

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



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June 13, 2014

TO Joint Guam Program Office Forward
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ATTN Office of the Governor of Guam
Military Buildup Office, Mr. Mark G. Calvo

FROM Director, DPHSS

SUBJECT Department of Public Health and Social Services Input/Comment
on the Draft Supplemental Environmental Impact Statement

I want to make the following general comments for your review and consideration which reference the 2013 Guam SAIS 2-12, D 46

I have reviewed hundreds of pages including the Summary and the appendices which apply to the Department of Public health and Social Services. I also reviewed the estimates of population growth both military, civilian and contract workers, as I know that any population increase, especially those of H-2B workers and other non-local populations that will grow significantly starting in 2016, with dramatic almost two to three fold increases from 2016-2021 (Chart of Drivers for Deriving Numbers of Permits... shown on final draft SIAS..(Guam SAIS Page 2-12, Appendix D - 46) will have an impact You are aware as were the consultants who put much of this study together, that Public Health is Population Health and that unless all this new population somehow “stayed behind the fence”, there will be impacts.

We are pleased to note that P.L. 113, The FY 2014 Consolidated Appropriations Act appropriated \$13,000,000 for a Regional Level 2 Public Health Lab. We have already been consulting with HHS' Centers for Disease Control in Atlanta to pre-plan the layout of the Lab. We will be meeting with several CDC staff next week and hopefully will be able to have them meet with the representative from OEA.

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I would now like to discuss what I see are some of the possible impacts of this Buildup.

Page ES-29, 30 Public Health and Safety

The department has historically had difficulty maintaining adequate staffing. I believe the estimate of a 2% over staffing increase need, is too low. Until the practice of medicine changes to allow for increased responsibilities and authorities for other allied health professionals, health care is physician driven. Our inability to recruit and maintain a sufficient physician cadre puts stress on an already overloaded primary care system. At the Buildup's peak I believe we will need a minimum of 4 additional fulltime primary care Doctors. That will cost an estimated \$1million by 2018.

Nurses, Nurse Practitioners and allied health staff, 8 more at about \$640,000 in 2018 dollars.
(Totals include benefits)

Communicable Disease Control workers 4 more at \$200,000.

Environmental Public Health Officers to do permitting and workers housing inspections. 3 at \$210,000

Of course medications, supplies and materials also need to be factored in.

2013 Guam SAIS 4-12, D-126 Re: H-2 WORKERS

It is projected that 90 percent of the H-2 workers will be from the Philippines (2013 Guam SAIS 4-12 D-126) where Tuberculosis and Drug Resistant Strains of Tuberculosis are common. The impact on our system could be huge. This is a mandatory reportable disease and DPHSS TB program would become actively involved in each case. Multiple Resistant strains (MDR) of TB can cost about \$90,000 to treat, upwards of \$500,000 if the patient is hospitalized and put in Isolation. I do believe that discussions during the 2010 EIS indicated that the contractors were to be responsible for assuring that there was reliable pre-entry screening for health problems and that contractors would be required pay for all health care of the worker. This SEIS says the opposite, in that they do not assure that there will be reliable screening nor do I see a commitment to provide for health insurance, or a payment bond for health care. There was also an agreement that all arriving H-2s would undergo another screening prior to being allowed to work. The SEIS is silent on that matter.

3. WORKER HOUSING

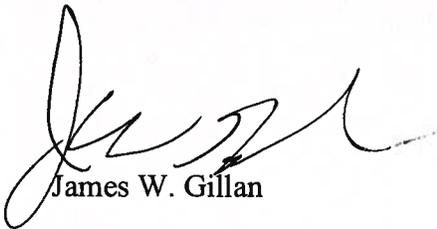
One result of the slowing down of the buildup activity is that I have observed that more and more workers are being housed in apartment units scattered around the Island. Should there be serious disease out breaks, case finding and control will be extremely difficult. DoD, and the Contractors must enter into a bona fide agreement with the Government that all reportable

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diseases are made known to DPHSS as soon as there is any suspicion, often we would require even suspect case reporting without waiting for laboratory confirmation.

The good thing about a somewhat slower phase in is that we have time to address these concerns. I thank the JGPO for its willingness to listen and to become real partners with our community.

If you have any questions regarding these comments, please contact the undersigned at james.gillan@dphss.guam.gov or phone 735-7101



James W. Gillan