



# Tribal Medicine Project Year 2 Executive Summary and Final Report

*April 13, 2005*

Prepared For  
U.S. Environmental Protection Agency  
Office of Pesticide Programs  
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April 13, 2005

## Overview

This Executive Summary is written to describe the accomplishments of the EPA assistance Agreement (small grant) Number X830385-01-0 awarded to George Washington University (GWU) and compare what was done to the project goals we set for Years 1 and 2. The title of the grant was “Pesticide Health Hazard Research Among Indian Tribes/Tribal Medicine Project,” but it is referred to within EPA and at GWU as the ‘Tribal Medicine Project’ (TMP). Thus, TMP is the name we will use throughout this report. When the project was funded, it was originally scheduled to run from May 1, 2002 to April 30, 2003, and GWU requested and was granted a no-cost extension until November 30, 2003 to complete work on this project.

The Tribal Medicine Project (TMP) had one clear overriding objective: to collaborate with the nation’s Indian Tribes to foster greater awareness of pesticide health hazards among Tribal members and among health care providers for Tribal communities. To attain that objective TMP had the two primary goals in Year 2

In collaboration with HQ OPP and Regional and HQ EPA staff, including Tribal pesticide sub-lead, TMP staff planned to consult with Tribal leaders, Tribal environmental managers, members of TPPC, and other Tribal groups as appropriate to determine pesticide issues having the greatest concern to Tribes in selected regions of the U.S.

GWU planned 1) to have a minimum of five training classes that describe and emphasize the severity of health threats related to pesticide use, numbers of persons exposed, applicability to largest number of Tribes and Tribal members, and time of year when exposures may be greatest. From our work in Year 1, we knew our target audience included MDs, nurses, PAs, police, first responders, paramedics, and other safety and health professionals, including those from relevant agencies with a pesticide public health mission. TMP specifically added training focused on pesticides toxicity and homeland security in the post 9-11-2001 environment.

and 2) to include the following topics in workshops

- i) extent of pesticide products for production agriculture and use of pesticides on Tribal lands, and off-reservation affecting Tribal resources (including farms, forests, nurseries and greenhouses), including pesticide run-off;
- ii) non-agricultural pesticide application on Tribal lands such as applied to schools, roads, and water treatment;
- iii) subsistence exposures via fish, game, water, and wild plants used for medicinal, nutritional, and ceremonial purposes; and
- iv) repatriation of Native religious artifacts and the pesticides used on many museum objects.

The initial goals were the responsibility of Dr. David Goldsmith (project PI), and he was assisted by Ms. Lisa Neel, a graduate MPH student at GWU and a member of the Oklahoma Cherokee Tribe. With her assistance, we were able to obtain close and active cooperation with Tribal leaders, with OPP and Regional Offices and Staff of EPA, and with many other professionals. Among the other professionals were Tribal pesticide regulatory representatives, private health care providers with many Indian patients, as well as those of the Indian Health Service, Tribal Extension officials, pesticide

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contractors, growers who worked or leased Tribal lands, and other State environmental health and safety professionals. She and Dr. Goldsmith worked with pesticide and health experts from NIOSH Agricultural Health and Safety Centers to provide clinical contributions to our programs

In this Executive Summary we will assess how well the goals were met. We will also note the relevance of this work to the goals of improved pesticide health information for future EPA activities in this area.

## **1. Goals of Year 2 Tribal Medicine Project May 2002 to September, 2003**

- a. In conjunction with EPA's OPP, the TMP began with a desire to expand the knowledge base related to pesticide health hazards and Tribal pesticide exposure information. Implied within that was an overall goal of expanding the Tribal interaction between EPA's Office of Pesticide Programs and individual tribes, Tribal organizations, members of TPPC, and faculty at GWU in the Department of Environmental and Occupational Health.
- b. The goals of the both years of the program was to conduct health related training sessions on pesticide intoxication and preventive medicine using experts from GWU and from EPA regional offices, supplemented by Tribal speakers [see Appendix A for details of the programs]. Specifically, our objectives were to:
  - 1) provide training for health care providers on pesticide health hazards;
  - 2) make pesticide health professionals aware of EPA's publications in this field (particularly the 5<sup>th</sup> edition of 'Recognition and Management of Pesticide Poisonings' and EPA's 'Protect Yourself from Pesticides' handbooks)
  - 3) provide information about the extensive resources related to pesticide health and safety including the National Pesticide Telecommunications Network, NIOSH-supported Agricultural Health and Safety Centers, the Pediatric Environmental Health Centers and the Association of Environmental and Occupational Health Clinics.
  - 4) via professional interactions, enable these TMP to interact with Tribal representatives on matters where pesticides were involved, including responses to emergency scenarios as well as advising Tribes on public health issues relevant to pesticide activities on Tribal lands. Professional interactions included a strong linkage with Regional EPA offices having either Tribal environmental or pesticide issues as part of their mandates.
- c. The experiences we had with year 1 of this project suggested several points that guided Year 2's effort: the need for face-to-face planning with individual tribes and with Regional EPA offices; the necessity to include training for recognition of pesticide intoxications by physicians and other Tribal health providers; the importance of covering all the pesticide health conditions (acute and chronic) for both adults and children as well as ecological impacts; the benefits of having Continuing Medical Education (CME) and Continuing Nursing Education (CNE) credits for these classes; the importance of having Tribal speakers address their health concerns (including sampling Tribes may have done to support enforcement activities); the relevance of having other pesticide experts (from nearby Poison Control Centers, NIOSH Agricultural Centers, or Medical schools) on class faculty; the importance of making contacts with Indian Health Service (IHS), Tribal Health Maintenance Organizations (HMO) and other health authorities that serve Indian communities; and the necessity of

including clinical skill building relative to Homeland Defense and improving National public health efforts.

## **2. Work Accomplished**

From prior interaction with Tribes in Year 1 as well as his work in EPA's Region 9 during his tenure in California in 1980s and 1990s, Dr. Goldsmith knew that critical to success between Indian Tribes and public health professionals was the necessity of personal trust and face-to-face interaction with Tribal leaders. With the help of Ms. Neel, initial and substantive efforts were made to develop cooperative and personal interactions between TMP team members, Tribal leaders, and EPA staff in OPP and in Regions 9 and 10. Regions 9 and 10 were logical areas to develop cooperative activities because size and influence of tribes in these regions, and because of the extensive work by regional EPA staff to develop Tribal pesticide leadership relative to enforcement. Furthermore, the Regional efforts meant there would be a ready audience for TMP health training and information. We also worked with and kept lines of communication open with members of TPPC. Efforts were also made to consult on the phone with colleagues in the Indian Health Service-PHS and the State pesticide program offices in California, Idaho, Montana, Maine and Washington. Appendix B contains a list of specific Tribal affiliations and Tribal leaders over the year of the project. Below is the list of six presentations made during the TMP project.

- Clear Lake, CA--Big Valley Rancheria, February 20-21, 2003
- Talequah, OK--Inter-Tribal Environmental Council and Cherokee Nation, March 18-19, 2003
- Polson, MT--Confederated Salish and Kootenai Tribes, June 16-17, 2003
- Nespelam, WA--Confederated Colville Tribe, July 28-29, 2003
- Lapwai, ID--Nez Perce Tribe, July 31, 2003
- Presque Isle, ME--Aroostook Band of Micmacs, November 12-13, 2003

- a. All six programs offered continuing medical education (CME) credits through GWU, and provided pesticide mixer-loader-applicator training continuing education (CE) units in order to encourage licensed pesticide applicators to attend. Having CME was an incentive for both health professionals and nonhealth professionals because the training is of sufficiently high quality that CME units are offered for attendees. The class attendees also provided confidential reviews of speakers and topics, and as such, offer excellent feed back for both Tribal hosts and to course faculty. Program faculty were informed that letters from CME offices, even to attendees without medical or health backgrounds, are regarded by their supervisors as clear evidence of self-improvement, and valuable for support for future training.

## **3. Deliverables--pesticide training workshops**

- a. February 20-21, 2003, Clear Lake, CA--Big Valley Rancheria, 77 attendees including representatives from Guidiville Rancheria, Big Valley Rancheria, Scotts Valley Rancheria, Yurok Tribe, California Baskeweavers' Association, Redwood Valley Rancheria, Lytton Rancheria, Wild Coyote Tribal Consulting, Rohnerville Rancheria, Potter Valley Rancheria, National Indian Justice Center, Karuk Tribe of California, Colusa Indian Community Council, Habematolele Pomo of Upper Lake, Hopland Band of Pomo Indians, Robinsion Rancheria, Graton Rancheria, Middletown

Rancheria, Elem Indian Colony, as well as Region 9 EPA, UC Davis, Lake & Mendocino Counties Department of Agriculture, CalTrans, CA Department of Food and Agriculture,, Mendocino Red Cross, Lake County Tribal health consortium, Intertribal council of Arizona, California Department of Pesticide Regulation, Lake County Planning Department, US Fish and Wildlife Service.

- b. March 18-19, 2003, Talequah, OK--Inter-Tribal Environmental Council and Cherokee Nation, 58 attendees including representatives from Delaware Tribe, Potawatomi Nation, Muscogee Creek Nation, Ysleta Del Sur Tribe, Cheyenne & Arapaho Tribe, Miami Nation of Oklahoma, Shantee Tribe of Oklahoma, Cherokee Nation, Peoria Tribe, Commanche Nation, Oklahoma Intertribal Environmental Council, , as well as EPA Region 6, Oklahoma State University, WW Hastings Hospital,, Jay Community Clinic, Oklahoma Poison Control Center, U.S Department of Agriculture.
- c. June 16-17, 2003, Polson, MT--Confederated Salish and Kootenai Tribes, 46 attendees including representatives from Confederated Salish & Kootenai Tribes, Blackfeet Tribe, Coeur d'Alene Tribe, Ronan Tribal Health, ATSDR, Montana Departments of Agriculture and Livestock, EPA, Region 8, Lake County Health Department, St. Joseph's Home Health, and University of Colorado Health Sciences Center-- Rocky Mountain Poison Control Center.
- d. July 28-29, 2003, Nespelem, WA--Confederated Colville Tribe, 15 attendees including representatives from Confederated Colville Tribe, Yakima Tribe, Coeur d'Alene Tribe, EPA Region 10, ATSDR, BIA, University of Colorado Health Sciences Center—Rocky Mountain Poison Control Center, and Washington State University.
- e. July 30, 2003, Lapwai, ID-- Nez Perce Tribe, 25 attendees including representatives from Nez Perce Tribe, Nimiipuu Health Care Center, National Native American Families Together, Coeur d'Alene Tribe, IHS, State of Idaho, North Central District Health Department, University of Colorado Health Sciences Center-- Rocky Mountain Poison Control Center, Oregon State University—National Pesticide Medical Monitoring Program, ATSDR.
- f. November 12-13, 2003, Presque Isle, ME--Aroostook Band of Micmacs, 22 attendees including representatives from Aroostook Band of Micmacs, Houlton Band of Maliseets Maine Indian Basket-Makers Alliance, Maine Department of Environmental Protection, Maine Board of Pesticides Control, EPA, Region 1.

In total, there were about 240 attendees, 6 classes, and 33 tribes represented from the States of California, Oklahoma, Texas, Montana, Maine, Washington, and Idaho. All classes provided CME credits, and there were representatives from States, from EPA Regions 1, 6, 8, 9 and 10, State agricultural, environment and health departments, and from organizations representing American Indian consortia as well as local experts on pesticides from universities or medical centers such as UC Davis, University of Colorado Health Sciences, Oklahoma State, Oregon State, and George Washington.

## **5. Some Unexpected Values Added by Project**

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The TMP acted to synergize educational cross fertilization that became unexpected benefits that arose during the course of the project. Some of these benefits are directly obvious and others less so, but they are relevant because they suggest steps that could be taken during future projects, that will return to both Indian Tribes and to EPA compounded values, consistent with the mission of OPP. These are listed below.

- a. Ms. Neel participated in several educational endeavors that served to enlighten the role EPA was playing by supporting TMP. Some of them included oral and poster presentations of our work at the American Public Health Association in San Francisco, CA, the 15<sup>th</sup> Annual IHS National Research conference in Scottsdale, AZ, and American Indian Science & Engineering Society (AISES), Spring Leadership Conference in Albuquerque, NM. She also developed a strong intellectual understanding of the relevance our workshops had to pesticide risk in Native American Graves Protection and Repatriation Act (NAGPRA), which varies greatly from Tribe to Tribe.
- b. The TMP benefited from the strong interaction with EPA staff in Regions 1, 6, 8, 9 and 10, specifically with Dr. Goldsmith's collaboration with Ms. Marcy Katzin from Region 9 office. Ms. Katzin was instrumental in assisting the organizing the California workshop. In Region 10 (and 8 as well), Mr. Eric Gjevre, Tribal Pesticide Circuit Rider from the Coeur d'Alene Tribe was a generous host for the Washington and Idaho programs, and joined us for Salish and Kootenai meeting in Montana as well. In Region 1, Ms. Valerie Bateille's close working ties with Mr. Fred Corey from the Micmacs made feasible our first training on the East Coast.
- c. The TMP staff was very pleased we were able to develop collaborations with well known programs such as Rocky Mountain Poison Control Center, Oklahoma City Poison Control Center, the EPA-supported Oregon State University—National Pesticide Medical Monitoring Program, the NIOSH Agriculture Centers at UC Davis and University of Colorado, and the Washington State University Agricultural Extension. For these programs, they became aware of two new issues: interest in pesticides and health by Native American Tribes, and the Tribes' knowledge they could discuss their concerns with "local" and national experts.
- d. In the light of September 11, 2001 attacks and the subsequent anthrax terrorism, we specifically provided lessons in identifying outbreaks of pesticide-related illnesses, skills to conduct medical monitoring or surveillance for pesticide intoxications, and skills in using external sources of pesticide toxicity. We added this training in order to alert Tribes of these possibilities. We recognize these are critical skills for physicians and other health care providers (especially first responders as well as Tribal environmental staff) to have, and these clinical capabilities are among those for which Indian patients will want guidance when or if there are more terror attacks. As we have always stated in TMP classes, one of the primary skills we offered is to raise the index of suspicion about clusters of health problems--the identical capabilities needed for effective Homeland Defense against pesticide or other forms of chemical or biological terrorism.

## **6. Summary and Conclusion**

Each of the six educational programs facilitated by the TMP has been unique. This is due in large part to the different cultural realities, goals, and technical backgrounds of the collaborating Tribal staff. The "cultural fit" among GWU staff, the Tribal staff and the EPA staff has also been a significant source of variation in the success and delivery of

our combined effort. Although TMP has had the support of the Tribal entities with which we work and have always had one tribe or confederation as a specific host, the real day-to-day communication and work generally falls upon one or two staff in the environmental department. Just as any one American Indian Tribe can not represent all of the remaining nations (a 'pan-Indian' viewpoint), experience with one agency or individual of a tribe does not convey a full understanding of an entire Tribe's attitudes and preferences. This boils down to a partnership between the GWU and the host Tribe that is mainly symbolic and carried out via a handful of individuals. This goes against the current understanding of best practice in community-based work because there is not enough time or funding to achieve a real community consensus and partnership within the confines of the TMP grant. Thus, the proxy of environmental staff was employed to represent the needs and desires of the Tribes, just as the TMP staff represented the expertise and technical resources of the university and academia in general.

EPA and OPP have a duty to inform and collaborate with Native American Tribes and the general public health community regarding the health and toxicology of pesticides. These objectives remained in view throughout the years of TMP program support. EPA regional offices in sections of the nation where there is a high proportion of Indian citizens there has been a serious focus on developing outreach on pesticides, and the TMP has attempted to play a significant role in this effort. The Tribes have local concerns and worries about pesticides in areas such as impacts on sacred plants and grasses, NAGPRA, pesticide drift from NonIndian lands, chemical applications to schools and private homes and gardens, and pesticide safety from Tribal first responder perspective. One way to expand this transfer of knowledge is to work with Tribal colleges and Native students on pesticide and health issues; another is to bring student interns and current Tribal environmental staff to either Regional offices or to OPP in Washington for added training. Tribes desire sovereignty over their lands, and this is an area that motivates many communities to have or desire to have pesticide regulatory control. In part, this was a motivation for convening the workshop with Confederated Salish and Kootenai Tribes, which sought EPA Region 8 approval for pesticide regulatory control. EPA has developed sampling procedures related to air and water and general environmental programs, but pesticide programs have tended to be less well developed, and there remains the difficulty of gaining the interest of health care providers. Physicians, nurses, and first responders tend to be focused on Tribal issues of major health impact such as vehicle crashes, alcohol, diabetes, and emergency care, while pesticides are not perceived as having as strong a level of concern. Nevertheless, for leaders and members concerned about Tribal land control, pesticide use is a serious community issue--more so among Tribes from states such as Arizona, Oklahoma, Washington, Idaho, and Montana.

The biggest improvement between Year 1 and Year 2 was the outreach capability of Ms. Neel. Because she is a member of the Oklahoma Cherokee, she had much greater rapport with Tribes than relying on EPA regional contacts or Dr. Goldsmith alone. In the same context, Ms. Neel was able to enable collaboration with State and other pesticide professionals to bring them to workshops on Indian lands. Any future activities with American Indian Tribes that does not have a Native American staff member, is likely to be more difficult than one having an Indian on the team.

## Appendix A

Tribal Medicine Pesticide and Health Training Programs, Fliers and Outlines,

**DRAFT PESTICIDES & HEALTH: RECOGNITION, MANAGEMENT & Illness PREVENTION Among Clear Lake, CA Tribes DRAFT**

February, 20-21 2003

7:30 am to 5:00pm 2/20; 7:30 am to 3:30 pm 2/21.

Registration will be from 7:30 to 8:00 am, and all through the day, though it may be limited by size.

Target audiences: Clear Lake Tribes' members and health care providers, first responders, County Agricultural Commissioners, local growers, and pesticide applicators

February 20-21, 2003 Location: to be determined Hosted by: Big Valley Rancheria, & CA DHS & UCD

Presented by: David F. Goldsmith, MSPH, PhD from George Washington University, Sarah Ryan BS of Big Valley Rancheria, Gregg Young MS, Redwood Valley Rancheria, Rupali Das MD of California Department of Health Services, Michael O'Malley MD, UC Davis, Paul Helliker, MS, California Department of Pesticide Regulation, and Marcy Katzin, MS, US EPA

Class objectives:

- \* Understand toxicity of pesticide chemicals, with focus on pesticides used in Clear Lake agriculture
- \* Recognize, treat and prevent pesticide illnesses, response to emergency pesticide spills, and the role of health surveillance
- \* Understand the regulatory guidelines for pesticide handling and contrast those with Tribal laws, California regulations, and FIFRA-US EPA requirements
- \* Determine sources for pesticide information, including personal protective equipment

The class is designed for physicians, nurses and other medical care providers (especially the noon session), and for others having pesticide emergency and non-emergency management responsibilities, for first responders, and Tribal members with interests in pesticide environmental issues.

Course Outline and faculty

8:00 to 8:15 am Welcome from Sarah Ryan and others from Clear Lake Tribes

8:15 to 8:45 Overview and introduction to the Workshop: Marcy Katzin, EPA; David Goldsmith, GWU

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8:45 to 9:15 History of pesticide use around Clear Lake: Gregg Young

9:15 to 10:00 Obtaining Occupational and Environmental Exposure History, California Basket Weavers Project: Michael O'Malley and Dianne Seidner gathering dogbane

10:00 to 10:10 Break

10:10 to 10:40 Profile of different pesticide categories currently used around the Clear Lake Tribal communities (focus on structural chemicals, household products, pear, apple, and grape growing, herbicides used on roadsides): Paul Helliker

10:40 to 11:00 Pesticide disease surveillance systems/high risk populations: Rupali Das, CA DHS

11:00 to 11:30 Exposure assessment, protective equipment, and prevention: Paul Helliker and David Goldsmith

11:30 to 11:50 Roundtable of Tribal laws, CA pesticide regulations, and EPA regulations: Sarah Ryan, Marcy Katzin, George Farnsworth and David Goldsmith

11:50 to 12:00 Questions and answers

12:00 to 1:15 Pesticides and medicine for emergency physicians and other health care providers, with focus on the roles of the emergency and primary care providers with respect to pesticide-related spill incident: Rupali Das and Michael O'Malley **SPECIAL ONE HOUR SESSION FOR MDS & NURSES WHO CANNOT OTHERWISE ATTEND -- Lunch provided?**

1:15 to 2:15 NAGPRA overview and introduction to pesticides, repatriation and Clear Lake view of process to date: Tribal cultural official and David Goldsmith,

2:15 to 3:00 Finding new ways of communicating about pesticide risk in NAGPRA environment: David Goldsmith

3:00 to 3:20 Break

3:20 to 4:00 Current research on pesticide run-off into Clear Lake: Paul Helliker and TBN lake researcher

4:00 to 4:30: Exposure assessment, protective equipment, and prevention methods: David Goldsmith and Jennifer Weber (UCD)

4:30 to 5:00 Questions and answers

**OPTIONAL AFTER DINNER—USING COMPUTERIZED DATA BASES FOR INDIAN PESTICIDES HEALTH RESEARCH**

February 21, 2003

7:30 to 8:00 registration

8:00 to 9:25 Pesticides and medicine for emergency physicians and other health care providers, with focus on the roles of the emergency and primary care providers with respect to pesticide-related spill incidents and Homeland Security: Rupali Das and Michael O'Malley SPECIAL ONE HOUR SESSION FOR MDS & NURSES WHO CANNOT OTHERWISE ATTEND -- Breakfast provided?

9:25 to 9:45 Obtaining Occupational and Environmental Exposure History: Michael O'Malley

9:45 to 10:20 Pesticide disease surveillance systems/high risk populations: Rupali Das, CA DHS

10:20 to 10:40 Break

10:40 to 11:15 Profile of different pesticide categories encountered among the Clear Lake Tribes (focus on structural chemicals, household products, pear, apple, and grape growing, herbicides used on roadsides and in forests): Sarah Ryan and Paul Helliker

11:15 to 11:40 Pesticide-related chronic diseases: David Goldsmith

11:40 to 12:10 Exposure assessment, protective equipment, and prevention: Jennifer Weber and David Goldsmith

12:10 to 12:30 Questions & answers

12:30 to 1:15 Lunch

1:15 to 2:20 Demonstration of wearing of Personal Protective equipment, and disposal and recycling of equipment: Jennifer Weber and David Goldsmith

2:20 to 3:30 Demonstration of pesticide sampling for research and enforcement: Jennifer Weber, Marcy Katzin and George Farnsworth

After completing the class,

Attendees will be able to identify at least 3 major categories of Pesticides

Attendees from the health care professions will be able to describe acute intoxication signs and symptoms for at least 3 categories of pesticides

Attendees will be able to access at least 3 informational sources for

pesticide-related health information, including CA regulatory procedures & Tribal laws

Participants will define NAGPRA and the possible risks for pesticide intoxication

Explain the different views of risk communication between Clear Lake Tribal members and pesticide scientists

CME & Nursing & Pesticide applicator credits & at least 4 different handouts

**RECOGNITION, MANAGEMENT & PREVENTION OF ASTHMA & PESTICIDE ILLNESSES: A Course for Health Care Professionals, Environmental Professionals, Emergency Responders, School Leaders, and Nez Perce Community Members**

Wednesday July 30, 2003

8:00am – 5:00pm, lunch included

BIA Conference Room

Lapwai, ID

Presented by the Nez Perce Tribe, U.S. Environmental Protection Agency, and George Washington University, this 1-day course provides an overview of adult and childhood asthma, air pollution, and pesticide awareness and agriculture prevention issues. The session from 8:15-10:00am July 30 is specifically designed for physicians, nurses and other medical care providers, but is open to everyone and may provide very useful information for all who attend, especially those school responsibilities. Continuing medical education credits (1 credit per hour). Please contact the Nez Perce Tribe ERWM Air Quality Project at 208-843-7375 to register and for more information.

**Please Register by July 28th: For those attending the course please register with the Nez Perce Tribe ERWM Air Quality Project at 208- 843-7375 by July 28<sup>th</sup>.**

Guest Speakers:

Scott Phillips, MD, MPH, University of Colorado Medical Center & Rocky Mountain Poison

Control Center, Denver

David F. Goldsmith, MSPH, PhD, George Washington University

Eric Gjevre, Pesticide Circuit Rider, Region 10

Angel McCormack, Nez Perce Tribe ERWM Air Quality Project

Lisa Neel, MPH Candidate, George Washington University

Julie Simpson, Nez Perce Tribe ERWM Air Quality Project

Patrick Sobotta, Nez Perce Tribe ERWM Program Director

Daniel L. Sudakin, M.D., M.P.H. National Pesticide Medical Monitoring Program, Oregon State University

Alina George, CHR, Ni-Mii-Puu Health Clinic Community, Asthma Coalition

EPA region 10 representative (TBN)

Brian Zeitz, MPH, CHES, North Central District Health Department, Coordinator, Asthma Coalition (invited)

Objectives:

- Understand the links between asthma, air pollution and agriculture, with a focus on Nez Perce Tribal members
- Understand toxicity of pesticide chemicals, with focus on the needs Nez Perce Tribe and community members.
- Recognize, treat and prevent pesticide illnesses, and the role of health surveillance, including applications to bioterrorism response.
- Summary of the EPA-supported air sampling conducted in Nez Perce community
- Determine sources for particulate emissions, the role of pesticides in air pollution issues, and pesticide information, including personal protective equipment.

## Course Outline

8:00 - 8:15 am	Welcome - <i>Patrick Sobotta, Nez Perce Tribe ERWM Program Director, and Alina George CHR, Ni-Mii-Puu Health Clinic Community Asthma Coalition member</i>
8:15 - 8:30 am	Overview and Introduction to Asthma, Air pollution, Pesticides and Prevention - <i>David Goldsmith, PhD, GWU</i>
8:30 - 9:20 am	The Primary Health Care Provider, Firefighting and Pesticide-related Illness – <i>Scott Phillips, MD, Univ CO</i>
9:20 – 10:10 am	Pesticide Disease Surveillance/Tracking Systems and interaction with National Pesticide Medical Monitoring Program – <i>Daniel Sudakin, MD, Oregon State</i>
10:10 - 10:25 am	BREAK
10:25 - 11:05 am	<i>Responses to bioterrorism, with focus on pesticide chemicals and other weapons of terrorism—David Goldsmith and Scott Phillips</i>
11:05 - 11:35 am	Nez Perce Tribe Air Quality Project - <i>Julie Simpson and Angel McCormack, Nez Perce Tribe ERWM Air Quality Project</i>
11:35 – 12:15	<i>Using computers for pesticides and Native American health information- Lisa Neel, GWU</i>
12:15 - 1:00pm	Lunch
1:00 - 2:00 pm	Aerial Application Issues, Air pollution, Agriculture, and Prevention - <i>David Goldsmith, GWU; Eric Gjevre, Region 10 Pesticide Circuit Rider</i>
2:00– 3:00 pm	TRIBAL SOVORIENTY, AND THE PUBLIC/ENVIRONMENTAL Health Regulatory Systems – <i>Julie Simpson; Eric Gjevre, Pesticide Circuit Rider; EPA, Region 10 representative</i>
3:00 - 3:15 pm	Break
3:15 - 4:00pm	Adult and pediatric asthma among Nez Perce members— NiMiiPu Health Representative and TBN, IHS
4:00 to 4:45	Pesticides, Agricultural air emissions and asthma-- <i>Daniel Sudakin, MD, Julie Simpson, and Brian Zeitz North Central District Health Department</i>
4:45 to 5:00	Q and A

After completing the class:

- ❖ Attendees will be able to identify at least 3 major categories of pesticides.
- ❖ Attendees will be able to describe intoxication signs and symptoms for at least 3 categories of pesticides, and understand relevance of pesticides to preparation for bioterrorism attacks.
- ❖ Attendees will be able to access at least 3 informational sources for asthma and environment2-related health information.
- ❖ Participants will define populations at high risk for asthma and for pesticide intoxication.

PESTICIDE INTOXICATION: RECOGNITION, MANAGEMENT & PREVENTION  
IN Pacific Northwest TRIBAL AGRICULTURE  
July 28 and 29<sup>th</sup>, 2003

Registration is essential IN ADVANCE, and will be offered from 8:00 to 9:00 am, and all through the day, though it may be limited by size. Highly advised to contact Eric Gjevre to register, telephone 208-686-5507.

Colville Tribe Natural Resources Department, Nespelem WA at the  
**BIA Building**

Presented by: Deb Louie Colville Tribe, Scott Phillips, MD, MPH from UCHSC, Eric Gjevre, Region X Circuit Rider for Inland Pacific Northwest Tribes, and David F. Goldsmith, MSPH, PhD from George Washington University

Class objectives:

- \* Understand toxicity of pesticide chemicals, with focus on the needs of Colville and other Inland Pacific Northwest Tribes and their community members
- \* Recognize, treat and prevent pesticide illnesses, and the role of health surveillance, including relevance of pesticides to preventing bioterrorism
- Understand the regulatory guidelines for pesticide handling and contrast those with Tribal laws, and FIFRA-US EPA requirements
- Expand the knowledge relative to pesticides and health of farmworkers working on Tribal orchards
- Determine sources for pesticide information, including personal protective equipment

The class is designed for Tribal members and pesticide officials, Agriculture Extension staff, physicians, nurses and other medical care providers (especially the 12:00 noon session), and for others having pesticide management responsibilities, for emergency responders, and Inland Pacific Northwest Tribal members with interests in pesticide environmental health issues.

Course Outline and faculty

9:00 to 9:15 am Welcome TBN, Colville Tribe, Eric Gjevre, Region X, Pesticide Circuit Rider for Inland Pacific Northwest Tribes and for Coeur d'Helene Tribe

9:15 to 9:45 Overview and introduction to pesticides and prevention: Scott Phillips MD, Univ Colorado; David Goldsmith, PhD, GWU

9:45 to 10:15 Obtaining Occupational and Environmental Exposure History: Scott Phillips

10:15 to 10:30 Break

10:30 to 11:10 Bioterrorism/Pesticide disease surveillance systems/high risk populations: David Goldsmith, Scott Phillips

11:10 to 11:40 Profile of different pesticide products used on Colville Tribal orchards, crops and lands: Eric Gjevre

11:40 to 12:15 Pesticide-related chronic diseases: David Goldsmith

12:15 to 1:15 Pesticides and medicine for physicians and other health care providers, with focus on the role of the primary care provider with respect to pesticide-related illness: Scott Phillips SPECIAL ONE HOUR SESSION FOR MDS & NURSES WHO CANNOT OTHERWISE ATTEND -- Lunch will be provided

1:15 to 1:45 Exposure assessment, protective equipment, and prevention: Lisa Neel and David Goldsmith

1:45 to 2:45 Sovereignty issues for Pacific Northwest Tribes, WA, and US EPA/public health/regulatory systems: Eric Gjevre, TBN Tribal Attorney and TBN, EPA, Region 10

2: 45-3:00 Break

3:00 to 3:45 Overview of NAGPRA for Pacific Northwest Tribes: TBN Colville Tribe

3:45 to 4:40 Implication of research on insecticides/other pesticides found in high risk populations: Scott Phillips, David Goldsmith

4:40 to 5:00 Questions and answers

July 29

9:00 to 10:00 NAGPRA, pesticides and risk communication: Lisa Neel and David Goldsmith

10:00 to 10:40 Pesticide-related issues related to Tribal crafts and traditional herbs and plants: Colville naturalist

10:40 to 11:00 Break

11:00 to 11:40 Colville Ag Extension and pesticide safety

11:40 to 12:40 Pesticide prevention approaches: Scott Phillips, Eric Gjevre, David Goldsmith

After completing the class,

Attendees will be able to identify at least 3 major categories of pesticides

Attendees from the health care professions will be able to describe intoxication signs and symptoms for at least 3 categories of pesticides

Attendees will be able to access at least 3 informational sources for pesticide-related health information

Participants will define populations at high risk for pesticide intoxication, especially for farmworkers employed on Tribal orchards

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CME & continuing Nursing Education credits & at least 3 different handouts

**PESTICIDES & HEALTH: RECOGNITION, MANAGEMENT & ILLNESS  
PREVENTION AMONG  
MAINE TRIBES  
November 12 and 13, 2003**

Registration will be from 9:00 am, and all through the day, though it may be limited by size.

**Target audiences:** Maine Tribal members and health care providers, first responders, local growers, and pesticide applicators [and advisors](#), Maine Tribal environmental staff

**Cost:** Free of charge

**Location:** November 12: Northern Maine Community College Conference Center, 33 Edgemont

Drive, Presque Isle, Maine 04769

November 13: Micmac Administration Building, Council Chambers, Presque Isle, Maine

**To Register Contact:** Shannon Kirk 207-764-7219

**Hosted by:** Aroostook Band of Micmacs

**Presenters:**

Mary Archer, Traditional Medicine Gatherer, Aroostook Band of Micmacs

Valerie Bateille, JD, US EPA Region 1

Robert Batteese, Director, Maine Board of Pesticides Control

Fred Corey, Environmental Director, Aroostook Band of Micmacs

Bernard Gerome, Culture and Community Development Director, Aroostook Band of Micmacs

David F. Goldsmith, MSPH, PhD, George Washington University

Tee Guidotti, MD, MPH, George Washington University

Lebelle Hicks, PHD, DABT, Maine Board of Pesticides Control

Lisa C. Neel, MPH Candidate, George Washington University

Richard Silliboy, Chairperson of the Maine Indian Basket-Makers Alliance

**Class objectives:**

\* Understand toxicity of pesticide chemicals, with focus on pesticides used in Blueberry, Potato and Cranberry agriculture and to which Maine Tribes may be exposed

\* Recognize, treat and prevent pesticide illnesses, response to emergency pesticide spills, the role of health surveillance and the role of traditional healing

\* Understand the regulatory guidelines for pesticide handling and contrast those with Tribal laws, Maine regulations, and EPA requirements

\* Determine sources for pesticide health and safety information, including personal protective equipment and understanding of pesticides applied in the region

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- \* Explore the role pesticides may play in the status of local wetlands
- \* Understand pesticide concerns relating to Tribal uses of traditional plants
- \* Address public concerns about non-point source pesticide contamination and spray drift from mosquito control
- \* Explore the expanding need for appropriate risk communication among Tribes, Public Health professionals, museums and government entities especially with regards to NAGPRA proceedings

The class is designed for Tribal members with interests in pesticide and environmental issues, physicians, nurses and other medical care providers, for other pesticide use or enforcement personnel, for others having pesticide emergency and non-emergency management responsibilities, and for first responders.

November 12, 2003

TIME	SUBJECT
10:00 to 10:15	Welcome and Invocation: Bernard Gerome
10:15 to 10:30	Overview and Introduction to Pesticides and Prevention: David Goldsmith
10:30 to 10:45	The EPA New England Tribal Programs: Valerie Bataille
10:45 to 11:00	Overview of Pesticide Regulations: Fred Corey
11:00 to 11:45	Profile of Pesticides in Maine: Lebelles Hicks
11:45 to 12:00	Break
12:00 to 1:10	Pesticides and Medicine for Emergency Physicians and Other Health Care Providers: Identification and Treatment SPECIAL SESSION FOR MDs & NURSES WHO CANNOT OTHERWISE ATTEND: Tee Guidotti Lunch Provided.
1:10 to 1:30	Exposure Assessment, Protective Equipment, and Prevention: David Goldsmith
1:30 to 2:20	Bioterrorism and Homeland Preparedness: Tee Guidotti
2:20 to 2:40	Break
2:40 to 3:40	Pesticide Concerns Associated with the Use of Traditional Resources: Mary Archer, Bernard Gerome and Richard Silliboy
3:40 to 4:30	NAGPRA Overview and Introduction to Maine Tribal View: Lisa C. Neel, Tribal NAGPRA official and David Goldsmith

November 13, 2003

TIME	SUBJECT
9:00 to 9:15	Welcome and Invocation: Bernard Gerome
9:15 to 9:30	Using the Internet For Pesticides Health Research: Lisa C. Neel
9:30 to 10:00	Current Research on Contaminants and Pesticide Concerns of Maine Wetlands
10:00 to 10:30	Working with the County and Growers to Preserve Native Plants from Pesticide Exposure
10:30 to 10:45	Break
10:45 to 11:30	Other Topics of Interest
11:30 to 12:00	Pesticide Notification Issues: Robert Batteese
12:00 to 12:30	Wrap up and conclusion of conference

Deleted: Pesticide disease surveillance systems/high risk populations: Rupali Das, CA DHS

Appendix B

The Tribal Medicine Project Master Contact List  
Resulting in Training during 2003, Year 2

Arranged by Area

\* denotes speaker

California: Clear Lake (Clear Lake Rancheria) February 20<sup>th</sup> and 21<sup>st</sup>, 2003

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distribute ID outreach materials.  
Local office 208-334-4013  
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David E. Yarborough – blueberries  
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Website with recommended materials available- in practice the crop is every-other-year,  
with a fallow year. And a handful of pesticides as needed.  
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Montana: Flathead (Confederated Salish & Kootenai Tribes) June 16<sup>th</sup> and 17<sup>th</sup>, 2003

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no funding for travel available. But suggested I contact:  
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Oklahoma: Tahlequah (Cherokee Nation) March 18<sup>th</sup> and 19<sup>th</sup>, 2003

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