St. Croix Community Health Survey of Industrial Impacts

This is a voluntary questionnaire designed to document the community health impacts of industries on St. Croix from the 1960s to 2012. What historic impact have heavy industries like Hess Oil, HOVIC, HOVENSA, and Harvey Alumina/Alcoa had on residents of St. Croix? This Community Health Survey attempts to answer this long-term question by gathering information from community members themselves. The final results will be shared with the community, government officials, and researchers. Individual data can remain confidential, but aggregate results will be made public.

This questionnaire is a continuation of the St. Croix Community Health survey distributed by Dr. JoAnna Poblete, historian and professor at Claremont Graduate University, from May 2022 to May 2023. If you filled out this survey during that period, please do not complete this form. This research is also building on the information gathered by the "Building Environmental Justice on STX" project at Bennington College that was developed by Dr. David Bond of Bennington College in collaboration with Crucian Heritage and Nature Tourism (CHANT), VI Good Food Coalition, and St. Croix Environmental Association (SEA) in 2021. This is an academic based questionnaire and is not affiliated with any lawsuits or companies.

If you have questions about filling out this survey, please contact: JoAnna Poblete at joanna.poblete@cgu.edu or 909-607-9327.

ALL ADULT RESIDENTS OF ST. CROIX ARE ENCOURAGED TO FILL OUT THE SURVEY ONE SURVEY PER PERSON

The survey takes approximately 5-10 minutes to complete

DEMOGRAPHIC INFORMATION

(We will not share your personal information without permission)

Have you filled out an earlier version of this survey before?

Yes

No

Unsure

Which version/when?
Ocommunity health survey focused on Hess Oil/HOVENSA (between May 2022-May 2023)
O Impact of 2021 Limetree refinery restart (between Summer 2021)
O Both
Ounsure
Have you ever lived on St. Croix?
○ Yes
○ No
O Decline to answer
O No, but I have industry emission experiences to share as a visitor
How long have you lived on St. Croix?
What estates have you lived on St. Croix and during which years?
As a visitor with a story to share, when have you visited St. Croix and for how long?

What is your age range?
O Under 18 (you do not qualify to complete this survey)
O 18-29
○ 30-40
O 41-55
O 56-64
○ 65 and over
Do you describe yourself as female, male, or other?
○ Female
O Male
Other
What is the main language spoken in your household?
○ English
○ Spanish
Other
Have you ever worked at a heavy industrial plant?
○ Yes
○ No
O Unsure
O Decline to answer

If you worked in heavy industry, for how long/which years? If willing to share, what industry?
HEALTH IMPACTS (all personal information can remain confidential; aggregate results will be shared)
When HOVENSA was still open before 2013, did you experience trouble breathing that you associate with industrial emissions?
○ Yes
○ No
O Unsure
O Decline to answer
How often did you experience trouble breathing due to emissions?
Rarely (about 1-3 times total
O Every few years
O About 1 time a year
C Every few months
O Monthly
○ Weekly
Other

What years did you experience trouble breathing?

When HOVENSA was still open, did you experience eye irritation that you associate with industrial emissions?
○ Yes
○ No
O Unsure
O Decline to answer
How often did you experience eye irritation due to emissions?
Rarely (about 1-3 times total)
O Every few years
O About 1 time a year
O Every few months
O Monthly
○ Weekly
Other
What years did you experience eye irritation?

When HOVENSA was still open, did you experience headaches that you associate with industrial emissions?
○ Yes
○ No
O Unsure
O Decline to answer
How often did you experience headaches due to emissions?
Rarely (about 1-3 times total)
O Every few years
O About 1 time a year
O Every few months
O Monthly
O Weekly
Other
What years did you experience headaches?

emissions?
○ Yes
○ No
O Unsure
O Decline to answer
How often did you experience nausea due to emissions?
Rarely (about 1-3 times total)
O Every few years
O About 1 time a year
O Every few months
O Monthly
○ Weekly
Other
What years did you experience nausea?

When HOVENSA was still open, did you experience skin rashes that you associate with industrial emissions?
○ Yes
○ No
Ounsure
O Decline to answer
How often did you experience skin rashes due to emissions?
Rarely (about 1-3 times total
O Every few years
O About 1 time a year
O Every few months
O Monthly
O Weekly
Other
What years did you experience skin rashes?

emissions?
○ Yes
○ No
O Unsure
O Decline to answer
How often did you experience vomiting due to emissions?
Rarely (about 1-3 times total)
O Every few years
O About 1 time a year
O Every few months
O Monthly
○ Weekly
Other
What years did you experience vomiting?

Has a health care profession ever told you that you suffered from a respiratory illnesses (like asthma, bronchitis, emphysema, and/or other chest and lung conditions)?
○ Yes
○ No
O Unsure
O Decline to answer
If willing to share, what types of respiratory illness, years of diagnosis, and at what ages?
Has a health care profession ever told any members of your household that they suffered from respiratory illnesses (like asthma, bronchitis, emphysema, and/or other chest and lung
conditions)?
○ Yes
○ No
O Unsure
O Decline to answer
If willing to share, how many household members, types of respiratory illness, ages at diagnosis, and/or genders. If they have passed, at what ages? What years of diagnosis and where did they live?

Have you ever been diagnosed with cancer ?
○ Yes
○ No
Ounsure
O Decline to answer
If willing to share, what type cancers, years of diagnosis, and at what ages?
Have any members of your household ever been diagnosed with cancer?
○ Yes
○ No
Ounsure
O Decline to answer
If willing to chare, how many household members, what types of capear, ages of diagnosis

If willing to share, how many household members, what types of cancer, ages of diagnosis, and/or genders. If they have passed, at what age? What years of diagnoses and where did they live?

Have you or someone in your household been diagnosed with a birth defect ?
○ Yes
○ No
O Unsure
O Decline to answer
If willing to share, what types of birth defect(s), years of birth, and location of birth?
Has a health care professional diagnosed you with any other chronic illnesses (like skin diseases or chronic ear, nose or throat conditions)?
○ Yes
○ No
O Unsure
O Decline to answer
If willing to share, what types of chronic illness, years of diagnosis, and at what ages?

Has a health care professional diagnosed any members of your household with any other chronic illnesses (like skin diseases or chronic ear, nose or throat conditions)?
○ Yes
○ No
O Unsure
O Decline to answer
If willing to share, how many household members, what types of chronic illness, ages of diagnosis, and/or genders. If they have passed, at what age? What years of diagnoses and where did they live?
Have you or anyone in your household sought medical assistance due to health impacts you associate with industrial emissions?
○ Yes
○ No
Ounsure
O Decline to answer
If willing to share, please provide details on types of medical assistance needed due to emissions, dates, and location of residence at the time.
Are there specific dates that you experienced health impacts listed above from industrial emissions? (As able, please list industries and/or time periods).

Have you had any difficulty seeing a medical professional for your health experiences?
○ Yes
○ No
Ounsure
O Decline to Answer
If you have had difficulty seeing a medical professional or have not seen a medical professional for your health problems, please explain.
Is there anything else you would like to share about your experiences with health impacts from industrial facilities before 2013? If so, please describe what you experienced, where you lived, and approximately when these events happened.
[OPTIONAL] If you would like to get updates on this research and/or share your story in more detail, please provide your name and the best means of getting in touch with you.
O Name:
O Email:
O Phone:
Other: