Aliso Canyon Disaster
Health Research Study

Scientific Oversight Committee (SOC) Introductory Scoping Meeting

June 18, 2020

Agenda

8:45 – 9:00 AM	Connect into WebEx Call	All Attendees
9:00 – 9:10 AM	Opening Remarks • Welcome from facilitator • Brief background of the Aliso Canyon Disaster and Health Study • Overview of the SOC	Facilitator
9:10 – 9:25 AM	Community Advisory Group (CAG) Address	CAG member
9:25 – 10:10 AM	SOC Introductions	SOC members
10:10 – 10:45 AM	Guided Scoping Discussion • Facilitated scoping questions • Open discussion among SOC	Facilitator SOC members
10:45 – 10:55 AM	Open Q&A Session ▪ Solicit questions through chat function	Facilitator SOC members
10:55 – 11:00 AM	Closing Remarks	Facilitator

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Summary

Date	June 18, 2020	
Time	9:00 – 11:00 AM PST	
Platform	WebEx Events	
Meeting Objectives	Provide SOC members the opportunity to: • Introduce themselves to the CAG and members of the community affected by the Aliso Canyon Disaster; • Review and comment on upcoming ACDHRS activities and schedule; and • Begin the process of providing expert guidance on the Study scope and common research questions	
Reference Materials	• SOC Introductory Scoping Meeting Preparation Materials • Meeting power point slides	
ACDHRS Project Team	Kristina Vaculik Cristina Vega Katie Butler	Ann Newton Karen Franco Winnie Chen
Public Officials	Jarrod DeGonia (DPH) Scott Kuhn (DPH) Liza Frias (DPH)	Jonathan Blufer (ARB) Carolyn Lozo (ARB) Jeremy Smith (ARB) Kathleen Kozawa (ARB) Jeremy Saraie (Assembly member)
CAG Attendees	Brian Allen Melissa Messer Bruce Hector, MD	Mike Keiser, PhD Mihran Kalaydjian Craig Galanti
SOC Attendees	Christopher Sistrunk, PhD Jeffrey B. Nordella, MD Jill Johnston, PhD Joan A. Casey, PhD Lisa M. Brown, PhD, ABPP Lisa M. McKenzie, PhD, MPH Sarah Lowe, PhD Sophia S. Wang, PhD Tee Lamont Guidotti, MD, MPH, DABT	Andrea Polidori, PhD Daniel Dodgen, PhD John Budroe, PhD Jorn Herner, PhD Paul Simon, MD, MPH Tracy Barreau, REHS
Attendance Summary	Public Attendees: 20 Total Attendance: 45	
Meeting Overview	The Aliso Canyon Disaster Health Research Study (ACDHRS) team welcomed the SOC to the ACDHRS, provided a brief overview of the disaster and Settlement, and introduced the CAG. A CAG member gave an address to the SOC and community members about current issues and concerns including community mistrust in DPH and other regulatory agencies, lack of complete exposure data, and challenges with communications and community participation.	

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	Attendees reflected on this address and chose to continue with the meeting. Each SOC member introduced themselves, discussed what they feel they can contribute to the Health Study and what they foresee as the most difficult issues, and disclosed whether they had previously worked for an oil/gas company. The rest of the meeting time was spent answering questions developed by the CAG and questions submitted in the comment box.
Key Meeting Take Aways	• Trust needs to be built with the CAG and community members in order to advance a Health Study with a community participatory approach. • An understanding for what the impacted community envisions as a successful Study is foundational for determining: 1) whether achieving those expectations is possible and 2) the direction(s) the Health Study takes. • Obtaining and compiling all available chemical exposure data (including dose and duration) can support a successful Health Study
Meeting Action Items	ACDHRS team will: • Provide a summary of the meeting • Solicit answers to CAG questions that were not addressed during the meeting • Partner with the CAG in developing an agenda for the next SOC meeting Administer a community survey to solicit feedback on the study goals and expectations, specifically: *What does the impacted community envision as a successful Health Study?*

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Meeting Minutes

Item 1: Welcome and Background

Kristina Vaculik: Purpose of the meeting is for the SOC to tap into their expertise and to generate preliminary ideas for the Health Study scope.

Questions not answered during the two hours will be answered following the meeting. Those calling into the meeting can email their questions to alisostudy@ph.lacounty.gov.

On Oct 23, 2015, the largest gas blowout in the history of the United States began at the Southern California Gas Company's Aliso Canyon Gas Storage facility. About 109,000 metric tons of methane and constituents were released into the atmosphere over a period of 111 days. The affected communities experienced "rotten egg" odors, oily mists, and acute health symptoms, including eye, nose, and throat irritation, headaches, and respiratory symptoms. Over 8,000 households were relocated and many residents reported ongoing health problems after returning home from relocation – expressing concern about short- and long-term health effects.

From the beginning of the blowout, SCAQMD collected and analyzed air samples to monitor the levels of chemicals being released. In January 2016, DPH reviewed air data daily and helped to expand sampling to increase air sampling locations, collection times, and chemicals tested. Following the sealing of the well, outdoor air monitoring was continued by the California Air Resources Board and the South Coast Air Quality Management District.

On August 8, 2018, California Attorney General Xavier Becerra, along with the California Air Resources Board, Los Angeles City Attorney Mike Feuer, and the County of Los Angeles secured a $119.5 million settlement with Southern California Gas Company over the disaster. As part of this settlement, $25 million was secured for a long-term health study. This Study will be a multi-year and multi-faceted project overseen by the SOC members here with us today.

Dr. Simon: The Aliso Canyon blowout was catastrophic and had significant public health and environmental impacts. Community members continue to experience symptoms. The settlement agreement is very clear on the importance of an advisory committee. We greatly appreciate your participation. The SOC has a broad range and depth of expertise. The SOC will consider community input, help define the goals and scope of the Health Study and assess the Health Study's progress.

Introduces Brian, a CAG representative. The CAG, which includes 14 members, have given substantial time and energy. They played a crucial role in SOC development. The relationship between the CAG and DPH has been rocky.

Item 2: CAG Address

Brian Allen (CAG member): I [Brian Allen] am a member of the CAG. We have been set up as representatives of the community. I'm here today to provide an address. I hope you'll understand our position.

To the SOC: It is with great respect for the SOC and community that we, the undersigned, must abstain from this important meeting. Not taken lightly but driven by our loyalty and accepted responsibility to advocate for the community who has been impacted. We wish to stress that we very much look forward to collaborating and working with the SOC. We would like to point out that we worked hard to expand the SOC to include independent members. This is the largest methane release in US history, and it deserves proportional response.

Many in the community have a mistrust of DPH and other agencies when it comes to protecting community. We perceive that every agency has mishandled the disaster. There is wide distrust.

The CAG created a charter that stated three pillars: 1) science based, 2) free from political agendas, 3) community centric. All three are under threat. In direct conflict, DPH recently advised the CAG that the county will not pursue data re: all chemicals. Without comprehensive list of chemicals, we have been exposed to before, during, and after blowout, we feel the study will be impaired and incomplete. The SOC will have to guess the chemicals and estimate their amounts.

Continually hampered by lack of timely communication. This manifested itself recently in abrupt postponement of Town Hall and unclear communication re: the purpose of this meeting. DPH notified the community of this meeting with less than 48 hours' notice. DPH emailed without CAG counsel. These public interactions are key opportunities to build public trust. Without community participation there is no Health Study. These communication failures are far reaching. Poor planning and execution. Disrespect of community. Lack of transparency. Intentional exclusion of the community from the process.

Therefore, the undersigned have no choice but to abstain. We look forward to a future meeting with the SOC so that we may have a discussion. We are seeking meeting with DPH leadership to reach an agreement of putting the community first. Letter will be available for distribution through DPH. (Signed, 10 out of 14 CAG members).

Dr. Simon: We take the feedback seriously. We are trying hard and we look forward to meeting with you to resolve the issues.

Brian Allen (CAG member): We work very well with Dr. Simon, Dr. Davis, and DPH as a whole. We recognize there have been some missteps, but we work for the community.

Question is raised as to whether the meeting should proceed if the CAG is abstaining. It is determined that several CAG and community members are on. Agreement is reached to proceed with the meeting.

Dr. Simon: I've been involved since at least last fall; I was not involved in the disaster and response. I do want to get out from under this and understand the magnitude of the project. I do believe the DPH team has had good intentions, no mal intent. DPH does have to administer health study per the settlement.

Melissa Messer (CAG member): I wanted to let you know, as a member of the CAG who did not sign the letter. I disagree that not attending the meeting is a solution. I did help write the letter and I appreciate you hearing out concerns. But I can serve my community better by being here.

Bruce Hector (CAG member): I read the letter, concur with the difficulties but we need to make progress. Anxious to proceed with agenda.

Mike Kaiser (CAG member): I didn't sign the letter not because I don't agree with the content, but I don't want to waste all of your time. I respect your time and I don't want to waste opportunity to hear your voices and take part in the conversation.

Item 3: SOC Introductions

Dr. Sistrunk: Has not worked for any oil/gas company. Involved in environmental incidents such as this one. Most difficult thing I see is the public trust that's been eroded. Will be very hard for us to play catch up for developing the public trust when we [SOC] are just joining the conversation. Transparency is needed. We need the real data. If we can't get it, then it's a farce.

Dr. Nordella: Primary Care physician with training at UCLA. I was at the center of the disaster seeing patients face to face. I performed clinical probes over the years including VOCs and CBC analyses. I am here representing the community, they elected to put me on the SOC. As an MD I have a different perspective than the PhDs. We need to do everything possible to address community issues. Is the position of DPH that we are not willing to file a subpoena? If that is the position, we need to disclose why.

Dr. Simon: This was not a DPH decision. It was made by county counsel and I really can't say more than that. We do however know quite a bit about the chemicals. There is a gap though and we are doing everything we can to reduce that gap.

Dr. Johnston: My work is largely based on community-driven epidemiology. I work on respiratory and women's health outcomes. Big challenge ahead is a health study design that is relevant to and trusted by the community. I have not taken any funds from oil/gas industry.

Dr. Casey: Assistant professor of Environmental Health sciences. I do large scale epidemiological studies using electronic health records. Have evaluated health implications of oil and gas development on population health. Ideally, we would have looked at this right when it happened and followed them [impacted community members] over time. Looking retroactively will be a challenge. Have never taken money from an oil/gas company.

Dr. Brown: Professor and director of trauma program at Palo Alto University. Has looked at all stages of disaster and all factors. Mental health should not be overlooked. Works on resiliency issues in adults and understanding of bereavement. Challenge will be rebuilding trust. I have never worked with the oil/gas industry.

Dr. McKenzie: Experience in environmental epidemiology using retroactive study designs. Health implications of developing oil and gas resources. What does the community expect out of this study? What do they want the study to do for them? I have not heard that yet in these discussions. Other challenge will be the retrospective nature of determining exposures. I have not done any work with oil/gas.

Dr. Lowe: Clinical psychologist, postdoctoral fellowship in Psychiatric Epidemiology. Assistant professor at Yale. Most of my work has been in the context of natural disasters (e.g., Hurricanes Katrina and Sandy) and with research focusing on long-term consequences of disasters. Challenges: overcoming mistrust of the community, getting reliable measures of exposure retroactively and making sure that we are able to gather data from a representative sample of the community. I never received any funding or worked with oil/gas.

Dr. Wang: Cancer epidemiologist, focus on biomarker research. I started research in health effects of tobacco. Reviewed health study for disaster in the Gulf. Training at CDC where I did outbreak research. I have extensive cancer research experience. Most difficult issue is time. Studies are usually done out of the gate. I am a glass half full person and in a lot of these instances we can gain a lot of exposure data. A lot of information can come from what's available. Need to identify the gaps. I have never worked for oil/gas.

Dr. Dodgen: Thank you to the CAG for your honest feedback. I am a clinical psychologist with a mental health background in disaster response/recovery. I've been leading national efforts on disaster response. Difficulties: time lag, rebuilding trust. We need to stick close to the science and not be set off course by differing agendas. Although, I was part of the response including BP oil spill, I have never received funding from oil/gas.

Dr. Guidotti: Occupational and environmental medicine. Retired academic, worked on $7 million study on downwind effects of natural gas exposure, most significant part of career was at University of Alberta (oil and gas work). Co-chair of scientific advisory committee for that effort. [microphone issue].

Dr. Polidori: My team conducted air sampling. Resident of San Fernando Valley. Participated monthly in Porter Ranch Neighborhood Council; I've had good dialogue with residents in the past. I've always had good interaction with the community, this issue is complicated, and the challenge is understanding mechanism lending to exposure. I've never worked for oil/gas, never received money.

Dr. Budroe: 25+ years of experience, Chief of Air Toxicology at the California Office of Environmental Health Hazard Assessment (OEHHA). Lead in early November 2015 on Aliso. Firsthand experience plus toxicology background and knowledge of air monitoring. Challenges: ensuring accurate air exposures, identifying the population, convincing the study population to participate in the study. Community trust an issue. I have never been employed by, or received research grants or any other funding from an oil/gas company.

Dr. Herner: Works for CARB, environmental engineer. Was responsible for quantifying methane emissions during the blowout. Not a health expert but I can help with what was emitted. Challenges: a lot of the chemicals were below detection limit but they obviously had some effect. Example is mercaptan: below detection but anyone who visited the site was overwhelmed with mercaptan. One key challenge I think the study will have will be to disaggregate the long-term exposure to low levels of emissions from Aliso that is constantly happening from the short term but high exposure during the leak. Have never received money from oil/gas.

Dr. Simon: Many years of experience in public health, CDC for 8 years and 22 years at DPH. Challenges: elapsed time since disaster, methodological challenges and trust. $25 million seems like a lot, it may not be enough to address all the concerns within the community. How do we engage in decision making? Need some operational guidelines and will need the group to weigh in. Never worked for oil/gas.

Tracy Barreau, REHS: Senior Environmental Scientist Supervisor with the California Department of Public Health. Bulk of career has been studying health impacts on humans living near toxic waste sites. I understand the importance of community-based projects. Everyone's point of view is important. Want to get at core of concern based on the science. Challenge: incomplete exposures. Defining success based on what the community is looking for. Have never taken any funds from oil/gas.

Item 4: Guided Scoping Discussion

Question: Based on what you know about the Aliso Canyon Disaster, what concerns do you have for the impacted population?

Dr. Brown: What would make the community feel heard? That to me is still not clear.

Dr. Simon: Next meeting in July will be crucial to help answer this question.

Mike Kaiser (CAG member): Science needs to drive this study. Dr. Nordella's study/data pointed to Aliso needing to be shut down. We have a dump and oil drilling going on from a separate company. We want answers for questions about already available data such as frequency, duration, and health implications of exposure. Incumbent on the SOC to try to help the community understand how to drive a scientific study to help tease out what they are being exposed to from where.

Dr. Guidotti: I have some concerns for exacerbation of existing conditions, chronic health effects, labeling and psych. Impact of worry over future health, methane release acceleration. Local ozone production and global climate change.

Question: What do you hope will be gained by the study?

Dr. Wang: We hope to be able to bring some sense of peace to the community. Unfortunately, disaster already happened, but if we can understand what exposure led to what outcomes, immediate interventions could be in place and future generations can be protected.

Tracy Barreau, REHS: Having a better understanding of potential long-term implications of the mercaptans would be quite useful. We don't have a very good understanding of them from an exposure standpoint.

Melissa Messer (CAG member): Bear in mind this is an old facility, concerns over ongoing exposures. Even recently, people complained about odors and symptoms. Time is on your side in that they are continuing to be exposed. SoCalGas has been exposing for years.

Dr. Mckenzie: It's more important to understand what the community hopes to be gained by the study. Also, important to note that "hope" and what we actually can do, may be two different things.

Kristina Vaculik: Hopefully this can be hashed out before the Study.

Question: Do you know the history and composition of other petrochemical disasters, and how was that information obtained?

Dr. Wang: For the Gulf study that came from multiple sources. Federal agencies as well as BP.

Dr. Johnston: Large community participation aspect to it, those involved in the fishing industry Related to contaminants and fish they may have eaten.

[Audio issue]

Dr. Wang: Public relations and engagement was critical for that study, major part of ensuring the study succeeded and engaging the community.

Dr. Sistrunk: Over history, very rare that settlement has taken place prior to the research. The settlement may prevent us from getting information needed for the research. How can we get around a settlement? Very interesting that only $25 million is dedicated to the research. We are being hamstrung. Building the trust will benefit us if we are able to find examples of overcoming settlements prior to research being done.

Dr. Polidori: Might require a longer discussion. Challenge is trying to understand consequences of something that happened a long time ago. Methods are very complex. Need to be creative. Too early to know what the solution is but this is what we are tasked with.

Dr. Dodgen: Some of the BP money was used for research, can look into Exxon Valdez.

Question from attendee re: importance of chemical list?

Dr. Casey: The dose makes the poison. We want to fund the studies that have the best chance of getting the answers the community is interested in. List is important but not the only thing that matters. We would like as much information as possible.

Dr. McKenzie: It would be extremely helpful, but I don't think we need to know every single chemical. This is a unique exposure mix. We should not get too sidetracked on getting every single chemical.

Dr. Wang: I would second what Lisa said.

Dr. Sistrunk: We don't need every single chemical, but it is in our best interest to obtain as much info as we can. Need to be transparent about the abundance and duration of chemicals. Important for the public to know we are being transparent and doing our due diligence.

Tracy Barreau, REHS: Can we pull together info on the studies that have been done and what exposure data was needed to make for successful studies? Review of other disasters and the methods that were used. What has worked in the past, what hasn't worked.

Question: What steps do you think should be done to reassure the residents who have a well-founded mistrust of public agencies when it comes to SoCalGas, that a science-driven, community-involved study will be conducted?

Dr. Sistrunk: Make sure there is clear delineation between SOC, SoCalGas and the government. By showing that the community will gain trust in what we're doing on their behalf.

Dr. Wang: Hard to know what transpired and we are coming in a little late in the process. Going forward we have to listen to everyone who is part of the CAG, listen to their concerns. It's hard to know what was requested and what was provided by SoCalGas. Need to really understand what the community's definition of success is.

Kristina Vaculik: Perhaps we can come up with a process with the CAG for making decisions, sticking to the science rather than allowing assumptions to inform decisions.

Dr. Simon: The next meeting, the CAG needs to be front and center. We need to organize the meeting very efficiently. We may reach out to the SOC in planning the next meeting so that it's organized in the most productive way.