

Deputy Commissioner Marilee Nihan
New Hampshire Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

July 5, 2016

Dear Marilee Nihan,

On Thursday, June 16, 2016, the NH DHHS presented an overview of how to interpret the results of the Pease community PFC blood tests.

At the beginning of the meeting, Marilee Nihan, Deputy Commissioner, stated that it was her intention to work with the Pease community. At the end of the meeting, when asked what the community could expect from DHHS moving forward, Ms. Nihan was not able to provide any examples.

With a great deal of work ahead of us, several members of the ATSDR CAP (Testing for Pease founders Andrea Amico, Alayna Davis, Michelle Dalton, & Portsmouth City Councilor Nancy Pearson) took the opportunity to create some key deliverables that would be extremely beneficial to the Pease community as we move forward in this process.

1. Provide a better understanding of DHHS role after blood testing

- a. Define differentiating roles of DHHS and ATSDR
- b. Who leads which initiative?
- c. Provide clear expectations for Pease community

2. Create internal communications strategy

- a. Create a registry for testers that includes contact information, especially email, so future communications can be swift and efficient. (If the DHHS does not have the capacity to manage this, which agency would be best suited?)
- b. Provide 2-4 weeks notice prior to any future Pease community meetings
- c. Schedule meetings to be held on the Pease International Tradeport
- d. Disseminate latest data on health effects
- e. Disseminate updates on latest physician recommendations
- f. Disseminate any press releases sent from the DHHS office
- g. Disseminate minutes from all CAP meetings

3. Provide training and education to health care providers

- a. Conduct regular sessions on how to answer patient questions, what to monitor for in exposed patients
- b. Provide providers with a uniform checklist so all patients receive same level of follow up care, attention
- c. Follow up with providers to ensure they have latest recommendations

- d. Host provider events, grand rounds
- 4. Meet with community members and scientific experts to discuss recent DHHS documents**
 - a. PFC Blood Testing Program Final Report dated 6/16/16
 - b. NH DHHS PFC FAQ dated 6/15/16
 - c. NH DHHS Healthcare Provider FAQ document dated 6/17/16
 - d. Consider revision of these documents with community and scientific expert input
- 5. Collaborate with community members to create user friendly pamphlet**
 - a. Create condensed blood test results info pamphlet/document that can be mailed to all blood testing participants. Community will collaborate with DHHS to draft document to provide input on information that is “community friendly
- 6. Provide an updated report that compares apples to apples**
 - a. Children’s test group for ages 11 and under should be compared to Schechter Study
- 7. Provide second round of test result group with same information as first round**
 - a. Include bar graphs
- 8. Invest in the DERBI Report tool from Silent Spring**
 - a. This user-friendly reporting tool will be instrumental in helping test groups understand their individual results
 - b.
- 9. Push the DES to take more proactive role learning about PFHxS**
 - a. Can they establish a PHA for PFHxS?
 - b. Create more guidelines
 - c. Push for, find more PFHxS research

Thank you for your consideration of these deliverables. The community is a valuable stakeholder in this process and we request more collaboration and participation in the NH DHHS process moving ahead. Please reach out to us to discuss next steps on how we can all work together to achieve the same goals.

Sincerely,

Andrea Amico
Alayna Davis
Michelle Dalton
Nancy Pearson