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4 BEFORE THE STATE OF WASHINGTON  
ENERGY FACILITY SITE EVALUATION COUNCIL

5 In the Matter of: ) CASE NO. 15-001  
6 Application No. 2013-01 )  
7 TESORO SAVAGE, LLC ) DIRECT TESTIMONY OF  
8 VANCOUVER ENERGY DISTRIBUTION ) DR. FRANK JAMES  
9 TERMINAL )  
10 \_\_\_\_\_ )

11 I. INTRODUCTION AND BACKGROUND

12 1. My name is Dr. Frank James. I am a licensed medical physician and have been  
13 practicing in Washington for almost 30 years. I am the father of four children and grandfather to  
14 six. In addition to my regular practice in Bellingham, I teach at three universities, including the  
15 University of Washington as a Clinical Assistant Professor, and serve as the Health Officer for  
16 San Juan County and the Nooksack Indian Tribe. I have also served on numerous non-profit  
17 boards promoting community health in the United States and abroad. A copy of my CV is  
18 attached to this testimony.

19 2. For the last 5 years, I have been part of a group of medical professionals  
20 concerned about the human health impacts of proposed coal and oil shipping terminals in  
21 Washington. During the past five years, I have been part of over 200 healthcare providers who  
22 have come together to review the medical literature and recommend that a Health Impact  
23 Assessment be part of the environmental review process for a proposed coal export terminal in  
24 Whatcom County. I have also worked with healthcare professionals in British Columbia on

1 similar issues over the past three years.

2           3.       I first became concerned about the public health impacts of large oil  
3 transportation projects in the context of pipelines. On June 10, 1996, a pipeline in Bellingham  
4 ruptured and exploded. One of the families whose son was killed was cared for at the Interfaith  
5 Family Health Center for low income patients where I was Medical Director at the time, and  
6 where they were served on a sliding fee scale. Over nearly 10 years, I assisted members of the  
7 community and the three families that lost the lives of their children in the explosion, and I  
8 explored options for how to make oil transportation safer. I was also employed by the largest  
9 pipeline company in the U.S. (outside of Alaska), Colonial Pipeline Company, as a safety  
10 consultant between 2001 and 2007.

11           4.       My concerns expanded to include coal transportation projects when the physicians  
12 group that I was a part of had questions about the safety of the proposed coal port and reviewed  
13 several hundred articles that addressed the safety and health impacts of coal and oil products  
14 transported by trains/ships or stored locally. This research resulted in a position statement from  
15 over 200 local health professionals on the often overlooked health impacts of these proposed  
16 terminals, entitled *Whatcom Docs Position Statement on Coal Shipments to Cherry Point*.

17           5.       A similar group of physicians subsequently released a position statement on  
18 crude-by-rail terminals. See Ex. 5560-000033-CRK, Washington & Oregon Health Care  
19 Professionals, Position Statement on Crude Oil Transport and Storage (Feb. 2015). In 2015, I  
20 submitted expert testimony on the human health impacts of a proposed crude-by-rail project at  
21 the Shell Refinery in Skagit County.

22           6.       For this testimony, I reviewed portions of the Tesoro Savage – Vancouver Energy  
23 permit application (dated February 2014), portions of the draft environmental impact statement,  
24

1 and comments submitted on the draft environmental impact statement with respect to human  
2 health issues. I have also relied upon my expert medical knowledge, as well as well-established  
3 research in the field of human health impacts and human health impact assessments.

4 II. TESORO SAVAGE - VANCOUVER ENERGY OIL TERMINAL

5 7. For the proposed Tesoro Savage Vancouver Energy Oil Terminal, the primary  
6 impacts I and many other doctors are concerned about include (1) locomotive diesel exhaust, (2)  
7 noise from rail transportation, (3) risks of train derailment and either small or catastrophic oil  
8 spills, and (4) harm from increased railroad traffic. I'm also concerned about the cumulative  
9 impacts of the several oil and coal transportation projects that have already been approved or are  
10 pending.

11 A. Diesel Exhaust

12 8. If this oil terminal is built, citizens both along the transportation corridors and at  
13 the terminal site would be exposed to diesel exhaust from train engines, equipment, and vessels.  
14 What is known from the medical literature review is that diesel particulate matter ("DPM") is  
15 associated with impaired pulmonary development in adolescents; increased cardiopulmonary  
16 mortality and all-cause mortality; measurable pulmonary inflammation; increased severity and  
17 frequency of asthma attacks, ER visits, and hospital admissions in children; increased rates of  
18 myocardial infarction (heart attack) in adults; and an increased risk of cancer. What should be  
19 evaluated is what the specific impact will be for those that live near the proposed project and will  
20 be directly impacted by the significant increase in transportation of oil. Localizing the impacts  
21 for those that live near, downwind, or some distance from the project, and evaluating the people  
22 who live in those locations with additional stratification by age, gender, and baseline health  
23 status, would allow realistic and accurate assessment of the health impacts on the community.

1           9.       This is precisely the information a Health Impact Assessment (“HIA”) would  
2 provide. An HIA is generally defined as “a combination of procedures, methods, and tools that  
3 systematically judges the potential, and sometimes unintended, effects of a policy, plan,  
4 program, or project on the health of a population and the distribution of those effects within the  
5 population.” Ex. 5561-000018-CRK (Ecology, Army Corps, Whatcom County, Preliminary  
6 Draft Human Health Technical Analysis Methodology for GPT). Moreover, HIA’s are “a  
7 practice to make visible the interests of public health in decision-making ... that aims to inform  
8 the public and decision-makers when decisions about policies, plans, programs, and projects  
9 have the potential to significantly impact human health, and to advance the values of democracy,  
10 equity, sustainable development, the ethical use of evidence, and a comprehensive approach to  
11 health.” Ex. 5562-000009-CRK (Minimum Elements and Practice Standards for Health Impact  
12 Assessment). I believe an HIA should be done for the Tesoro Savage – Vancouver Energy  
13 terminal in order to be able to describe and possibly know how to modify the project to make it  
14 less dangerous for those that live near the project or along the transportation corridors servicing  
15 the project.

16           B.       Noise

17           10.       The Tesoro Savage – Vancouver Energy terminal, if built, would also result in  
18 increased noise pollution both along the rail corridor and at the terminal site. As just one  
19 example, the ‘unit’ trains used to carry oil are much heavier and therefore create more noise than  
20 conventional freight trains. Noise-related health impacts can include increased risk of  
21 cardiovascular disease, including increased blood pressure, arrhythmia, stroke, and ischemic  
22 heart disease; cognitive impairment in children; and sleep disturbance and resultant fatigue  
23 causing an increased rate of work time accidents. These impacts are perhaps the most difficult  
24 impacts to modify, but are very easy to measure. Again, a formal HIA would provide localized

1 and quantitative answers to how many people, in what groups, would be most significantly  
2 impacted by noise pollution associated with the project.

3 11. I have reviewed the comments of Dr. Alice H. Suter on the Tesoro-Savage draft  
4 environmental impact statement, dated January 21, 2016. Ex. 5563-000008-CRK (Comments of  
5 Dr. Alice H. Suter, Ph.D., on Tesoro Savage Vancouver Energy DEIS). I agree with her  
6 comments on noise-related human health impacts. Specifically, I agree with Dr. Suter that the 60  
7 dBA Day-Night Sound Level (“DNL”) is an inappropriate metric to use to measure the noise  
8 impacts on people living or working near the proposed facility because the DNL uses averaged  
9 sound levels, is based only on community surveys of “highly annoyed” individuals, and is too  
10 high of a decibel measure. I also agree that the large anticipated increases in noise pollution for  
11 the Clark County Jail Work Center employees and inmates and the workers in the Tidewater  
12 Office Building is unacceptable from a public health perspective because it would carry  
13 cardiovascular risks, mental health impacts, and job performance impacts, as well as sleep  
14 deprivation impacts for inmates and workers. The extremely loud train horns sounding near  
15 residential areas will also greatly disturb communities and have specific known medical risks.

16 C. Train derailment and oil spills

17 12. Train derailments are a reality. According to the U.S. Department of  
18 Transportation, rail shipments of certain crude oils, including Bakken crude, represent an  
19 “imminent hazard,” such that a “substantial likelihood that death, serious illness, severe personal  
20 injury, or a substantial endangerment to health, property, or the environment may occur.” U.S.  
21 Dep’t of Transportation, Emergency Order: Petroleum Crude Oil Railroad Carriers, Docket No.  
22 DOT-OST-2014-0067 (May 7, 2014). The lack of training and resources to fight the fires that  
23 could result put not only the public at risk, but firefighters as well. Fires, massive explosions,  
24 and oil spills are clearly incident to the shipment of oil by rail. Less obvious are the risks that

1 cannot be seen, such as exposure to volatile organic compounds like benzene, with additional  
2 risks of diseases related to such exposures. Benzene is a known carcinogen, and unfortunately,  
3 there is no threshold effect for exposures where every exposure has some risk for increasing the  
4 risk of diseases like acute myelogenous leukemia (“AML”).

5 D. Railroad traffic delayed emergency response times

6 13. Unit trains used to ship crude are longer than other trains, and they therefore, pose  
7 additional burdens on communities in terms of daily delays in traffic. For the Tesoro Savage –  
8 Vancouver Energy proposal, the trains will also be more frequent. For emergency response  
9 vehicles (police, fire, ambulance), health care providers, those in need of urgent or emergent care  
10 trying to get to a hospital, or the staff of the hospital being called in to respond to emergencies,  
11 the delays could have especially grave consequences. These delays have already occurred in our  
12 community. In one case, although the patient arrived and the doctor was able to get to the  
13 hospital, a train significantly delayed the technicians that were essential for a procedure. The  
14 cumulative impacts related to traffic delays would be essential to know in order to accurately  
15 assess the health impacts on the community. In emergency responses, just a few minutes matter.  
16 If a stroke or heart attack can be treated 2 minutes sooner, that could be the difference between  
17 life and death, literally. We have worked for decades to reduce the amount of time from door to  
18 operating room by every minute possible; to now add 10 -15 minutes back to the response time is  
19 a step backward by at least a decade or more.

20 E. Department of Health Concerns

21 14. The Washington Department of Health called out these same concerns. Ex. 5564-  
22 000006-CRK (DOH scoping comments on Tesoro Savage Vancouver Energy (Dec. 17, 2013).  
23 In those comments, the Department of Health (at 1) detailed health risks from diesel exhaust,  
24 stating that:

1 Diesel exhaust from equipment, trains and ships at the port facility and along the  
2 railway corridor will increase air pollution and affect public health. Diesel  
3 exhaust contains particulate matter, nitrogen oxides, sulfur dioxide, and  
4 polycyclic aromatic hydrocarbon. It also contains know human carcinogens, such  
5 as benzene and formaldehyde. Diesel exhaust is a human carcinogen based on  
6 evidence linking it with lung and bladder cancers.

7 Diesel particulates can cause lung damage, worsen allergies and asthma, and  
8 increase the risk of lung and cardiovascular diseases. They can decrease lung  
9 function and increase susceptibility to respiratory infections. Fine particulate  
10 matter is associated with the development and worsening of respiratory and  
11 cardiovascular diseases, as well as lung cancer.

12 1. For noise, the Department of Health (at 2) stated that:

13 According to the World Health Organization, 'Excessive noise seriously harms  
14 human health and interferes with people's daily activities at school, at work, at  
15 home and during leisure time. Noise can disturb sleep, produce cardiovascular  
16 and psycho-physiological effects, reduce performance, and provoke annoyance  
17 responses and changes in social behavior'. Studies have shown that as  
18 environmental noise increases, children's performance on tests of reading ability  
19 and memory decreases. Research also shows that noise from road traffic and  
20 airplanes can negatively affect cardiovascular health in adults, and may influence  
21 blood pressure in children. Studies have also found links between environmental  
22 noise exposure and feelings of well-being.

23 2. The Department of Health (at 2-3) expressed its concerns about drinking water  
24 supplies and oil spills. It also underscored its concerns (at 3) about train derailment and potential  
25 public health impacts:

26 Beyond the impact on drinking water supplies, recent events highlight the  
potentially devastating effects of a train derailment on communities and the  
environment. Bakken crude oil contains toxic chemicals such as benzene that are  
highly volatile. A train derailment and subsequent oil spill could expose a  
community to toxins via inhalation, ingestion and dermal contact. Benzene is a  
known carcinogen and increases an individual's risk of developing leukemia,  
according to the Centers for Disease Control.

In the event of a derailment, fire is a serious direct threat to public health and the  
long-term well being of the affected community. Due to the chemical properties  
of Bakken crude oil, it is more flammable than crude oil from other sources. This  
increased fire and explosion potential is a serious public health threat.

1           15.     I also want to note that the Department of Health (cover letter at 1) asked for  
2 health impacts to be reviewed for the entire length of the statewide rail corridor in addition to the  
3 project site, and for potential health impacts and risk reduction strategies to be addressed for the  
4 shipping lanes from the project. To my knowledge, such a human health impact study has not  
5 been done.

6           16.     Over two years later, in comments on the draft environmental impact statement  
7 for the Tesoro Savage - Vancouver Energy project, the Department of Health repeated its call for  
8 a health impact assessment, stating that “mitigations on issues that impact health are either  
9 missing or use unenforceable and weak language related to appropriate or needed actions.” Ex.  
10 5565-000005-CRK (DOH DEIS comments (Jan. 19, 2016). In these DEIS comments, the  
11 Department of Health also specifically requested monitoring of nitrogen dioxide and PM 2.5 near  
12 the facility site; a more thorough evaluation of ozone air concentration impacts; a more  
13 comprehensive analysis of the cumulative risks to all of the impacted communities from all  
14 related fossil fuel projects; an analysis of the mental health impacts of spills, derailments, and  
15 explosions in the risk analysis; and strengthened language regarding health mitigation measures.  
16 *Id.*

17           F.     EPA Concerns

18           17.     The U.S. Environmental Protection Agency (“EPA”), in partnership with regional  
19 tribes, has created a committee of tribal members and other representatives, including elected  
20 tribal officials from Alaska, Idaho, Washington and Oregon: the Regional Tribal Operations  
21 Committee. This group has expressed concerns about impacts to Native Americans in particular  
22 from the Tesoro Savage - Vancouver Energy terminal. *See* Ex. 5566-000004-CRK, (EPA  
23 Region 10 Regional Tribal Operations Committee scoping comments on Tesoro-Savage (Dec.  
24 18, 2013).

1 While impacts to quality of life from repeated loud noise are self-evident, chronic  
2 noise exposure has proven adverse health effects, including cardiovascular  
3 disease; cognitive impairment in children; sleep disturbance and resultant fatigue;  
4 hypertension; arrhythmia; and increased rate of accidents and injuries; and  
5 exacerbation of mental health disorders such as depression, stress and anxiety,  
6 and psychosis.

7 Frequent long trains at rail crossing will mean delayed emergency medical service  
8 response times, as well as increased risk of accidents, traumatic injury, and death.  
9 This is particularly the case in rural areas, including tribal communities, where  
10 crossing are limited and emergency service are distant.

11 Diesel particulate matter emitted by the oil trains and ships are cause for concern  
12 with regard to regional air quality and the resultant health effect on humans who  
13 breathe that air. The proposed terminal would require a dramatic increase in the  
14 number of diesel-burning locomotives along the train line. Diesel particulate  
15 matter is a particularly noxious form of air pollution, as it is of sufficiently small  
16 size (PM 2.5) to embed in the lung tissue. Diesel particulate matter is associated  
17 with both pulmonary and cardiovascular issues, including cancers, heart disease,  
18 and asthma. Children, teens and the elderly are especially vulnerable.

19 The use of frequent and lengthy trains to transport oil to the proposed terminal  
20 presents a real threat of impacts associated with train derailments. In the summer  
21 of 2013, over 50 people lost their lives when a crude oil train derailed in Lac  
22 Megantic, Quebec.

23 G. Human Health Impacts for Different Types of Oil

24 18. Different types of crude oil have different chemical make-ups. Bakken crude has  
25 been shown to be much more volatile than other crude oils, and the explosions and fires during  
26 recent train accidents have been dramatic evidence of this. Bakken crude appears to have a  
higher percentage of benzene by weight. Bakken crude, like other crude from shale oil deposits,  
has a higher vapor pressure than other crude oils.

19. Tar sands bitumens contain many times more copper, vanadium, sulfur, nickel,  
and lead than conventional heavy crude oil. These pollutants are additional stressors on human  
health.

1 II. TESORO SAVAGE - VANCOUVER ENERGY HAS NOT ADEQUATELY  
2 ADDRESSED PUBLIC HEALTH CONCERNS.

3 20. In my opinion, Tesoro Savage - Vancouver Energy did not adequately review  
4 these issues. As far as I can tell from my review of its application (Ex. 0003-000000-PCE),  
5 Tesoro-Savage did not calculate air emissions (such as diesel particulate matter) from trains.  
6 The serious public health impacts associated with exposure to diesel particulate matter from  
7 trains are, therefore, completely unaccounted for by the applicant.

8 21. For noise pollution, Tesoro-Savage states in its application that “to the greatest  
9 extent feasible”, it will schedule noisy construction activities between the hours of 7:00 am and  
10 8:00 pm. (Ex. 0003-000000-PCE at 1-22). But while this time period excludes night time hours,  
11 it does not avoid exposure for the Clark County Jail Work Center employees or inmates, or the  
12 employees working in the Tidewater Office Building during these hours. Many Fruit Valley  
13 neighborhood residents will also be home during at least some of these noisy hours, even those  
14 who work or go to school in other locations.

15 22. Furthermore, the application somehow states both that the project will be exempt  
16 from Washington noise limits (because noise will be limited to daytime hours) and that  
17 mitigation measures for noise are not needed because the project will be in compliance with  
18 Washington noise limits. *Id.* To the contrary, as Dr. Suter explained in her comments on the  
19 draft environmental impact statement, the noise from the construction activities would not meet  
20 the Washington limits. Elsewhere in the application, Tesoro-Savage explains its belief that  
21 under state regulation, not only is construction noise exempt from limits during daytime hours,  
22 but noise from trains is also exempt until they reach the facility unloading area. (Ex. 0003-  
23 000000-PCE at 4-344). The application therefore ignores any train noise impacts aside from the  
24 noise during the unloading process. In general, the application estimates increases in noise

1 pollution from a variety of sources, both during construction and during normal operations, some  
2 of which are significant. *Id.* at 4-344 - 4-352. Yet, Tesoro-Savage proposes no mitigation  
3 measures related to noise caused by construction activities or normal operations, aside from  
4 limiting construction to daytime hours and limiting particularly noisy construction activities to  
5 the hours of 7:00 am and 8:00 pm. *Id.* at 4-353.

6 23. The inadequacy of the human health review is further exacerbated by the fact that  
7 no formal HIA has been prepared. I strongly agree with the Washington Department of Health  
8 that this project should undergo an HIA.

9 24. Tesoro-Savage's inadequate reviews of transportation safety, air, noise, and  
10 overall human health impacts are not ameliorated by the fact that a draft environmental impact  
11 statement has been prepared. In fact, the draft environmental impact statement itself also fails to  
12 adequately address human health impacts from the project, as was explained in the Department  
13 of Health DEIS comments, as well as the graphic explanation of human health impacts prepared  
14 by the Washington Physicians for Social Responsibility—Understanding the Health,  
15 Environmental, and Economic Impact of Crude Oil Transport and Storage. (Ex. 5567-000001-  
16 CRK).

17 25. Where it does address human health related issues, the draft environmental impact  
18 statement found that “[t]he addition of rail traffic associated with the proposed Facility would  
19 cause some segments of rail lines to approach or exceed capacity, resulting in moderate to major  
20 impacts.” Ex. 0051-000000-PCE at ES-38. The DEIS stated that motor vehicle delays at at-  
21 grade crossings would be moderate to major, *id.*, with Tesoro Savage – Vancouver Energy  
22 increasing traffic delays at 200 railroad crossings in Washington by 15% to 26%, or an additional  
23 20 to 40 minutes each day. The DEIS forthrightly admits that the increased railroad crossing  
24

1 delays caused by the proposed terminal “could have disproportionate effects on environmental  
2 justice populations” and would have moderate to major impacts for some minority and/or low-  
3 income populations. This increase in vehicle delays could constitute a major unavoidable impact  
4 to emergency responders (fire, police and ambulance) and human health (patients, physicians,  
5 health support personnel). Ex. 0051-000000-PCE at ES-39, ES-41-42.

6 26. The DEIS contains no discussion of chronic noise exposure to communities along  
7 the rail line, which could be very substantial.

8 27. The DEIS does present some emissions data from on-site and near-site rail  
9 sources, Ex. 0051-000000-PCE at 3.2.4.2, but as was explained in the DEIS comments of Dr.  
10 Elinor Fanning, Ex. 5530-000006-CRK, that data is incomplete and needs additional analysis.

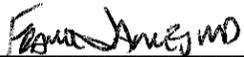
11 28. Also, the DEIS also reveals a number of serious human health risks that cannot be  
12 adequately mitigated. For example, the DEIS states that “The Washington State Military  
13 Department’s EMD performed a survey of fire departments/districts in June 2014 for Ecology  
14 and found that ‘even the most metropolitan, best-equipped departments consider themselves ill  
15 prepared to respond to a crude-by-rail [incident] with related explosion and/or fire incident.’”  
16 Ex. 0051-000000-PCE at 4-46 - 4-47. In the event of a fire or explosion along the rail corridor  
17 or at the facility, workers, responders, residents, or members of the public could be injured or  
18 killed. Ex. 0051-000000-PCE at 4-85 - 4-86. Those fires and/or explosions “would likely have  
19 greater potential for human health impacts in densely populated areas as opposed to more rural  
20 environments.” Ex. 0051-000000-PCE at 4-91.

21 29. Finally, the DEIS uses almost entirely as a standard the federal and state  
22 regulations for each measure reviewed. Especially given the influx of large fossil fuel terminals  
23 in the Pacific Northwest, many doctors, me included, are concerned that these federal and state  
24

1 regulations are often at variance with the best available science and as a result, are not  
2 adequately protective of human health. For example, the “allowable” level of noise exposure in  
3 fact allows a great deal of damage to children’s ability to learn and has long-term impacts on  
4 their mental capacity. That is one additional reason that a Health Impact Assessment is essential  
5 because it applies the data on exposure to the actual population being exposed, and will generate  
6 specific data about the range of actual outcomes that will occur with regard to mortality and  
7 mobility (death and suffering) caused by the proposed project.

8 I declare under penalty of perjury that the foregoing is true and correct to the best of my  
9 knowledge.

10 Executed this 12 day of May, 2016, at Bellingham, Washington.

11  
12   
13 \_\_\_\_\_  
14 DR. FRANK JAMES

# Frank Eugene James, M.D.

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## EDUCATION

High School      Wilson High, Tacoma WA (Attended University of Washington for two summers as a full time student while in high school).

Undergraduate      **BA, Magna Cum Laude**

Fairhaven College and University of Washington      69-73  
(overall GPA 3.74, premedical courses GPA 3.86)

Graduate School      **PhD candidate**, Boston University, Socio-linguistics.      74-75

Medical Degree      **MD**, University of Washington, Seattle, WA      79-84

Honors: Family Medicine, Pediatrics, Surgery, Psychiatry, Trauma-Emergency Medicine, Alcoholism Treatment and Immunology.

Outstanding Community Service Award: selected by classmates.

Scholarships: W. Hunter Simpson Scholarship, Frank McCleary Medical Scholarship, University of Washington School of Medicine Scholarship.

Pre-Doctoral Fellowship: US Public Health Service, Pre-Doctoral Training Grant, University of Washington School of Medicine. "Non-Traditional Therapies: Identification and Evaluation of Often-Used Medicinal Plants in a Community Setting."

## LICENSURE

MD University of Washington, Seattle 6/84  
Residency, Providence Medical Center 85-87  
Permanent licensure, Washington State #00022929

Diplomat, National Board of Medical Examiners      7/85  
Diplomat, American Board of Family Practice      9/87  
Recertified, American Board of Family Practice      7/05  
Advanced Trauma Life Support Certification      10/87  
Advanced Cardiac Life Support Recertification      2/88

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## WORK EXPERIENCE

1992 - present

### **School of Public Health, University of Washington**

1959 Northeast Pacific Street, Seattle, WA 98195 (206) 616-2930

#### **Clinical Assistant Professor, Health Services**

Teaching, research and community partnerships development.

Assists in teaching a variety of courses mainly in outbreak investigation, health assessment and health policy. A variety of research projects most recently primary investigator in PCR diagnostic test for Hepatitis C virus infections. Leader in Kellogg Grant which brought together very diverse racial and ethnic groups in community based health promotion initiative.

Offer practicum supervision for MPH candidates in projects in Thailand, India, China, Kenya, East Timor, Taiwan and the San Juan Islands.

1992 - present

### **San Juan County Health & Community Services Department**

145 Rhone, Friday Harbor, WA 98250 (360) 378-4474 FAX (360) 378-7036

#### **6/92 - 6/94 Health Officer and Director**

Direct supervision of 28 personnel and clinical supervision of 13 programs. Expanded and reorganized department and assisted County Commissioners in hiring a new Director.

#### **6/94 - present Health Officer (onsite 8 hours per week in San Juan Islands)**

Continue to provide clinical supervision and policy direction for all clinical programs in both personal and environmental health.

1995 - present

### **American Alpine Institute**

1513 12th Street, Bellingham, WA 98225 (360) 671-1505

Consultant on international travel and mountaineering medicine.

2-2012 - present

### **miCare Bellingham Clinic, Staff physician**

809 W. Orchard Drive Suite #4 Bellingham WA 98225  
360 318-7345 FAX 360 318-7344

6-2007 - present

### **Nooksack Tribe, Health Officer**

4971 Deming Road - P.O. Box 157 - Deming WA 98244  
(360) 592-0135 FAX (360) 592-9500

2001- 2007

### **Colonial Pipeline Company**

1185 Sanctuary Parkway Suite 100, Alpharetta GA 30004-4738

Consultant on safety and health promotion/disease prevention.

2001 - 2010

### **Cascadia Cancer Prevention**

Cancer Center St. Josephs Hospital Bellingham WA 98225

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3217 Squalicum Parkway, Bellingham WA 98225 (360) 738-6756  
Primary Investigator for SELECT Prostate Cancer prevention trial for the Bellingham site, funded by National Institute of Health in cooperation with South West Oncology Group

5-2006 - 7-2007

## **Nooksack Tribal Clinic, Medical Director**

6760 Mission Rd, Everson WA

1990 - 2005

## **Opportunity Council, Interfaith Family Health Center**

220 Unity Street, Bellingham, WA 98225 (360) 676-8606 FAX (360) 671-3574

6/90 - 7/96 **Medical Director**

Clinical supervision of Physicians, Nurse Practitioners and Medical Assistants.

7/96 - 5/01 **Medical Director and Family Practice Clinician (25 hr/week)**

Direct clinical supervision of staff and volunteer physicians, ARNPs, nursing staff, medical assistants and psychologist. Also direct provision of primary care and primary investigator on research projects. Developed this clinic, which accepts all patients regardless of their ability to pay, from a single ARNP to 4 ARNPs, six MDs and seven dentists over 11 years.

5/01 - 1/05 **Staff Physician, on call (up to 20 hrs /week)**

Provision of direct clinical services to full range of patients in community clinic setting.

1989 - 1998

## **Whatcom County Department of Health and Human Services**

509 Girard Street, Bellingham, WA 98225 (360) 676-6720 FAX (369) 676-7646

8/89 - 7/96 **Health Officer and Director, Public Health Department**

Direct clinical supervision of staff and administrative direction of department. Built department from 32 to over 80 employees and developed budget from \$2.2 million to over \$5 million annually. And direct patient care in Travel, STD, Well Child and TB.

7/96- 4/98 **Health Officer, Health and Human Services (30 hrs/week)**

Responsibility for clinical supervision of department, enforcement of county, state and federal public health regulations in both personal and environmental health. Provide consultation to medical community and the public on communicable disease and other public health issues. Direct care to patients in communicable disease clinic and international travel clinic.

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1987 - 1989

**United States Public Health Service, Lieutenant Commander**  
Comprehensive Health Care Facility, Crownpoint NM 87313 (505) 786-5291

8/87 - 6/88     **Staff Physician**

Health Promotion/Disease Prevention Coordinator, Diabetes Program, Pueblo Pinatado Clinic Staff.

6/88 - 7/89     **Director, Community and Preventive Health Services**

Direct supervision of over 40 staff nurses, sanitarians, TB workers, social hygiene workers, dentists, dental hygienists, health promotion/disease prevention community outreach workers, community health representatives and diabetes control staff.

## COMMUNITY SERVICE

10-2009- present

**Northwest Indian College, Institutional Review Board (IRB), member**

Center for Health, 2522 Kwina Rd Bellingham, WA 98226 360-392-4237

. Reviewing and approving human subject research proposals to protect the safety and security of the participants and the community.

1999 - present

**Institute for Village Studies (<http://villagestudies.org>) Board of Directors and President of BOD**

IVS organizes service-learning projects mostly in Central America and Asia for college students. They have been working in Belize for 10 years and India and Thailand for 7 years. Community assessment is done in a creative asset based process that meets the community at the place where the community defines what its goals and objectives are and students and staff of IVS find ways to help make those goals achievable. For example in Belize the tutoring project that the community wanted has led to an increase of Mayan students passing the entrance exam for high school from 10% to over 90%.

2010 to 2014

**Health Equity and Social Justice Committee, National Association of City and County Health Organizations.** A national group that assists healthcare providers in recognizing the importance of the social determinants of health and works toward social equity in the United States.

2006 - 2011

**Northwest Washington Indian Health Board Member**  
1400 King Street Suite 104 Bellingham WA 98225

# Frank Eugene James, M.D.

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1998 - 2008

**Foundation for International Health Care Board of Directors**  
9608 SE 40th St, Mercer Island, WA 98040

A 501c3 that is committed to assisting organizations and individuals that would like to provide material support for programs in other countries to improve health care. FIHC does so by serving as a connection between our communities and those in other places around the world. Significant donations have been facilitated to India, Thailand, Eritrea and others.

1998 - 2006

**ReSources** (<http://www.re-sources.org>) Board of Directors  
1155 N State St Suite 623, Bellingham, WA, 98225. 360-733-8307

ReSources has for the past 20 years provided leadership to the region in recycling, environmental education and environmental advocacy. Annually ReSources runs about \$500,000 in grants and contracts for environmental education and action on one side and on the other runs two model businesses that recycle buildings and building materials from deconstruction to sale of materials both in Bellingham and Seattle. Together the ReStores generate about \$500,000 in sales each year. President of Board 2005.

2000 - 2003

**Urgent Africa** (<http://www.urgentafrica.org/>) Board of Director  
P.O. Box 12035, Seattle, WA 98102 206-726-3459

Urgent Africa provides health services, education and support to widows and orphans, as well as works in cooperation with Majiwa village, Kenya to build healthy and self-sufficient communities with a sustainable economy.

2002 - 2004

**Spring Street International School**  
(<http://www.springstreet.org/>) Board of Trustees 505 Spring St Friday Harbor, WA 98250  
(360) 378-6393

Spring Street School opened in the fall of 1995 in response to the interest of students and parents seeking a rigorous academic program responsive to the skill levels and interests of individual students. The school is approved by the Washington State Board of Education to serve students in grades 5 through 12. The school seeks to promote a balance for students between an intensive academic program and experiential education, including field trips, wilderness experiences and an overseas service-learning. We believe the exposure our students receive to a wide range of experiences helps keep the isolation of island living from imposing limitations on their choices in life.

1999 - 2003

**SAFE Bellingham** (<http://www.safebellingham.org/>) Steering Committee

The day after a gasoline pipeline exploded killing 3 in our community on June 10<sup>th</sup> this group was founded by Dr James. He raised over \$60,000 to support its work in the first year, helped to put on a

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national conference in WA DC, spoken out to community and industry locally and nationally. SAFE manages a national list serve on the topic and helped to pass federal legislation to reform the pipeline industry. Ultimately over \$100 million in fines were assessed the responsible parties and 3 of 4 corporate executive went to prison.

1998-1999

## **Computers for Kids** founding Board of Directors

Recycling computers for lower-income families with school-age children

1996 - 1997

## **Beyond Greenways** (Ballot Proposition 1) Steering Committee

Provided leadership to this two year effort that provides for \$20 million to be put towards parks and open space with the City of Bellingham.

1983

**Delegate** Representing the United States to the Third World Congress of the International Physicians for the Prevention of Nuclear War, Amsterdam. (In 1985 this group received the Nobel Peace Prize)

## AFFILIATIONS

**Member**

American Society of Tropical Medicine and Hygiene

International Society of Travel Medicine

International Union for Health Promotion and Education

GLOBALink Global Network for Tobacco Control

Washington State Association of Local Health Officials

Washington State Public Health Association

**President**

Whatcom County Medical Society (1999)

**Delegate**

Washington State Medical Association (numerous years)

**National Vice-President**

American Medical Student Association (1983-1984)

**President**

University of Washington Medical Student Association (1980 and 1981)