

*Background: Reorganize v. Update Area Contingency Plans*

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**US Coast Guard reorganization of ACPs.** The US Coast Guard is reorganizing existing area contingency plans, developed and used by states and RRTs, into sector ACPs, controlled by Captains of the Port. This top-down approach is not a comfortable fit with states and Tribes, but it is ongoing based on a statement (not a recommendation) in the final report of the National Commission on the Deepwater Horizon to the president: “In addition to the National Contingency Plan, each Coast Guard sector is an “Area” with an Area Contingency Plan created by relevant state and federal agencies.”<sup>1</sup>

**Opportunity to update ACPs during reorganization.** The US Coast Guard’s actions seem at odds with what the Commission recommended, which was to strengthen state and local involvement. Recommendation C3 states, “EPA and the Coast Guard should bolster state and local involvement in oil spill contingency planning and training and create a mechanism for local involvement in spill planning and response similar to the Regional Citizens’ Advisory Councils mandated by the Oil Pollution Act of 1990” (at 268). ACPs are not RCACs,<sup>2</sup> and the current reorganization of ACPs does not address this recommendation nor the need to strengthen state and local involvement as a critical gap in national preparedness (at 265).

The Commission also found that, “Industry and government responders did not adequately anticipate or address the magnitude of potential health impacts” (at 193). The Commission found that the “National Contingency Plan overlooks the need to respond to widespread concerns about human health impacts... This lack of basic medical information, which could have been collected if a short medical questionnaire had been distributed, limits the ability to draw accurate conclusions regarding long-term physical health impacts. Additionally, residents of coastal communities may believe that they suffered adverse health consequences resulting from both chemical exposure from the spill itself and the mental stress occasioned by the spill’s assault on their livelihoods” (at 277).

The Commission’s recommendation E3 states: “EPA should develop distinct plans and procedures to address human health impacts during a Spill of National Significance” (at 278). Since spill

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<sup>1</sup> National Commission on BP Deepwater Horizon and Offshore Drilling. 2011. *Deep Water: The Gulf Oil Disaster and the Future of Offshore Drilling. A Report to the President.* <https://nrt.org/sites/2/files/GPO-OILCOMMISSION.pdf>. At 139.

<sup>2</sup> For history of ACPs and RCACs, see ALERT report, *The Opportunity to Make It Right* (2024), at 28–39. <https://alertproject.org/wp-content/uploads/2024/02/ALERT240212-Opportunity-FINALrev.pdf>

preparation and response cascades outward from ACPs, this means ACPs must also address human health impacts at the local and state levels.

Public health is under state jurisdiction. Hazardous waste operations and emergency response (HAZWOPER) worker health is regulated by OSHA federal [§ 1910.120] and by states with OSHA-approved plans. Federal OSHA revised its hazard communication (HAZCOM) standards in 2012 to recognize certain health hazards as an exception to the toxicological (concentration-based) order<sup>3</sup> and health symptom-based monitoring as more reliable for hazard risk assessment when these health hazards are present. NIOSH led an effort to develop and implement an emergency responder health monitoring and surveillance program that introduced health symptom-based monitoring, a program that the National Response Team and its 15 member agencies *recommended* for professional responders in 2012.<sup>4</sup> The biomechanism for hypersensitivity (i.e., how people become symptomatic at levels of exposure to toxic chemicals that were previously thought “safe”) was peer-review published in 2021.<sup>5</sup>

In 2023, the RRT10 and Northwest Area Committee chartered a task force to determine what, if anything, it could do to improve health protection for emergency responders and the public. The Health and Safety Task Force recommended developing and implementing a Worker Health Monitoring Unit and a Public Health Assessment Unit within the Incident Command Structure, and rewriting all the health and safety messaging for workers and the public regarding exposure to dispersants and oil spills based on current scientific literature.<sup>6</sup> The current reorganization of ACPs presents an opportunity to develop these units and update the plans as preparation, including messaging, for human health impacts of oil spills and other all hazard disasters.

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<sup>3</sup> Appendix A to § 1910.1200, at A.0.4.2. <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1200AppA>

<sup>4</sup> Emergency Responder Health Monitoring and Surveillance (ERHMS) Technical Assistance Document (2012). [https://www.nrt.org/sites/2/files/ERHMS\\_Final\\_060512.pdf](https://www.nrt.org/sites/2/files/ERHMS_Final_060512.pdf)

<sup>5</sup> Masri S, Miller CS, Palmer RF, Ashford N, 2021. Toxicant-induced loss of tolerance for chemicals, foods, and drugs: Assessing patterns of exposure behind a global phenomenon. *Environ Sci Eur* 33:65. <https://doi.org/10.1186/s12302-021-00504-z>

Miller CS, Palmer RF, Dempsey TT, et al. 2021. Mast cell activation may explain many cases of chemical intolerance. *Environ Sci Eur* 33, 129. <https://doi.org/10.1186/s12302-021-00570-3>

<sup>6</sup> Final report of the Health and Safety Task Force to the RRT 10/ NWAC [Northwest Area Committee] (2024). <https://alertproject.org/wp-content/uploads/2024/02/HSTF-report-20230214-1.pdf>