



Department of Health and Mental Hygiene

State of Maryland

Garrett County Health Department

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**Testimony from Rodney B. Glotfelty, Garrett County Health Officer, regarding the
"Marcellus Shale Development Public Health Impact Assessment"
Presented to the Garrett County Marcellus Shale Advisory Committee
September 25, 2014**

A major role of public health is to inform the community of potential risks to health, and to develop strategies that will mitigate or lessen those risks. It is our belief that this document is very useful in this regard. While some subjective analysis appears to have been possible by the authors in assigning scores when doing the hazard analysis, the basic methodology utilized seems sound. We would have preferred to keep the designation of public health risk at high, medium or low as originally proposed in the study. As the authors note, many of the adverse health effects identified in the report may be minimized if strict regulations and appropriate local policies are put into place. We concur with many of the recommendations made in the report, recognizing that some tweaking may be necessary in certain areas.

During the scoping process in developing this report, much reliance was given to comments submitted at various public hearings to identify hazards. While this seemed to work well, total emphasis on comments made by those willing or able to attend meetings may not be totally reflective of public concern or lack thereof. A well-designed and executed random survey of Garrett and Allegany residents may have been useful in this regard. This has, in fact, been done for health impact assessments (HIAs) in other areas of the Country that are experiencing a boom in unconventional natural gas development and production (UNGDP), but most were initiated after drilling had already begun. A baseline survey, documenting public opinion of perception of risk, would have been valuable if UNGDP ever occurs in Garrett County. Follow-up surveys could help determine how well regulatory and policy measures are actually working. We recognize that funding was limited for this study and that such a survey may not have been feasible.

The authors did a nice job in describing the health delivery system in Garrett and Allegany Counties; however, we do not agree with the conclusions drawn by the authors. While our health system may be challenged in serving an influx of relatively young people working in the gas development industry, in general we feel it is resilient enough to meet the increased demand without jeopardizing public health. In late fall or early winter, a new satellite office of Mountain Laurel Medical Center (FQHC) will be opening in Grantsville. This means additional providers will be recruited to serve Garrett County residents. The new CEO of the hospital has also been very aggressive in recruiting new physicians and services to the community and in developing strategic planning processes that can allow the hospital to rapidly respond to

changing conditions. Finally, the Garrett and Allegany Health Departments provide mental health, substance abuse, and STI clinics that can be augmented to meet increased need. There will also be many opportunities to integrate mental health services with somatic care in the next few years in local provider offices. Certainly the pace of natural gas development in Garrett County, if it ever occurs, will determine how rapidly changes to the delivery system must be made.

Somewhat lacking in the study was a discussion of the socio-economic status of the community and how poverty is a major factor in adverse health outcomes. Should unconventional natural gas development in Garrett County have the effect of increasing income, reducing unemployment rates, and lowering the percentage of our population in poverty, one might expect improved health status outcomes.

The Baseline Health Assessment contained in Section 9 and Appendix 1 of the report could be improved in certain areas. More up to date status of health information is available from the Maryland Vital Statistics web portal. Much of this data can also be found by accessing the Garrett County Health Department's website which contains updated status of health reports, the Maryland SHIP report, and hundreds of other health indicators that are updated as soon as the information is available. In the HIA, much of the data reported does not contain reference dates, trend information, or whether rates reported are age adjusted. We would have preferred the authors of the report to use data sets from Maryland rather than relying on National databases which at times contain dated information. This would bring the report into conformance with the data we use in our local community health planning process and with that depicted on various State and County websites.

In conclusion, the decision on whether or not to proceed in allowing unconventional natural gas development and production in Garrett and Allegany counties ultimately will be decided by our elected officials. I do believe this document has highlighted the potential adverse health effects that one could expect if control measures at the State and County levels do not incorporate many of the best practices already reported to the Commission along with many of the recommendations contained in this HIA. Although I have outlined some areas of concerns related to this report, we commend the University of Maryland Institute for Applied Environmental Health for the thoroughness of their effort given the limited funding. We also commend the work done by our local committees over the past 4 plus years in making recommendations to mitigate the adverse health effects that may occur if UNGDP proceeds forward in Allegany and Garrett counties.