLT Fund. Nothing similar exists for people who are injured, debilitated, displaced, or otherwise extremely inconvenienced by oil spills and oil spill exposures. Like wildlife, damages to human health extend well past the initial event.

At a minimum, EPA could collaborate with OSHA and CDC to create evidence-based standards and long-term medical-monitoring provisions for employers with colds and flu



records from NCP OSR work. Currently, NIOSH (CDC) conducts Health Hazard Evaluations of OSR (when requested), but the work is limited to acute exposures and does not capture the illnesses and cancers that have a longer latency period. If NIOSH conducts an HHE for an OSR under the NCP, then it should also be required to *follow up with HHE supplements 2, 5, and 10 years* after the event to determine if the programs in place *during* the oil spill actually worked to mitigate long-term harm to human health.

**FOCUS: As above, but for workers & public health – establishing RECORD of long-term harm**

**Joanie Steinhaus:** Turtle Island Restoration Network received Natural Resource Damage Assessment funding after the BP DWH oil disaster for long-term restoration work. Joanie commented that she always thought it odd that the government provided funds for long-term harm to wildlife and ecosystems but not to people.

**Derrick:** Our government seems to be a disaster behind environment and human health care. We all learn from each disaster and apply the lessons to the next disaster. Oil companies pay for wildlife and habitat restoration but not for people restoration.

**Closing comments with environmental justice perspective**

**Rosemary:** It is important that our communities control these processes [related to disaster preparedness and response]. Communities need to be encouraged to step into their authority and power and grow it, so it becomes a retention of knowledge that is passed forward.

**Bryan:** Environmental justice communities are disproportionately impacted by [natural and man-made] disasters on top of being disproportionately impacted by climate change. These impacts are cumulative. We are overly burdened by fossil fuel impacts. The most marginalized communities are forced into harm's way and then residents are forced to take jobs that put them even more at risk to respond to oil disasters. This is an egregious failure of racist, classist policies to prevent harm or mitigate harm. It should be a priority that these same communities are not expected to be [or treated as] experimental guinea pigs during OSR – or at all.

**Lesley:** I live here. I'm staying here. I'm not going away... Kids swam in Mobile Bay during the BP DWH oil disaster. My friends have died from blood cancers and other cancers. I take this very personally.

**Riki:** What we have asked for will help us better protect ourselves and our communities during and following an oil spill. It will also help us mitigate daily toxic exposures. We have asked for ways to integrate our local knowledge into the OSPR process with Tier 1 trained first responders and citizens' advisory councils to assist with the daily work of keeping our communities safe from toxic exposures. Finally, we ask EPA to fundamentally reconsider dispersant use: what may be used, the waters where dispersants may be used, and the quantities that can be used safely in these waters, based on the current science. We know enough right now to make hard choices. It is time to act.

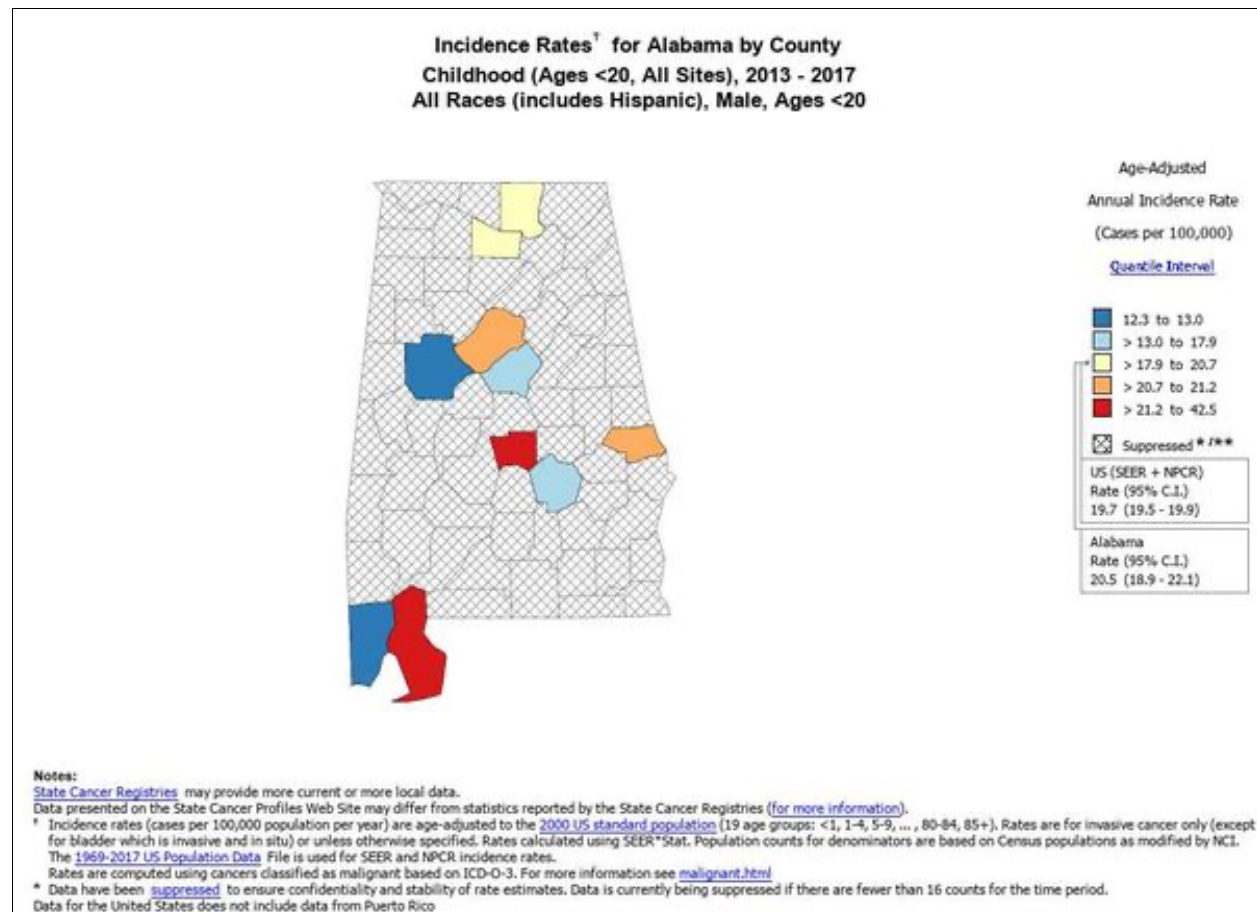
## Cancer statistics in coastal areas impacted by the BP DWH oil disaster compiled by Lesley Pacey, Eastern Shore Community Health Partners

### Lesley Pacey Facebook posting

<https://www.facebook.com/groups/782535571789070/permalink/5703612449681333/>

## Baldwin County Childhood Cancer Caregivers

June 24, 2021 ·







**Lesley Pacey** is 🙄 feeling angry.

June 24, 2021 ·

As many of you know, I have been tracking childhood cancer in Baldwin County for over 15 years. Back then, we had a confirmed childhood cancer cluster that involved our daughter Sarah. Today, 11 years after the BP oil spill, we are still seeing childhood cancer elevations of significance, according to National Cancer Institute statistics for 2013 - 2017. A recent search revealed elevations exceeding state and national averages at three coastal Louisiana parishes as well. The law firm I am working for is heading up a subclass of children facing chronic health effects - everything from asthma to cancer - as the youngest victims were certainly unaware of the dangers of the oil and Corexit that we now know was toxic. Makes me wonder about the rising cancer numbers when hindsight is 20/20.

**ALABAMA**

Childhood cancer under age 20 for both genders, all races (RISING)

Baldwin County 24.8 (19.0, 31.9)

Alabama 20.5

US 19.7

Baldwin County RANKS No. 2 in Alabama for Childhood cancer under age 20 for males, all races

Baldwin County 27.5 (19.1, 38.5)

Alabama 20.5

US 19.7


Childhood cancer under age 20 for males, white, non-Hispanic

Baldwin County 26.9 (17.6, 39.4)

Alabama 22.9

US 20.7

Childhood cancer under age 20 for females, white, non-Hispanic

Baldwin County 26.2 (17.0, 38. )

Alabama 21.8

US 19.4

Baldwin County is No. 2 in Alabama for Childhood Cancer under age 15 for all races, both genders. (RISING)

Baldwin County 23.3

Alabama 18.6

US 17.4

**LOUISIANA**

Childhood cancer under age 20 for both genders, all races 2013 - 2017

LaFourche Parish 22.8

Louisiana 17.1

US 18.9

Vermillion Parish 19.3

Louisiana 17.1

US 18.9

LaFourche Parish is No. 1 in Louisiana for Childhood Cancer under age 20 for both genders, white, non-Hispanic

LaFourche Parish 26.8 (17.2, 39.9)

20.2 Louisiana

20.1 US

Childhood cancer under age 20 for both genders, white, non Hispanic  
Terrebonne Parish 21.5  
20.2 Louisiana  
20.1 US

Terrebonne Parish Ranks No. 1 in Louisiana for Childhood cancer under age 15 for  
both genders, all races  
Terrebonne Parish 26.8 (17.2, 39.9)  
20.2 Louisiana  
21.1 US

**FLORIDA**

Childhood under age 15, both genders, all races – 2013 to 2017  
Okaloosa County 22.2  
Santa Rosa County 18.5  
Escambia County 19.5  
Florida 18.3  
U.S. 17.4