PROGRESS SINCE SEPTEMBER 11TH: PROTECTING PUBLIC HEALTH AND SAFETY AGAINST TERRORIST ATTACKS

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS, AND INTERNATIONAL RELATIONS

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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PROGRESS SINCE September 11th: PROTECTING PUBLIC HEALTH AND SAFETY AGAINST TERRORIST ATTACKS

TUESDAY, FEBRUARY 28, 2006

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS, AND INTERNATIONAL RELATIONS,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 2:06 p.m., in room 2154, Rayburn House Office Building, Hon. Chris Shays (chairman of the subcommittee) presiding.

Present: Representatives Shays, Fossella, Maloney, and Van Hollen.

Staff present: Lawrence Halloran, staff director and counsel; Kristine Fiorentino, professional staff member; Robert A. Briggs, clerk, and Marc LaRoche, intern; Andrew Su, minority professional staff member; and Jean Gosa, minority assistant clerk.

Mr. SHAYS. A quorum being present, the Subcommittee on National Security, Emerging Threats, and International Relations hearing entitled "Progress Since September 11th: Protecting Public Health and Safety Against Terrorist Attacks" is called to order.

On September 11, 2001, the World Trade Center site became the epicenter of seismic events still generating aftershocks across our entire Nation.

We convene in remembrance of those lost and on behalf of those still suffering and dying as a result of the toxic terrors unleashed that day.

The unfinished work of protecting public health in this dangerous era came into painful focus again last year when Hurricane Katrina washed away complacent assumptions about national readiness to deal with large-scale disasters.

So we also come together to commemorate our fellow citizens who died in the storm and to ask, what more must be done to care for those who live and work in the past of cataclysmic devastation.

An 18th century philosopher reached the sad conclusion, "We learn from history only that we do not learn from history. We prefer to forget."

We want to get on with our lives as soon as possible to get back to where we were before disaster struck.

But many suffering long-term effects from toxic exposures at Ground Zero cannot forget, nor can they be forgotten.

Recent deaths and diagnosis of debilitating conditions among September 11th first responders serve as painful reminders of the enduring duty to acknowledge the wounded, ease their suffering, and learn the lessons their hard history teach.

When the subcommittee convened in New York City in 2003, we heard testimony about a disjointed patchwork of Federal, State, and local health programs meant to address unique September 11th health impacts.

First responders and Federal employees who answered the call were falling into bureaucratic crevices between those special programs and regular health care and workers' compensation systems ill equipped to diagnose, treat, or compensate the delayed casualties of the September 11th attacks.

Today, it appears the public health approach to lingering environmental hazards remains unfocused and halting.

The unquestionable need for long-term monitoring has been met with only short-term commitments.

Screening and monitoring results have not been translated into timely protocols that could be used by a broader universe of treating physicians.

Valuable data sets, compiled by competing programs, may atrophy as the money and vigilance to a September 11th health research wane.

This unhappy history warns we are not yet prepared to do essential public health assessments after mass casualty events, natural or man-made.

More recently, the lack of any baseline measurement protocols in the wake of Hurricane Katrina suggests the response to the next disaster may be yet another ruddlerless, ad hoc scramble.

Last week, the White House Report on Hurricane Katrina recommended Federal agencies be prepared "to quickly gather environmental data and to provide the public and emergency responders the most accurate information available to determine whether it is safe to operate in a disaster environment or to return after evacuation."

Those charged with implementing that recommendation should study the history of the September 11th programs as a cautionary guide to lessons still unlearned and mistakes that should not be repeated.

We asked our witnesses to discuss how the Federal investment in the World Trade Center Health Program has been used, how those efforts can be better coordinated and more sharply focused.

We asked them to tell us what we have learned for good or ill about responding to the health effects that sustain toxic terrorism.

We value their perspectives. We appreciate their expertise, and we look forward to their testimony.

With that, the Chair now recognizes Mrs. Maloney, who has been leading the charge in this area, with Mr. Vito Fossella, who I will also ask at this moment for unanimous consent that he be allowed to participate, only if he joins us a little closer. Come on up here, Vito.

[The prepared statement of Hon. Christopher Shays follows:]

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Statement of Rep. Christopher Shays
February 28, 2006

On September 11, 2001 the World Trade Center site became the tragic epicenter of a seismic event still generating aftershocks across our entire nation. We convene in remembrance of those lost, and on behalf of those still suffering, and dying, as a result of the toxic terrors unleashed that day.

The unfinished work of protecting public health in this dangerous era came into painful focus again last year when Hurricane Katrina washed away complacent assumptions about national readiness to deal with large scale disasters. So we also come together to commemorate our fellow citizens who died in the storm and to ask what more must be done to care for those who live and work in the path of cataclysmic devastation.

An 18th Century philosopher reached the sad conclusion we learn from history only that we do not learn from history. We prefer to forget. We want to get on with our lives as soon as possible, to get back to where we were before disaster struck.

But many, suffering long-term health effects from toxic exposures at Ground Zero, cannot forget. Nor should they be forgotten. Recent deaths, and diagnoses of debilitating conditions among 9/11 first responders, serve as painful reminders of the enduring duty to acknowledge the wounded, ease their suffering and learn the lessons their hard histories teach.

When the Subcommittee convened in New York City in 2003, we heard testimony about a disjointed patchwork of federal, state and local health programs meant to address unique 9/11 health impacts. First responders and federal employees who answered the call were falling into bureaucratic crevices between those special programs and regular health care and workers compensation systems ill-equipped to diagnose, treat or compensate the delayed casualties of the September 11th attacks.

Today it appears the public health approach to lingering environmental hazards remains unfocused and halting. The unquestionable need for long term monitoring has been met with only short term commitments. Screening and monitoring results have not been translated into timely protocols that could be used by a broader universe of treating physicians. Valuable data sets compiled by competing programs may atrophy as money and vigilance driving 9/11 health research wane.

This unhappy history warns we are not yet prepared to do essential public health assessments after mass casualty events - natural or man made. The lack of any baseline measurement protocols in the wake of Hurricane Katrina suggests the response to the next disaster may be yet another rudderless, *ad hoc* scramble.

Last week, the White House report on Hurricane Katrina recommended federal agencies be prepared "to quickly gather environmental data and to provide the public and emergency responders the most accurate information available, to determine whether it is safe to operate in a disaster environment or to return after evacuation." Those charged with implementing that recommendation should study the history of the 9/11 programs as a cautionary guide to lessons still unlearned and mistakes that should not be repeated.

We asked our witnesses to discuss how the federal investment in World Trade Center health programs has been used, and how those efforts can be better coordinated and more sharply focused. We asked them to tell us what we have learned – for good or ill – about responding to the health effects of sustained toxic terrorism. We value their perspectives, we appreciate their expertise and we look forward to their testimony.

Mrs. MALONEY. Well, thank you, Mr. Chairman, and I really thank you Chairman Shays for holding this hearing. This is the third of its kind by the subcommittee, and, in fact, this subcommittee is the only Federal Committee to ever hold hearings on the health impact of September 11th, which is an astonishing fact when you consider the enormity of this problem.

I in particular want to welcome all of the panelists, but two of my constituents are here—Mr. Ron Vega, Mr. Marvin Bethea. And I also would like to recognize Ms. Lee Clark, another constituent from D.C. 37 with Workers' Comp, Micki de Hernandez from CWA, who has been dedicated to this issue, and Barbara Coufel from AFSCME. They have all worked selflessly on this issue.

We are joined today by other workers from Ground Zero. We could not have everyone as panelists, but their constant attention, their many visits to Washington, has contributed greatly to the success that Vito Fossella and the chairman and myself are so proud to learn on Monday that the administration has appointed a health czar, a person who will be totally in charge in coordinating response.

I also must mention that the Mayor's Office is here, who has been a partner in this effort in securing a health professional, and also the restoration, which Vito and many others worked so hard on to restore the $125 million to Workers' Compensation and to help the injured workers.

We have thousands of people that are sick and Vito has them coming to his office. I have them to mine, and Chris has his. Many people from Connecticut as well as across this country rushed to Ground Zero, and many of them have not been treated. They have not been monitored, and we hope to change that.

At the last hearing, I asked every witness if they could name anyone in the Federal Government to whom they could turn to for help. Was there anyone that they could go to to help them with their health needs? Everyone called them a hero or a heroine, but where were they to go when they were sick? And absolutely no one could give me a name.

Well, today, we finally have a name—Dr. John Howard, the Director of NIOSH. He is a witness on our second panel. He is a seasoned health professional, and I know, Dr. Howard, that you were just given this responsibility yesterday, but along with Vito and Chris, I look very much forward to working with you, because we have a great deal of work to do to help the men and women who are heroes and heroines, such as Mrs. Bascetta who is here today who was literally buried alive. Many others were buried alive, dug their way out. They are sick now. They went back to the mound. They worked to help others, and we need to be there to help them now.

One of the first things I want to deal with, which I think is incredibly important, is the medical monitoring programs. One of our witnesses, Dr. Levin, has been head of the Health Consortium and has worked on this.

But these programs have documented that thousands of people are still sick. They are sick from their exposure to a virtual cocktail of poisonous asbestos, lead, mercury, powdered glass, pulverized cement, and other carcinogens at Ground Zero, and that many of

these individuals have a lack of access to sufficient medical care or treatment.

The World Trade Center Monitoring Program alone has found that roughly half of the 16,000 people they have screened have a medical condition resulting from September 11th. Some have called a condition called the "World Trade Center cough" that has emerged from this impact of glass in the lungs.

What is worse is that we are now getting news that several responders may have died as the result of their service at Ground Zero years after the attack. And it has been 4½ years. We are coming up on the fifth anniversary, but since June of this year, we have mourned the loss of three heroes of September 11th—EMTs Felix Hernandez, at 31; Timothy Keller, at 41; and NYPD Detective James Cedragu, 34.

These men were all in the prime of their life. Their loved ones told me they would be alive today but for September 11th.

Tim Keller's son says the night he died he was coughing up black phlegm, and many tell me they could rub their loved ones arms and little particles of glass would come out.

The frustrating thing to me is that even with this information, eligibility for medical monitoring is all over the map, and it is more dependent on who you are, what hat you wore, what department you belonged in rather than what you were exposed to.

And with this appointment of a medical chief in charge, I would hope that the debate moves to what you were exposed to as opposed to the various medical monitoring patchwork that has been created across the region.

If you are a Federal employee, you are eligible now for a one-time screening from a program that has been shut down more than it has been operating. The GAO report said that of the approximately 10,000 Federal employees and we are talking FBI, CIA, IRS, FEMA, SEC—that were exposed, when they found—they only monitored or screened 400 of them, and they closed down the program because they didn't know what to do with them, because people were sick and there was no treatment program.

I have been told that there will be no followup exams for the Federal program that is starting up now, and that this program is a screening program, not a monitoring program.

If you are a former Federal employee, as of today, you are not eligible for anything. If you are a New York State employee, you used to be eligible for a one-time screening. But that program has since shut down.

And our point today is that illnesses are not shutting down, and we need to have the scientific instructions sent out to doctors. We have heard stories of people who are coughing up—and very sick—and they have glass in their lungs, and they are being treated for asthma. They have World Trade Center cough.

The CDC has sent protocols to every single doctor in this country for the SARS cough. Why aren't we sending and developing protocol for the World Trade Center cough?

That needs to be done.

Now that you are eligible as New York State and Federal employee to be part of a medical monitoring program, but your first exam is useless, because the New York State Screening Program

failed to coordinate their exam with the other existing monitoring programs.

If you were a construction worker, a firefighter, a police officer, or a volunteer and worked at Ground Zero, you are eligible to be part of medical monitoring programs that we had to fight the administration to create.

If you are an area resident and breathed in this debris, you are not eligible for any federally funded medical screening or monitoring program.

The same is true for area workers, many of whom were back on the job the next day, and school children.

The only thing that everyone is eligible for is the World Trade Center Registry. But let us be clear: Beyond the privacy concerns that have been raised by a number of local unions, the Registry has never conducted a single medical examination.

All it has ever done is conduct phone surveys, requiring individuals to self-report their health status.

I would like to hear from our witnesses any experiences that they have had with this Registry. Specifically, I would like to hear from the doctors on whether it has been of any use to them whatsoever, and it is amazing to me that the Federal Government has found it necessary to include area residents—workers, school children, and others—in a health registry, but are prohibiting the same from existing medical monitoring programs, even after illnesses and injuries are reported.

As we are working out the coordination of monitoring, we also must work on providing actual medical treatment to those who are sick, but lack access to sufficient medical care or treatment.

It is absolutely wrong, and I would say immoral, to find a medical condition and then do absolutely nothing about it. We have made progress in this area and are on the verge of providing the first Federal funding for treatment. That is amazing. It has been 4½ years, and we are just now getting Federal funding for treatment.

But this only happened after a prolonged battle with the administration. There is no way that the funds appropriated will meet all of the unmet needs of the September 11th responders. The funding that I am talking about is the restoration, which my colleague, Vito, worked so hard on with the New York delegation to restore $125 million rescission of the September 11th funding, and I must mention the workers who came up repeatedly to meet with the leaders in Congress to make them aware that this money was needed for their treatment.

Of this $125 million, $75 million will be used for existing monitoring programs and, for the first time, provide funding for treatment. This is indeed an important step forward.

We have here today two of the people who were great advocates in this fight. I would say three. Mrs. Bascetta, Mr. Vega, and Mr. Bethea.

Without their work, and the work of other September 11th responders, this funding would have never been returned to New York.

Now that it has been returned, it is past time for the Federal Government to come up with a comprehensive plan, not just on

how to spend this money, but develop a plan that looks to deal with the unmet needs of everyone exposed to the toxins at Ground Zero.

To this end, I would like to hear from the doctors from the monitoring programs about the unmet needs of their patients. Maybe I have this World Trade Center cough, too.

I would be specifically interested in hearing what you think it will take to finally take care of these men and women. Too much time has passed. The time to act is now. As the September 11th responders will tell you, their life very well depends on it. Thank you.

Mr. SHAYS. I thank the gentlelady. At this time, Mr. Van Hollen has said that we could go to our invited member, Mr. Fossella for a statement.

Mr. FOSSELLA. Well, thank you, Mrs. Maloney, and thank you, Chairman Shays, for holding this I think is an important hearing, and, of course, to my colleague, Carol Maloney. She has been very, very helpful and we are doing what is right for the people who responded on September 11th.

As been mentioned, too many of the people I represent and others are living with severe health problems due to September 11th and will continue to do so for years to come. I commend you, Mr. Chairman, and others for the dedication to this topic.

We know now that when the terrorists flew two airplanes into the Twin Towers on September 11, 2001, New York's police officers, firefighters, EMTs, and so many others put their own lives aside in an heroic attempt to save others. Many did not return home. In the attacks immediate aftermath, countless others flocked to Ground Zero to help with recovery efforts. They spent several days and hours working the pile of wreckage, holding on to the hope of finding survivors. They worked tirelessly, driven by the somber reality that Ground Zero needed to be cleaned up quickly to bring peace for those who lost loved ones and to help lower Manhattan and America rise again.

Many first responders and volunteers hoped the pain would eventually pass, but many continue suffering today. It has been revealed that tens of thousands of first responders, Federal employees, and lower Manhattan residents and workers are suffering from health problems likely caused by exposure to toxins at or near the World Trade Center site. They inhaled asbestos, lead, mercury, powdered glass, and other carcinogens stagnating in the air.

According to a federally funded World Trade Center Medical Screening Program, approximately half of the 16,000 September 11th responders that they have screened continued to need physical and or mental health treatment. In many cases, they need further testing as well.

Our New York City Fire Department I believe we will hear shortly study reported similar findings: Thousands of other responders eligible for medical screening are still left in need.

After a long fight, our Federal Government is now on its way toward providing a better response to this problem. This past year has been mentioned. My colleague, Congresswoman Maloney, and I came together with our other New York colleagues and successfully reversed the rescission of $125 million for September 11th first responders and workers.

We were also successful at freeing up this funding to be used for treatment for the first time ever. Thanks to these victories, many will continue receiving the treatment they need to live more normal lives. Those not currently served can also now live with the hope there is help out there, and America has not forgotten their sacrifice.

Unfortunately, tragedy has come in the wake of these successes. We have heard in the past 9 months three of these responders lost their lives from what are believed to be sicknesses incurred during the heroic rescue and recovery efforts. Their names have been mentioned, but bear repeating—the EMTs Timothy Keller, Felix Hernandez, and Police Detective James Cedragu, now counted among the victims of September 11th.

Thousands of others are living with persistent health problems believed to be associated with their September 11th response. One medic I talked to is no longer able to work due to severe respiratory illnesses and vision problems doctors feel all relate to his efforts on September 11th.

Another individual suffers from respiratory problems caused by severe internal chemical burns from toxins inhaled at Ground Zero. One of the witnesses today, Mr. Vega, will testify about high levels of mercury and arsenic in his blood. These toxins will affect his liver and brain cells. He has also been diagnosed with restrictive lung diseases and post-traumatic stress disorder associated with September 11th.

Other common conditions are heart disease, bronchitis, and emphysema.

Many of our September 11th responders are facing dire circumstances. Some have tragically passed away. However, today offers others like him will not suffer a similar fate and those living with September 11th health problems as they will in the future.

After requests from Congresswoman Maloney and I, I am very pleased to, as she has mentioned Health & Human Services Secretary Michael Leavitt, who we met with earlier today, with Mayor Blumberg, has been a strong advocate in this cause, has chosen, as been mentioned, Dr. John Howard as the Federal Government's September 11th Health Coordinator. Dr. Howard, we look forward to your efforts in helping those in need.

I welcome Dr. Howard here again and look forward to working with all of us and many—I can't bear repeating enough for the last 4½ years, there have been many on the ground back in New York who have dedicated their lives to helping those in need—many of the not-for-profit, fundraisers, etc., in the health community, and one person in particular I would like to acknowledge is Dr. Kelly, most important a Staten Island resident, who is here today, a Grimes Hill resident and a graduate of Notre Dame Academy on Grimes Hill. Doctor, thank you for what you have been doing for these last several years especially.

With that, Mr. Chairman, I want to thank you and let us hope that not just the witnesses here, but, as we know, there are thousands of people who are not here. They need to know one thing: that September 11th may have been a very bad day and a tragic one in this country's history, and there are many people who responded heroically, and they need to know that this Congress and

this country will never forget their sacrifice and will stand by them. And I think this hearing helps to underscore that commitment.

Thank you very much.

Mr. SHAYS. I thank the gentleman. Mr. Van Hollen. Thank you for your patience.

Mr. VAN HOLLEN. Well, no, thank you, Mr. Chairman. Thank you for holding a hearing on this very important issue, and I commend my colleagues from New York, Mrs. Maloney and Mr. Fossella, for their leadership in this area. And I will be brief in my remarks.

As you said, Mr. Chairman, in your opening remarks, we have an obligation as a country to learn from tragedies that strike us as a Nation. On September 11th, we had a tragedy that struck all Americans, but, of course, particularly people in New York City, in the Washington area, and, of course, on the plane that crashed in Pennsylvania.

And we have had a lot of opportunities as a country to learn from those disasters and try to determine what we can do to prevent and respond to other disasters. We saw in the case of Hurricane Katrina that unfortunately the Federal Government did not learn its lessons. We were not adequately prepared, and there is much unfinished business we can do to prevent future tragedies, whether they are man-made or whether they are from natural causes, and to respond and be prepared to respond to those tragedies.

But in the process of learning lessons from the tragedy of September 11th and lessons from Katrina, it is important that we not forget the people who were victims in those tragedies and those who put their lives on the line, and nevertheless continue to suffer from the long-term health effects of exposure to toxics and other environmental conditions.

And so I hope as we learn the lessons from those tragedies to avoid future tragedies and decide how to best respond to them, we do not forget those heroes who were part of responding, and that is what today is all about is trying to find a way to make sure that those people who put their lives on the line that they have their health care needs addressed. And I thank you, Mr. Chairman, again my colleagues from New York for your work in this area.

Mr. SHAYS. I thank the gentleman. Before I recognize the witnesses, I ask unanimous consent that all members of the subcommittee be permitted and those have been given unanimous consent to participate be permitted to place an opening statement in the record, and the record will remain open for 3 days for that purpose. Without objection, so ordered.

I ask further unanimous consent that all witnesses be permitted to include their written statement in the record. And without objection, so ordered.

Recognizing our panel, we have Ms. Cynthia Bascetta, Director of Health Care, Government Accountability Office; Mr. Ronald Vega, architect, city of New York, Department of Design and Construction; Mr. Marvin Bethea, New York City paramedic; Dr. Stephen M. Levin, co-director of the World Trade Center Work and Volunteer Medical Screening Program, medical director of the Mount Sinai Center for Occupational and Environmental Medicine; and Dr. Kerry J. Kelly, Fire Department of New York, chief medi-

cal officer, Bureau of Health Services co-director of the Fire Department of New York WTC Medical Program—Fire Department of New York? Yes. OK. You get the Fire Department of New York in there a lot.

Please, if you would stand and raise your right hands.

[Witnesses sworn.]

Mr. SHAYS. Note for the record our witnesses have responded in the affirmative, and two others who may provide testimony will provide that to you, Mr. Transcriber, if they testify. But they have been sworn in.

You may begin.

STATEMENTS OF CYNTHIA A. BASCETTA, DIRECTOR, HEALTH CARE, GOVERNMENT ACCOUNTABILITY OFFICE; RONALDO VEGA, ARCHITECT, CITY OF NEW YORK, DEPARTMENT OF DESIGN AND CONSTRUCTION; MARVIN BETHEA, PARAMEDIC, NEW YORK CITY; STEPHEN M. LEVIN, M.D., CO-DIRECTOR, WORLD TRADE CENTER WORKER AND VOLUNTEER MEDICAL SCREENING PROGRAM, MEDICAL DIRECTOR, MOUNT SINAI CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, NEW YORK, NY; AND KERRY J. KELLY, M.D. CHIEF MEDICAL OFFICER, BUREAU OF HEALTH SERVICES, FDNY, AND CO-DIRECTOR, FDNY-WTC MEDICAL PROGRAM, NEW YORK, NY

STATEMENT OF CYNTHIA BASCETTA

Ms. BASCETTA. Thank you, Mr. Chairman and members of the subcommittee.

I am pleased to be here today to update you on the progress of programs established to monitor adverse health effects in the aftermath of the World Trade Center attack.

As you know, up to 400,000 people living, working, and attending school in the vicinity were affected, and thousands of responders were exposed to many physical and environmental toxins as they took part in rescue, recovery, and clean up activities.

The magnitude and unprecedented nature of this event also caused significant psychological trauma for responders and many other people.

More than 4 years later, the long-term effects on physical and mental health are still of great concern.

In my remarks today, I will first discuss the four federally funded programs that are implemented by State and local government agencies or private organizations to serve State and local workers as well as the general population.

Then I will share our findings about the program established to monitor the health of Federal workers who responded to the disaster in an official capacity.

For State and local workers, the New York City Fire Department's program and the Worker and Volunteer Program, have provided medical examinations to more than 15,000 and 14,000 people, respectively, and are also tracking their health over time. Both programs are accepting new enrollees for initial screening, have begun to conduct followup examinations, and provide referrals for participants who require treatment.

A third program, the New York State Responder Screening Program, offered one-time examinations to State employees, including the National Guard.

After screening about 1,700 of the estimated 9,800 stated responders, this program stopped in November 2003, in part because the number of responders requesting examinations was dwindling and no followup was planned.

State responders were allowed to participate in the Worker and Volunteer Program beginning in February 2004.

The fourth program, the World Trade Center Registry, is designed for research on long-term health effects through 2023, and has collected health information through interviews with over 71,000 responders and others exposed to the hazards caused by the collapse of the Towers.

Officials from the Registry, as well as the other programs doing long-term monitoring, expressed concerns that the duration of Federal funding arrangements may be too short to identify all health effects that may develop over time.

For Federal workers who are not eligible for other monitoring programs, a few hundred were screened by Federal agencies within the Army and the Justice Department. But for the vast majority, HHS' program lagged behind by about a year, accomplished little, and was dormant between March 2004 and December 2005.

Of the estimated 10,000 Federal workers who were sent by their agencies to respond, only about 500 have received screening examinations.

HHS officials told us that three operational issues contributed to their decision to suspend the program. First, they could not inform all eligible Federal responders because they didn't have a comprehensive list of their names.

HHS is now spending about $500,000 to develop the list and to recruit enrollees.

Second, officials reported that clinicians were concerned about providing screening examinations to the many participants who need additional testing and followup care, especially for respiratory and mental health problems.

This issue was resolved in July 2005 by a new interagency agreement that provided directions for how to handle further diagnostic tests, treatment, or referral. Five months later, HHS resumed the program and decided how to resolve its third issue, dealing with its authority to provide examinations for former Federal employees.

Mr. Chairman, we believe that Federal, State, and local government officials who are responsible for planning and implementing health monitoring in the aftermath of any disaster could improve their effectiveness by applying the lessons learned from the World Trade Center experience.

For example, officials emphasized how time is of the essence in identifying and contacting affected people, because the passage of time erodes their memories and reduces the likelihood of collecting accurate information.

Using the Rapid Response Registry could reduce delays in collecting time-sensitive data.

Another lesson is the value of centrally coordinated planning, which could improve the underlying data base for research and

eliminate the need for separate and sometimes incompatible programs for different populations.

Finally, officials stress that it will be time consuming to identify providers available to treat participants, especially those without health insurance.

This may be especially important for mental health care needs, which are often less obvious initially, but which take on greater significance over time.

This concludes my remarks, and I would be happy to answer any questions that you or the other subcommittee members might have.

[The prepared statement of Ms. Bascetta follows:]

United States Government Accountability Office

GAO

Testimony

Before the Subcommittee on National Security, Emerging Threats, and International Relations, Committee on Government Reform, House of Representatives

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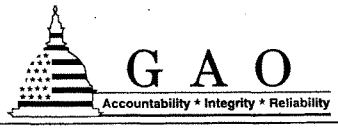
SEPTEMBER 11

Monitoring of World Trade Center Health Effects Has Progressed, but Program for Federal Responders Lags Behind

Statement of Cynthia A. Bascetta
Director, Health Care



GAO-06-481T

February 28, 2006

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Highlights

Highlights of GAO-06-481T, a testimony before the subcommittee on National Security, Emerging Threats, and International Relations, Committee on Government Reform, House of Representatives

SEPTEMBER 11

Monitoring of World Trade Center Health Effects Has Progressed, but Program for Federal Responders Lags Behind

Why GAO Did This Study

After the 2001 attack on the World Trade Center (WTC), nearly 3,000 people died and an estimated 250,000 to 400,000 people in the vicinity were affected. An estimated 40,000 people who responded to the disaster—including New York City Fire Department (FDNY) personnel and other government and private-sector workers and volunteers—were exposed to physical and mental health hazards. Concerns remain about the long-term health effects of the attack and about the nation's capacity to plan for and respond to health effects resulting from future disasters.

Several federally funded programs have monitored the physical and mental health effects of the WTC attack. These monitoring programs include one-time screening programs and programs that also conduct follow-up monitoring. GAO was asked to assess the progress of these programs and examined (1) federally funded programs implemented by state and local government agencies or private institutions, (2) federally administered programs to monitor the health of federal workers who responded to the disaster in an official capacity, and (3) lessons learned from WTC monitoring programs. GAO reviewed program documents and interviewed federal, state, and local officials and others involved in WTC monitoring programs. This statement updates information GAO provided to the Subcommittee on September 10, 2005.

www.gao.gov/cgi-bin/getrpt?GAO-06-481T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cynthia A. Bascetta at (202) 512-7101 or bascettac@gao.gov.

What GAO Found

Three federally funded monitoring programs implemented by state and local governments or private organizations after the WTC attack, with total funding of about $104 million, have provided initial medical examinations—and in some cases follow-up examinations—to thousands of affected responders to screen for health problems. For example, the FDNY medical monitoring program completed initial screening for over 15,000 firefighters and emergency medical service personnel, and the worker and volunteer program screened over 14,000 other responders. The New York State responder screening program screened about 1,700 state responders before ending its examinations in 2003. These monitoring programs and the WTC Health Registry, with total federal funding of $23 million, have collected information that program officials believe researchers could use to help better understand the health consequences of the attack and improve treatment. Program officials expressed concern, however, that current time frames for federal funding arrangements may be too short to allow for identification of all future health effects. CDC recently received a $75 million appropriation to fund health screening, long-term monitoring, and treatment for WTC responders and is deciding how to allocate these funds.

In contrast to the progress made by other federally funded programs, the Department of Health and Human Services' (HHS) program to screen federal workers who were sent by their agencies to respond to the WTC disaster has accomplished little and lags behind. The program—which started in June 2003, about one year later than other WTC monitoring programs—completed screening of 527 of the estimated 10,000 federal workers who responded in an official capacity to the disaster, and in early 2004, examinations were suspended for almost 2 years. The program's limited activity and the exclusion of federal workers from other monitoring programs because of the assumption that they could receive screening examinations through the HHS program may have resulted in many federal responders losing the opportunity to identify and seek treatment for their WTC-related health problems.

Officials involved in WTC health monitoring programs cited lessons from their experiences that could help others who may be responsible for designing and implementing health monitoring efforts that follow other disasters, such as Hurricane Katrina. These include the need to quickly identify and contact people affected by a disaster; to monitor for mental health effects, as well as physical injuries and illnesses; and to anticipate when designing disaster-related monitoring efforts that there will likely be many people who require referrals for follow-up care and that handling the referral process may require substantial effort.

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me to participate in today's hearing to discuss issues related to the health effects that people continue to experience in the aftermath of the September 11, 2001, terrorist attack on the World Trade Center (WTC).[1] My testimony today updates information we reported to you in September 2005.[2] After the collapse of the WTC buildings, nearly 3,000 people died, and an estimated 250,000 to 400,000 people who lived, worked, or attended school in the vicinity were affected. An estimated 40,000 people responded to the disaster, including New York City Fire Department (FDNY) personnel and other government and private-sector workers and volunteers from New York and other locations across the nation. These responders,[3] as they took part in various rescue, recovery, and cleanup activities in the days, weeks, and months following the attack, were exposed to numerous physical hazards and environmental toxins because of the destruction caused by the attack. The magnitude and unprecedented nature of this event also exposed responders and many other people to considerable psychological trauma.

Four years after the destruction of the WTC buildings, concerns remain about the long-term physical and mental health effects of the attack. Several recent studies of responders report that many of them have high rates of physical and mental health symptoms, of which respiratory problems are the most persistent physical effects.[4] While the nature and severity of a future terrorist attack cannot be predicted, our prior work on the health effects of the WTC attack, the 2001 anthrax attacks, and bioterrorism preparedness, as well as reports by other organizations,

[1]A list of abbreviations used in this testimony is in app. I.

[2]GAO, *September 11: Monitoring of World Trade Center Health Effects Has Progressed, but Not for Federal Responders*, GAO-05-1020T (Washington, D.C.: Sept. 10, 2005).

[3]In this testimony, the term responders refers to anyone involved in rescue, recovery, or cleanup activities at or near the vicinity of the WTC site and Staten Island Fresh Kills landfill (the off-site location of the WTC recovery operation).

[4]See, for example, Centers for Disease Control and Prevention, "Mental Health Status of World Trade Center Rescue and Recovery Workers and Volunteers—New York City, July 2002-August 2004," *Morbidity and Mortality Weekly Report*, vol. 53 (2004); Centers for Disease Control and Prevention, "Physical Health Status of World Trade Center Rescue and Recovery Workers and Volunteers—New York City, July 2002-August 2004," *Morbidity and Mortality Weekly Report*, vol. 53 (2004); and Gisela I. Banauch and others, "Bronchial Hyperreactivity and Other Inhalation Lung Injuries in Rescue/Recovery Workers after the World Trade Center Collapse," *Critical Care Medicine*, vol. 33, no. 1 (2005).

highlight the importance of ensuring the nation's capacity to plan for and respond to the short- and long-term health consequences likely to result in the event of a future attack or other disaster, such as the destruction recently caused by Hurricane Katrina.[5]

As we testified in September 2004, in the aftermath of the WTC attack, five key federally funded programs were implemented to assess the short-term, and in some cases long-term, effects on people's physical and mental health. These programs include the FDNY WTC Medical Monitoring Program, WTC Medical Monitoring Program (worker and volunteer program),[6] New York State responder screening program, WTC Health Registry, and Department of Health and Human Services' (HHS) WTC Federal Responder Screening Program. You asked us to provide information on the progress of these monitoring programs[7] in September 2005, and to update that information for this hearing. My testimony today updates the information we reported to you in September 2005 on (1) progress made by federally funded programs that are implemented by state and local government agencies or private organizations and were established to monitor the health of people in the aftermath of the attack, (2) progress made by federally administered programs established to monitor the health of federal workers who responded to the disaster in an official capacity, and (3) lessons from WTC monitoring programs that could assist those who may be responsible for future disaster-related health monitoring efforts.

To provide the information we reported in September 2005, we conducted our work from July through September 2005. We obtained and reviewed program documents dating from the beginning of the programs, including grantee progress reports, budget documents, clinical protocols, health screening and other assessment tools, and selected peer-reviewed articles

[5]See, for example, GAO, *September 11: Health Effects in the Aftermath of the World Trade Center Attack*, GAO-04-1068T (Washington, D.C.: Sept. 8, 2004); GAO, *Bioterrorism: Public Health Response to Anthrax Incidents of 2001*, GAO-04-152 (Washington, D.C.: Oct. 15, 2003); GAO, *Public Health Preparedness: Response Capacity Improving, but Much Remains to Be Accomplished*, GAO-04-458T (Washington, D.C.: Feb. 12, 2004); and Institute of Medicine, *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy* (Washington, D.C.: 2003).

[6]This program was formerly known as the WTC Worker and Volunteer Medical Screening Program. In this testimony, we refer to the program as the worker and volunteer program.

[7]In this testimony, we use the term monitoring program to refer to both one-time screening programs and programs that include initial screening and periodic follow-up monitoring.

based on information collected by WTC monitoring programs. We also interviewed federal, state, and local officials and others involved in administering WTC monitoring programs, including officials from HHS and the Department of Homeland Security (DHS);[8] New York State Department of Health; New York City Department of Health and Mental Hygiene; and FDNY. Within HHS, we interviewed officials from the Agency for Toxic Substances and Disease Registry (ATSDR); the Centers for Disease Control and Prevention's (CDC) National Center for Environmental Health and National Institute for Occupational Safety and Health (NIOSH); Federal Occupational Health Services (FOH);[9] and the Office of Public Health Emergency Preparedness (OPHEP). We also obtained information from the Department of Defense (DOD) and the Department of Justice. We interviewed medical professionals affiliated with the New York University School of Medicine, FDNY's Bureau of Health Services (FDNY-BHS), Long Island Occupational and Environmental Health Center, Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine, Mount Sinai School of Medicine Department of Psychiatry, and the University of Medicine and Dentistry of New Jersey's Robert Wood Johnson Medical School. HHS and New York State officials provided comments on the information we provided in September 2005, and we made changes as appropriate. To prepare today's testimony, we conducted our work during February 2006 and obtained updated information from officials at the New York State responder screening program and the WTC Federal Responder Screening Program. We also obtained updated information from officials at the WTC Registry about their monitoring plans. In addition, we obtained information from CDC officials about a $75 million appropriation the agency received in fiscal year 2006 to fund health services for WTC responders. For the information in this statement, we relied on data provided by agency officials and contained in government publications and did not independently verify the data we obtained. In our judgment the reliability of the information we obtained was adequate for our purposes. We conducted our work in accordance with generally accepted government auditing standards.

In summary, three federally funded programs implemented by state and local governments or private organizations in the aftermath of the WTC attack, with total federal funding of about $104 million, have provided

[8]The DHS officials we spoke with were from the Federal Emergency Management Agency, which became part of DHS in March 2003.

[9]FOH is a part of HHS's Program Support Center.

initial medical examinations—and in some cases follow-up examinations—to thousands of affected responders to screen for health problems. For example, the FDNY program completed initial screening for over 15,000 firefighters and emergency medical service personnel, and the worker and volunteer program has screened over 14,000 other responders. The New York State program screened about 1,700 state responders before ending its screening examinations in November 2003; in general, the program did not inform the approximately 9,800 state responders when they became eligible to participate in the worker and volunteer program in February 2004. Worker and volunteer program officials are working with state employee unions to inform state workers of their eligibility. These three programs and the WTC Health Registry, with total federal funding of $23 million, have collected information that monitoring program officials believe could be used by researchers to help better understand the health consequences of the attack and improve treatment, such as by identifying which types of treatment are effective for specific conditions. Officials of programs that plan to conduct long-term health monitoring are concerned that the time frames of current federal funding arrangements may be too short to allow for identification of all the health effects that participants may eventually experience. In January 2006, CDC received a $75 million appropriation to fund baseline health screening, long-term monitoring, and treatment for WTC responders, and is in the process of deciding how to allocate these funds and how long the allocated funds will be available for each program that receives funding.

In contrast to the progress made by federally funded programs implemented by state and local governments or private organizations, the program that HHS implemented in June 2003 to screen federal workers who were sent by their agencies to respond to the WTC disaster has lagged behind and accomplished little. Through March 2004, the program—which started later than other WTC monitoring programs—completed screenings of 394 of the estimated 10,000 federal workers who responded in an official capacity to the disaster and were not eligible for any other WTC health monitoring program. HHS placed the program on hold in January 2004, when it stopped scheduling new examinations, because it wanted to resolve several operational issues. The program resumed providing examinations for current federal workers in December 2005, and had completed 133 additional examinations as of early February 2006. While examinations have not resumed for WTC responders who are no longer federal employees, OPHEP recently executed an agreement with NIOSH to arrange for the worker and volunteer program to provide examinations to these WTC responders. In addition to the HHS program, we identified two federal agencies that, in the aftermath of the WTC attack, have

implemented programs to assess the health of their own employees who responded to the disaster.

Officials involved in WTC health monitoring programs cited lessons from their experiences that could help others who may be responsible for designing and implementing disaster-related health monitoring efforts in the future. These include the need to quickly identify and contact people affected by a disaster; to monitor for mental health effects, as well as the more obvious physical injuries and illnesses; and when developing health monitoring efforts in the wake of disasters, to anticipate that there will likely be many people who require referrals for further diagnostic and treatment services and that handling the referral process may require a substantial level of effort.

Background

When the WTC buildings collapsed on September 11, 2001, an estimated 250,000 to 400,000 people were immediately exposed to a noxious mixture of dust, debris, smoke, and potentially toxic contaminants in the air and on the ground, such as pulverized concrete, fibrous glass, particulate matter, and asbestos. Those affected included people residing, working, or attending school in the vicinity of the WTC and thousands of emergency response workers. Also affected were the estimated 40,000 responders who were involved in some capacity in the days, weeks, and months that followed, including personnel from many government agencies and private organizations as well as other workers and volunteers.[10]

A wide variety of physical and mental health effects have been observed and reported among people who were involved in rescue, recovery, and cleanup operations and among those who lived and worked in the vicinity of the WTC.[11] Physical health effects included injuries and respiratory conditions, such as sinusitis; asthma; and a new syndrome called WTC cough, which consists of persistent coughing accompanied by severe respiratory symptoms. Almost all firefighters who responded to the attack experienced respiratory effects, including WTC cough, and hundreds had

[10]The responders included firefighters; law enforcement officers; emergency medical technicians and paramedics; morticians; health care professionals; and other workers and volunteers, including those in the construction and ironwork trades, heavy equipment operators, mechanics, engineers, truck drivers, carpenters, day laborers, and telecommunications workers. Numerous federal, state, and New York City agencies sent personnel to respond to the WTC disaster (see app. II).

[11]GAO-04-1068T.

to end their firefighting careers because of WTC-related respiratory illnesses. The most commonly reported mental health effects among responders and others were symptoms associated with posttraumatic stress disorder—an often debilitating disorder that can develop after a person experiences or witnesses a traumatic event, and which may not develop for months or years after the event. Behavioral effects such as alcohol and tobacco use and difficulty coping with daily responsibilities were also reported.[12]

Several federally funded programs monitor the health of people who were exposed to the WTC attack and its aftermath. The monitoring programs vary in such aspects as eligibility requirements, methods used for collecting information about people's health, and approaches for offering referrals. Of the four programs that offer medical examinations to WTC responders, the only one that is open to federal workers who responded to the disaster in an official capacity is the one implemented by HHS. (See table 1.) None of the monitoring programs receives federal funds to provide clinical treatment for health problems that are identified.

[12]In fiscal year 2002, Substance Abuse and Mental Health Services Administration grant programs provided funds that could be used to treat mental health and substance abuse conditions. The Post-September 11 State Disaster Relief grant program awarded about $10 million in grants to the 9 states most directly affected by the September 11, 2001, terrorist attacks to fund substance abuse and mental health assessment and treatment services for people affected by the attacks, including WTC responders. The Public Safety Workers Mental Health grant program awarded a total of about $2.4 million to 7 grantees to provide mental health services to public safety workers in New York and Virginia who responded to the terrorist attacks.

Table 1: Key Federally Funded WTC Health Monitoring Programs

	Implementing agency or organization	Federal administering agency	Eligible populations	Monitoring methods	Treatment referral
FDNY WTC Medical Monitoring Program[a]	FDNY Bureau of Health Services (FDNY-BHS)	National Institute for Occupational Safety and Health (NIOSH)	Firefighters and emergency medical service technicians	Medical questionnaire and examination	Refers to FDNY-BHS
WTC Medical Monitoring Program (worker and volunteer program)[a]	Five clinical centers, one of which, the Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine, also serves as a data and coordination center[b]	NIOSH	Rescue and recovery workers and volunteers, except for federal workers who were official responders and New York City (NYC) firefighters[c]	Medical questionnaire and examination	Refers to privately funded programs available to responders; some privately funded treatment provided at the clinical centers
New York State responder screening program[d]	New York State Department of Health	National Center for Environmental Health	New York State employees and National Guard personnel who responded to the WTC attack in an official capacity	Medical questionnaire and examination	Instructed participants to see their primary care physician or a specialist
WTC Health Registry	NYC Department of Health and Mental Hygiene	Agency for Toxic Substances and Disease Registry (ATSDR)	Responders and people living or attending school in the area of the WTC, or working or present in the vicinity on September 11, 2001[e]	Telephone-based health and exposure interview	Provides information on where treatment can be sought;[f] refers participants to LIFENET[g] for mental health services
WTC Federal Responder Screening Program	Department of Health and Human Services' (HHS) Office of Public Health Emergency Preparedness	HHS	Federal workers who responded to the WTC attack in an official capacity	Medical questionnaire and examination	Instructs participants to see their primary care physician; as of July 2005, may refer participants with mental health symptoms to an FOH employee assistance program

Source: GAO analysis of information from ATSDR, FDNY, Mount Sinai, National Center for Environmental Health, New York City Department of Health and Mental Hygiene, New York State Department of Health, and NIOSH.

[a]The FDNY WTC Medical Monitoring Program and the WTC Medical Monitoring Program constitute the WTC Responder Health Consortium. NIOSH established the consortium in March 2004 to coordinate the health monitoring of the two programs and to facilitate data sharing.

[b]The other clinical centers are located at the Long Island Occupational and Environmental Health Center, the New York University School of Medicine, the City University of New York's Queens College, and the University of Medicine and Dentistry of New Jersey's Robert Wood Johnson Medical School. The responsibilities of the Mount Sinai data and coordination center include coordination of the clinical centers, outreach and education, quality assurance, and data management.

[7]The worker and volunteer program excludes responders who were paid as federal workers or as NYC firefighters for their WTC work; these employees are eligible for other programs. The program initially excluded responders who were paid as New York State employees for their WTC work and were eligible for the New York State responder screening program. That program ended its screening examinations in November 2003, and as of February 2004, New York State responders became eligible for the worker and volunteer program.

[8]The New York State program ended its screening examinations in November 2003.

[9]Participants in the other WTC monitoring programs may also participate in the registry program.

[10]The registry program provides enrollees with a resource guide of occupational, respiratory, environmental, and mental health facilities where they can seek treatment. Some of the services provided by these facilities require payment, while others are free of charge.

[11]LIFENET is a 24-hour mental health information and referral service provided by the New York State Office of Mental Health. In cases where WTC Health Registry interviewers think a person is experiencing moderate distress, they can immediately transfer the call so the person can speak to a LIFENET counselor.

The majority of federal funding for these monitoring programs was provided by DHS's Federal Emergency Management Agency (FEMA),[13] as part of the approximately $8.8 billion in federal assistance that the Congress appropriated to FEMA for response and recovery activities after the WTC disaster.[14] One appropriation in 2003 specifically authorized FEMA to use a portion of its WTC-related funding for screening and long-term monitoring of emergency services and rescue and recovery personnel.[15] Generally, however, FEMA may fund only short-term care after a disaster, such as emergency medical services, and not ongoing clinical treatment.[16]

[13]FEMA is the agency responsible for coordinating federal disaster response efforts under the National Response Plan.

[14]FEMA provided funds to HHS to support screening and long-term monitoring efforts from funds appropriated for disaster relief and emergency response to the September 11, 2001, terrorist attacks. See Consolidated Appropriations Resolution, 2003, Pub. L. No. 108-7, 117 Stat. 11, 517; 2002 Supplemental Appropriations Act for Further Recovery from and Response to Terrorist Attacks on the United States, Pub. L. No. 107-206, 116 Stat. 820, 894; Department of Defense and Emergency Supplemental Appropriations for Recovery from and Response to Terrorist Attacks on the United States Act, 2002, Pub. L. No. 107-117, 115 Stat. 2230, 2338; and 2001 Emergency Supplemental Appropriations Act for Recovery from and Response to Terrorist Attacks on the United States, Pub. L. No. 107-38, 115 Stat. 220-221.

[15]Consolidated Appropriations Resolution, 2003, Pub. L. No. 108-7 117, Stat. 11, 517.

[16]The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, authorizes FEMA to, among other things, make appropriated funds available for disaster relief and emergency assistance. Pub. L. No. 93-288, 88 Stat. 143 (1974), as amended. The Stafford Act does not specifically authorize ongoing clinical treatment.

FEMA entered into interagency agreements with HHS to fund most of these health monitoring programs. HHS is the designated lead agency for the public health and medical support function under the National Response Plan and is responsible for coordinating the medical resources of all federal departments and agencies. HHS's OPHEP coordinates and directs HHS's emergency preparedness and response program.

Health Monitoring Programs Implemented by State and Local Governments or Private Organizations Have Made Progress

Three federally funded programs implemented by state and local governments or private organizations, with total federal funding of about $104 million—the FDNY WTC Medical Monitoring Program, WTC Medical Monitoring Program (worker and volunteer program), and New York State responder screening program—have made progress in monitoring the physical and mental health of people affected by the WTC attack. Federal employees who responded to the WTC disaster in an official capacity were not eligible for these programs because it was expected that another program would be developed for them. The New York State program stopped providing health screening examinations in November 2003, and in February 2004 state workers became eligible for initial or continued monitoring through the worker and volunteer program. The state program, in general, did not inform state responders that they were eligible to participate in the worker and volunteer program. Worker and volunteer program officials are working with state employee unions to inform state workers of their eligibility. All three programs and the WTC Health Registry, with total federal funding of $23 million, have collected information that could contribute to better understanding of the health consequences of the attack and improve health care for affected individuals. Officials from the FDNY, worker and volunteer, and WTC Health Registry programs are concerned that federal funding for their programs could end before sufficient monitoring occurs to identify all long-term health problems related to the WTC disaster. In January 2006, CDC received a $75 million appropriation to fund baseline health screening, long-term monitoring, and treatment for WTC responders. CDC officials are in the process of deciding how they are going to allocate these funds among programs and how long the allocated funds will be available for each program that receives funding.

Three WTC Monitoring Programs Provided Medical Examinations to Identify Responders' Health Problems

Three federally funded programs implemented by state and local governments or private organizations, with total funding of about $104 million, have provided medical examinations to identify physical and mental health problems related to the WTC attack. (See table 2.) Two of these programs—the FDNY WTC Medical Monitoring Program and the worker and volunteer program—are tracking the health of WTC rescue, recovery, and cleanup workers and volunteers over time. The third program, the New York State responder screening program, offered one-time screening examinations to state employees, including National Guard personnel, who participated in WTC rescue, recovery, and cleanup work. Federal employees who responded to the WTC disaster in an official capacity were not eligible for any of these programs because it was expected that another program would be developed for them.

Table 2: Monitoring Activities and Associated Federal Funding for WTC Monitoring Programs Implemented by State and Local Governments or Private Organizations

	Completed monitoring activities	Planned monitoring activities	Federal funding[a]
FDNY WTC Medical Monitoring Program	Through June 2005, 15,284 firefighters and emergency medical service technicians received screening examinations, and 522 of these participants completed a follow-up examination.	By June 2009, conduct three follow-up examinations of each participant.	$4.8 million was provided beginning in October 2001 for initial program; additional $25 million is available through June 2009.
WTC Medical Monitoring Program (worker and volunteer program)	Through June 2005, 14,110 people received screening examinations, and 1,699 of these participants completed a follow-up examination.	By July 2009, conduct three follow-up examinations of each participant.	$15.9 million was provided for initial program;[b] additional $56 million is available through July 2009.
New York State responder screening program	As of November 2003, 1,677 of approximately 9,800 eligible employees and National Guard personnel received screening examinations.	No further examinations are planned. Participants are now eligible to participate in the worker and volunteer program.	$2.4 million was provided in January 2002 and is available through mid-January 2007.[c]
WTC Health Registry	As of November 2004, the program completed baseline data collection through interviews with the 71,437 people who enrolled in the registry;[d] registry officials estimate that about 385,000 people had been eligible to enroll. In 2005, the program updated contact information obtained at the time of enrollment.	In 2006, conduct follow-up survey of participants. Registry officials are developing plans to track participants' health through 2023.	$20 million was provided beginning in July 2002,[e] and additional funding of about $3 million has since been provided.[f]

Source: GAO analysis of information from ATSDR, FDNY, Mount Sinai, National Center for Environmental Health, New York City Department of Health and Mental Hygiene, New York State Department of Health, and NIOSH.

Note: The funding information in this table does not include an appropriation of $75 million to CDC in fiscal year 2006 to fund health screening, long-term monitoring, and treatment for WTC responders. As of February 2006, CDC had not decided how to allocate these funds.

[a]Except as +noted, FEMA provided these funds to the federal administering agency for each monitoring program.

[b]Of this amount, $11.8 million was provided beginning in July 2002 through funds appropriated to CDC. An additional $4.1 million was provided in fiscal year 2003 through an interagency agreement with FEMA.

[c]The primary program activity since November 2003 has been data analysis.

[d]Registry officials told us that final enrollment numbers may be revised pending internal verification of data.

[e]The grant agreement is between ATSDR and the New York City Department of Health and Mental Hygiene. However, ATSDR contracted directly with Research Triangle Institute (RTI), a private not-for-profit organization, for most of the work to establish the registry, and about $16 million of the $20 million went directly from ATSDR to RTI.

[f]The Environmental Protection Agency provided $2 million of these funds. In addition, CDC and ATSDR provided $500,000 each.

The FDNY program completed initial screening for over 15,000 firefighters and emergency medical service personnel, and the worker and volunteer program completed initial screening for over 14,000 other responders. In both programs, screenings include physical examinations, pulmonary function tests, blood and urine analysis, a chest Xray, and questionnaires on exposures and mental health issues. Both programs have begun to conduct follow-up examinations of participants and continue to accept new enrollees who desire initial screening. Current plans are to conduct a total of three follow-up examinations for each participant by 2009. As part of their federally funded activities, both programs provide referrals for participants who require treatment. FDNY employees and retirees can obtain treatment and counseling services from the FDNY Bureau of Health Services and the FDNY Counseling Services Unit, or they can use their health insurance to obtain treatment and counseling services elsewhere. The worker and volunteer program also provides referrals for its participants, including referrals to programs funded by the American Red Cross and other nonprofit organizations.

The New York State program provided health screenings to about 1,700 of the estimated 9,800 state workers and National Guard personnel who responded to the WTC disaster. Officials sent letters to all state responders to inform them about the program and their eligibility for it.[17] For each participant, the screening included a health and exposure questionnaire and physical and pulmonary examinations. Participants who required further evaluation or treatment after screening were told to follow up with their personal physician or a specialist. The program stopped screening participants in November 2003, in part because the number of responders requesting examinations was dwindling, and no follow-up examinations are planned.

In February 2004, worker and volunteer program officials began to allow New York State responders to participate in that monitoring program. The officials determined that the worker and volunteer program would have sufficient funding to accommodate state workers who want to join the program. The state program did not notify the 9,800 state responders, including the approximately 1,700 workers it had screened that they were now eligible for continued monitoring from the worker and volunteer

[17]When state officials contacted the estimated 9,800 state responders, some of them informed the program that they were not interested in participating. Officials sent follow-up letters to state employees who did not respond to the initial mailing. National Guard personnel were sent only an initial letter.

program. State program officials relayed this development only to those state responders who inquired about screening or monitoring examinations following the decision to permit state responders to participate in the worker and volunteer program. However, officials from the worker and volunteer program told us that they are working with state employee unions to inform state workers about their eligibility for the worker and volunteer program. For example, starting in November 2005, letters have been sent to union members telling them about the program and how they can enroll in it. According to worker and volunteer program officials, as of February 2006, 13 state workers who responded to the WTC disaster in an official capacity had received examinations from the worker and volunteer program,[18] and as of mid-February 2006, 9 additional state workers had registered to obtain examinations through this program. Worker and volunteer program officials told us that any state worker that had been screened by the state program would need to receive a new baseline examination through the worker and volunteer program, because the screening data collected by the state program differ from the data collected by the worker and volunteer program. For example, the worker and volunteer program offers a breathing test not provided by the state program.

Programs Provide Data for WTC-Related Health Research

In addition to providing medical examinations, these three programs—the FDNY program, the worker and volunteer program, and the New York State program—have collected information for use in scientific research to better understand the health consequences of the WTC attack and other disasters. A fourth program, the WTC Health Registry, includes health and exposure information obtained through interviews with participants; it is designed to track participants' health for 20 years and to provide data on the long-term health consequences of the disaster (see table 2). Physicians who evaluate and treat WTC responders told us they expect that research on health effects from the disaster will not only help researchers understand the health consequences, but also provide information on appropriate treatment options for affected individuals.

[18]The worker and volunteer program has established a network of providers to serve state responders outside the New York City metropolitan area. State responders had been eligible for monitoring at New York City area clinics since February 2004, and can now visit providers in Albany and Syracuse. According to worker and volunteer program officials, state responders will be able to obtain examinations at another clinic location that is scheduled to open in Rochester in March 2006.

Both the FDNY program and the worker and volunteer program have been the basis for published research articles on the health of WTC responders. For example, the FDNY program reported on the injuries and illnesses experienced by firefighters and emergency medical service workers after responding to the attack.[19] In addition, the worker and volunteer program published information on the physical and mental health of responders in 2004.[20] Officials from both programs plan to publish additional findings as they track participants' health over time. Although the New York State program has stopped offering examinations, program officials are continuing to analyze data from the program with plans for eventual publication.

The WTC Health Registry program has collected health information through interviews with responders, people living or attending school in the vicinity of the WTC site, and people working or present in the vicinity on September 11, 2001. The registry program, with total federal funding of $23 million, completed enrollment and conducted interviews with over 71,000 participants by November 2004. Officials updated contact information for all participants in 2005, and they plan to start conducting the first follow-up health survey of participants in late March 2006. Registry officials would like to conduct subsequent follow-up surveys every 2 years until about 2023—20 years after the program began in 2003—but have not yet secured funding for long-term monitoring.[21]

The registry is designed to provide a basis for research to evaluate the long-term health consequences of the disaster. It includes contact information for people affected by the WTC attack, information on individuals' experiences and exposures during the disaster, and information on their health. In November 2004, registry officials published

[19]See, for example, Centers for Disease Control and Prevention, "Injuries and Illnesses among New York City Fire Department Rescue Workers after Responding to the World Trade Center Attacks," *Morbidity and Mortality Weekly Report*, vol. 51 (2002), and Elizabeth M. Fireman and others, "Induced Sputum Assessment in NYC Firefighters Exposed to World Trade Center Dust," *Environmental Health Perspectives*, vol. 112 (2004).

[20]Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, vol. 53, 807, and Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, vol. 53, 812.

[21]Program officials told us that the registry was designed as a 20-year program because most long-term health effects that might result from the WTC disaster would likely begin to appear in the population within that period of time.

preliminary results on the health status of registry participants, and officials expect to submit several research papers for publication within the next year. In addition, in May 2005, registry officials published guidelines for allowing registry information to be used in scientific research,[22] and as of February 2006, they approved three proposals for external research projects that use registry information. These proposals include two studies of building evacuations and a study of psychological responses to terrorism.

Program Officials Are Concerned That Current Federal Funding Arrangements Will End before Needed Monitoring Is Complete

Officials from the FDNY, worker and volunteer, and WTC Health Registry programs are concerned that current time frames for federal funding arrangements for programs designed to track participants' health over time may be too short to allow for identification of all the health effects that may eventually develop. ATSDR's 5-year cooperative agreement with the New York City Department of Health and Mental Hygiene to support the WTC Health Registry went into effect April 30, 2003, and extends through April 29, 2008. Similarly, NIOSH awarded 5-year grants in July 2004 to continue the FDNY and worker and volunteer programs through mid-2009; the programs had begun in 2001 and 2002, respectively. Health experts involved in these monitoring programs, however, cite the need for long-term monitoring of affected groups because some possible health effects, such as cancer, may not appear until decades after a person has been exposed to a harmful agent. They noted that long-term monitoring could result in earlier detection and treatment of cancers that might develop. Health experts also told us that monitoring is important for identifying and assessing the occurrence of newly identified conditions, such as WTC cough, and chronic conditions, such as asthma.

[22]Under the guidelines, a review committee consisting of public health scientists and stakeholder representatives evaluates each proposed research project based on criteria such as the proposal's scientific and technical merit, funding, and contribution to a community or individuals.

CDC Is in Process of Deciding How to Distribute New Funds for Monitoring and Treating WTC Responders

In January 2006, CDC received a $75 million appropriation for purposes related to the September 11, 2001, terrorist attacks. It is available to fund baseline screening, long-term monitoring, and health care treatment of emergency services and recovery personnel who responded to the WTC disaster.[23] CDC is required to give first priority to funding baseline, follow-up screening, long-term medical health monitoring, or treatment programs implemented by the worker and volunteer program, the FDNY Medical Monitoring Program, the WTC Health Registry, the New York Police Foundation's Project COPE, and the Police Organization Providing Peer Assistance of New York City. CDC is required to give second priority to funding similar programs that are coordinated by other organizations that are working with New York State and New York City. The programs that may qualify for secondary consideration are not specified in the law.

In mid-February 2006, CDC officials told us that they were engaged in discussions with congressional stakeholders and the organizations specified in the law to help the agency decide how to spend the appropriated funds. Officials said that to aid their decisionmaking they were also consulting with private philanthropic organizations, including the American Red Cross, to learn more about the grant funds the organizations have provided to support the recovery needs of people affected by the WTC attack.[24] CDC officials told us that they plan to first decide how they will allocate funds among screening, monitoring, and treatment programs and then make other decisions, such as how long the allocated funds will be available for each program. They said that they anticipated reaching a decision about the allocation of the funds by the end of February 2006, but did not know when they would reach other decisions.

[23]These funds are available to CDC until expended. See Department of Defense Appropriations Act, 2006, Pub. L. No. 109-148, Sec. 5011 (b), 119 Stat. 2680,____.

[24]In 2005, the American Red Cross September 11 Recovery Program developed a plan for distributing $50 million in grant funds over a 2-year period to support the recovery of September 11 victims and their families. The first grant was awarded in June 2005 to Mount Sinai's WTC Health Effects Treatment Program, which supports workers and volunteers dealing with ongoing physical and mental health problems following their service at WTC disaster sites. The Red Cross program has also awarded grants to the four additional clinical centers that are part of the worker and volunteer program.

HHS's Program for Screening Federal Responders Has Accomplished Little

HHS's OPHEP established the WTC Federal Responder Screening Program to provide medical screening examinations for an estimated 10,000 federal workers who responded to the WTC disaster in an official capacity and were not eligible for any other medical monitoring program. OPHEP did not initially develop a comprehensive list of federal responders who were eligible for the program. The program began in June 2003—about a year later than other monitoring programs—and had completed screenings for 394 workers through March 2004. No additional examinations were provided until the program resumed in December 2005, because OPHEP officials had temporarily suspended new examinations until they could resolve several operational issues. The program resumed conducting examinations for current federal workers in December 2005, and completed 133 additional examinations for current federal workers as of early February 2006. The examination process has not resumed for WTC responders who are no longer federal employees, but OPHEP recently executed an agreement with NIOSH to arrange for the worker and volunteer program to provide examinations to these WTC responders. We also identified two additional federal agencies that established screening programs for their own personnel who responded to the disaster.

HHS Program Screened Few Federal Workers and Recently Started Conducting Examinations after a Hiatus of Almost 2 Years

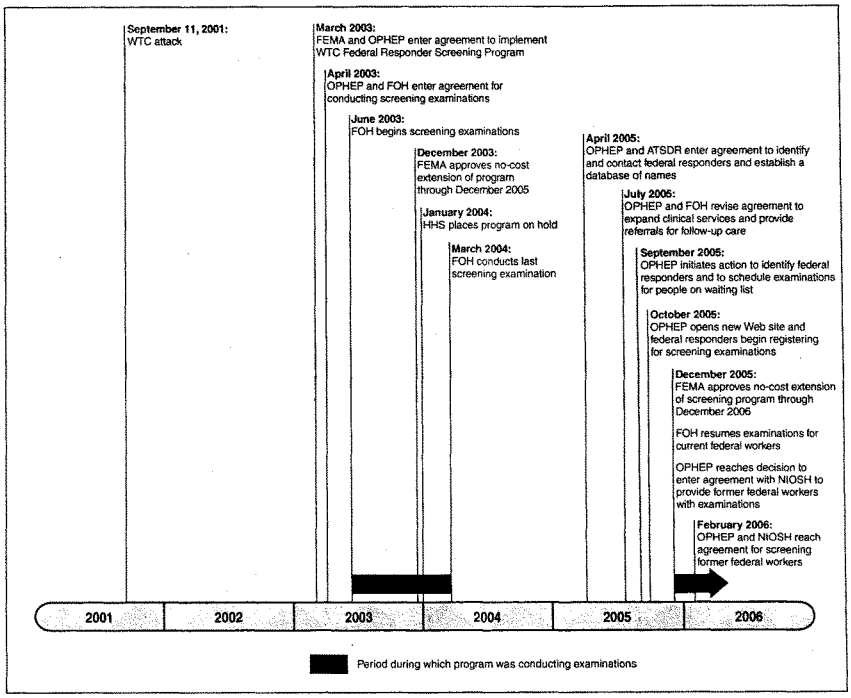
HHS's WTC Federal Responder Screening Program was established to provide free voluntary medical screening examinations for an estimated 10,000 federal workers[25] whom their agencies sent to respond to the WTC disaster from September 11, 2001, through September 10, 2002, and who were not eligible for any other monitoring program.[26] FEMA provided $3.74 million through an interagency agreement with HHS's OPHEP for the purpose of developing and implementing the program. OPHEP entered into an agreement with HHS's FOH to schedule and conduct the screening examinations.

[25]For this program, a federal worker is defined as being either a permanent, temporary, or intermittent federal employee.

[26]According to a FEMA official, federal workers who did not receive official orders from their agencies to respond to the WTC disaster are not eligible for this program. According to an official of the worker and volunteer program, federal workers who volunteered on their own in the aftermath of the disaster were eligible to participate in that screening program.

The launching of the federal responder screening program lagged behind the implementation of other federally funded monitoring programs for WTC responders. For example, the medical screening program for New York State employees and the worker and volunteer program started conducting screening examinations in May 2002 and July 2002, respectively. However, OPHEP did not launch its program until June 2003. (Figure 1 highlights key actions in developing and implementing the program.)

Figure 1: Timeline of Key Actions Related to WTC Federal Responder Screening Program



Source: GAO analysis of information from HHS's OPHEP, FOJ, and NIOSH, and FEMA.

Initially, OPHEP did not develop a plan for identifying all federal agencies and their personnel that responded to the WTC disaster or for contacting all federal personnel eligible for the screening program. Although OPHEP and FEMA developed a partial list of federal responders—consisting primarily of HHS and FEMA personnel—OPHEP did not have a comprehensive list of agencies and personnel, and so could not inform all eligible federal responders about the WTC screening program. The program's principal action to communicate with the federal responders was to place program information and registration forms on FEMA's National Disaster Medical System (NDMS) Web site.[27]

The screening program had operated for about 6 months when OPHEP officials decided in January 2004 to place it on hold by temporarily suspending examinations. FOH officials told us that after examinations were suspended, 35 additional people requested examinations and they were placed on a waiting list. FOH officials told us that they completed 394 screening examinations[28] from June 2003 through March 2004,[29] with most completed by the end of September 2003. According to FOH, a total of $177,967 was spent on examinations through March 2004.[30]

OPHEP officials told us that three operational issues contributed to the decision to suspend the program. First, OPHEP could not inform all eligible federal responders about the program because it lacked a comprehensive list of eligible federal responders. Second, there were concerns about what actions FOH clinicians could take when screening examinations identified problems. Based on the examinations that had

[27]NDMS provides medical care to victims and responders to domestic disaster, including acts of terrorism and natural disasters. According to HHS officials, when NDMS was transferred to FEMA in 2003 as part of the formation of DHS, key NDMS staff involved in the initial planning of the screening program were also transferred. During the transition period, these NDMS staff continued to carry out some tasks related to the screening program, including working to identify agencies that had sent employees to the WTC disaster, developing a list of federal responders, and placing information about the program on the NDMS Web site. Officials said that overall program management responsibility and funding remained with HHS.

[28]FOH officials told us that although FOH clinicians had seen approximately 460 federal personnel, not all of them completed the entire examination process.

[29]FOH continued to schedule and conduct examinations for those people who had requested an examination before the program was placed on hold in January 2004.

[30]FOH officials told us that this amount includes spending on the 394 completed examinations and on examinations that were partially completed.

been completed before the program was placed on hold, FOH clinicians determined that many participants needed additional diagnostic testing and follow-up care, primarily in the areas of respiratory functioning and mental health. However, under the existing interagency agreement there was no provision for providing follow-up care and no direction for clinicians on how to handle the provision of further diagnostic tests, treatment, or referrals. FOH officials told us that they were concerned about continuing to provide screening examinations without the ability to provide participants with additional needed services. Third, although the screening program had been established to provide examinations to all federal responders regardless of their current federal employment status, HHS officials told us that the department determined that FOH does not have the authority to provide examinations to people who are no longer in federal service.

In April 2005, OPHEP began to prepare for resuming the examination program by enlisting the assistance of ATSDR—which had successfully developed the WTC Health Registry—to establish a database containing the names of federal responders, develop a new registration Web site, and develop and implement recruitment and enrollment plans for current and former federal workers. OPHEP executed an agreement with ATSDR allocating about $491,000 of the funds remaining from FEMA for these activities. OPHEP officials told us that, as part of the program's recruitment and enrollment efforts, in mid-October 2005, a letter was sent to about 1,700 people identified as having responded to the WTC disaster to inform them about the program.[31] According to OPHEP, the new registration Web site was activated in October 2005, and through early February 2006, 345 additional current federal workers and 32 former workers had registered to obtain an examination.

[31]OPHEP officials told us that they contacted a total of 132 federal agencies, requesting them to provide ATSDR's contractor with contact information on the employees they sent to respond to the WTC disaster. Of these agencies, 92 indicated that they sent employees to respond to the WTC disaster, and 39 of the 92 agencies provided information on people they believed might be eligible for OPHEP's screening program. OPHEP officials said that 14 federal agencies told them that they wished to contact their employees themselves to inform them about the program. OPHEP provided these agencies with outreach materials but has no information on what actions they took. According to OPHEP, five agencies refused to provide information on their employees and the remaining agencies have agreed to provide information but have not yet done so.

In July 2005, OPHEP and FOH executed a new agreement for providing examinations to WTC responders who are current federal workers. Under this agreement, FOH clinicians can now make referrals for follow-up care. For example, they can refer participants with mental health symptoms to an FOH employee assistance program for a telephone assessment. If appropriate, the participant can then be referred to an employee assistance program counselor for up to six in-person sessions. If the assessment indicates that longer treatment is necessary, the participant can instead be advised to use health insurance to obtain care or to contact a local Department of Labor Office of Workers' Compensation to file a claim, receive further evaluation, and possibly obtain compensation for mental health services. The new agreement between OPHEP and FOH also allows FOH clinicians to order additional clinical tests, such as special pulmonary and breathing tests. FOH officials told us that they resumed providing examinations in December 2005 and that 133 examinations have since been completed.[32]

The examination process has not resumed for WTC responders who are no longer federal employees, but in late February 2006, OPHEP executed an agreement with NIOSH to arrange for the worker and volunteer program to provide examinations to these WTC responders.[33] Under this agreement, former federal workers will receive a one-time examination comparable to the type of examination that FOH is now providing to current federal workers. Patients with eligible conditions will be referred to the treatment programs supported by the American Red Cross or other available programs.

Two Federal Agencies Established Their Own Screening Programs

In addition to the OPHEP program, we identified two federal agencies that established medical screening programs to assess the health of the personnel they had sent to respond to the WTC disaster. One agency, the Army, established two screening programs—one specifically for Army Corps of Engineers personnel and one that also included other Army responders. The Army Corps of Engineers established a voluntary program

[32]FOH officials told us that, as of early February 2006, they completed examinations for 128 current federal workers who registered on the program's new Web site that opened in October 2005, and for 5 current federal workers who were on the waiting list after the screening program was placed on hold in January 2004.

[33]This agreement also provides for examinations for other federal responders who are ineligible to receive examinations from FOH, such as DOD employees.

to assess the health of 356 employees it had sent to respond to the disaster.[34] The program, initiated in November 2001, consists of sending employees an initial medical screening questionnaire covering physical health issues.[35] If questionnaire results indicate symptoms or concerns that need further evaluation, the employee is offered a medical examination.[36] As of August 2004, 92 Corps of Engineers employees had participated in the program, with 40 receiving follow-up examinations. The Army's Center for Health Promotion and Preventive Medicine initiated a program—the World Trade Center Support Health Assessment Survey—in January 2002. It was designed as a voluntary medical screening for Army military and civilian personnel, including contractors. From January 2002 through September 2003, questionnaires were sent to 256 employees.[37] According to DOD, 162 employees completed and returned their questionnaires. In addition, the U.S. Marshals Service, within the Department of Justice, modified an existing agreement with FOH in 2003 for FOH to screen approximately 200 U.S. Marshals Service employees assigned to the WTC or Pentagon recovery sites. The one-time assessment includes a screening questionnaire and a medical examination.[38] FOH officials said that as of August 2005, 88 of the 200 U.S. Marshals Service employees had requested and obtained examinations.[39]

[34]The screening program has no closing date, and employees can request a screening examination at any time.

[35]The questionnaire collects information on prior and WTC-related occupational exposures and prior and current physical health status.

[36]The medical examination includes a comprehensive history and physical examination; chest Xray; and pulmonary function, blood, and urine tests.

[37]The Army's questionnaire was distributed to active-duty service members, activated members of the Reserves and National Guard, civilian employees, and civilian contractors. These included 125 New Jersey Army National Guard members. The 474 active-duty members of the New York Army National Guard who responded to the WTC disaster were not included due to their eligibility to participate in the medical screening program established for New York State workers.

[38]The medical examination includes an occupational exposure history and physical examination, chest X-ray, blood and urine tests, pulmonary function test, audiogram, and electrocardiogram.

[39]FOH officials told us that under the terms of the agreement, eligible employees can still request a screening examination.

Lessons from WTC Health Monitoring Programs Could Assist Future Monitoring Efforts

Officials involved in the WTC health monitoring programs implemented by state and local governments or private organizations—including officials from the federal administering agencies—derived lessons from their experiences that could help officials design such programs in the future. They include the need to quickly identify and contact people affected by a disaster, the value of a centrally coordinated approach for assessing individuals' health, the importance of monitoring both physical and mental health, and the need to plan for providing referrals for treatment when screening examinations identify health problems.

Officials involved in the monitoring programs emphasized the importance of quickly identifying and contacting people affected by a disaster. They said that potential monitoring program participants can become more difficult to locate as time passes.[40] In addition, potential participants' ability to recall the events of a disaster may decrease over time, making it more difficult to collect accurate information about their experiences and health. However, the time it takes to design, fund, approve, and implement monitoring programs can lead to delays in contacting the people who were affected. For example, the WTC Health Registry received funding in July 2002 but did not begin collecting data until September 2003—2 years after the disaster. From July 2002 through September 2003, the program's activities included developing the registry protocol, testing the questionnaire, and obtaining approval from institutional review boards.[41] To expedite such information collection during the response to future disasters, ATSDR officials have developed a model data collection instrument, known as the Rapid Response Registry, to allow officials to identify and locate potentially affected individuals immediately after a disaster and collect basic preliminary information, such as their current contact information and their location during the disaster. ATSDR officials expect that using this instrument would reduce delays in collecting time-sensitive information while officials take the time necessary to develop a monitoring program for disaster-related health effects. According to ATSDR officials, state and local agencies can request the instrument and

[40]The extent of the challenge of locating potential participants varied among WTC monitoring programs, depending on the population involved. For example, FDNY had contact information for all potential participants in its monitoring program because they were employed by FDNY during or after the disaster. In contrast, the worker and volunteer program and the WTC Health Registry had to expend considerable effort to identify people who were eligible to participate and inform them about the programs.

[41]Institutional review boards are groups that have been formally designated to review and monitor biomedical research involving human subjects.

adapt it to their specific needs, and ATSDR can provide technical assistance on how to use the instrument. To date, 14 states have requested the Rapid Response Registry from ATSDR.[42]

Furthermore, officials told us that health monitoring for future disasters could benefit from additional centrally coordinated planning. Such planning could facilitate the collection of compatible data among monitoring efforts, to the extent that this is appropriate. Collecting compatible data could allow information from different programs to be integrated and contribute to improved data analysis and more useful research. In addition, centrally coordinated planning could help officials determine whether separate programs are necessary to serve different groups of people. For example, worker and volunteer program officials indicated that it might have been possible for that program to serve federal workers who responded to the disaster in an official capacity, which might have eliminated the need to organize and administer a separate program for them.

Officials also stated that screening and monitoring programs should be comprehensive, encompassing both physical and mental health evaluations. This observation is supported by CDC's recent report that about half of the adults that CDC assessed in areas heavily affected by Hurricane Katrina exhibited levels of emotional distress that indicated a potential need for mental health services.[43] Officials from the WTC worker and volunteer medical monitoring program told us that the initial planning for their program had focused primarily on screening participants' physical health, and that they did not originally budget for extensive mental health screening. Subsequently, they recognized a need for more extensive mental health screening, including greater participation of mental health professionals, but the program's federal funding was not sufficient to cover such screening. By collaborating with the Mount Sinai School of Medicine Department of Psychiatry, program officials were able to obtain philanthropic funding to develop a more comprehensive mental

[42]The following states have requested the instrument: Arizona, California, Colorado, Connecticut, Florida, Georgia, Michigan, Minnesota, North Carolina, Oklahoma, Rhode Island, South Carolina, Tennessee, and Texas.

[43]Centers for Disease Control and Prevention, "Assessment of Health-Related Needs After Hurricanes Katrina and Rita—Orleans and Jefferson Parishes, New Orleans Area, Louisiana, October 17-22, 2005," *Morbidity and Mortality Weekly Report*, Vol. 55, page 38.

health questionnaire; provide on-site psychiatric screening; and when necessary, provide more extensive evaluations.

Many participants in the monitoring programs required additional testing or needed treatment for health problems that were identified during screening examinations. Officials told us that finding treatment sources for such participants is an important, but challenging, part of the programs' responsibility. For example, officials from the worker and volunteer program stated that identifying providers available to treat participants became a major part of their operations, and was especially difficult when participants lacked health insurance. The officials said that planning for future monitoring programs should include a determination of how best to help participants obtain needed treatment.

Concluding Observations

Federally funded programs implemented by state and local governments or private organizations to monitor the health effects of the WTC attack on thousands of people who responded to the disaster have made progress. However, the program HHS established to screen the federal employees whose agencies sent them to the WTC after the attack has accomplished little, completing screenings of 527 of the thousands of federal responders. Moreover, no examinations occurred for a period of almost 2 years, and examinations for former federal workers have not yet resumed. Because of this program's limited activity, and the inability of federal workers to participate in other monitoring programs because of the assumption that they would have the opportunity to receive screening examinations through the HHS program, many federal responders may not have had an opportunity to identify and seek treatment for health problems related to the WTC disaster.

Based on their experiences, officials involved in the monitoring programs have made a number of useful observations that will apply to future terrorist attacks and natural disasters, such as Hurricane Katrina. For example, screening for mental as well as physical health problems in New Orleans and along the Gulf Coast will be critical to the recovery of survivors of Hurricane Katrina and the responders to the disaster, as indicated by CDC's early assessment of the extent of mental health distress among people affected by Hurricane Katrina. Another observation was the importance of quickly identifying and contacting people affected by a disaster. The model data collection instrument developed by ATSDR has the potential to enable officials to quickly and systematically identify people involved in future disasters, a necessary first step in conducting health monitoring. Finally, officials noted the value of centrally

coordinated planning of health monitoring, which could improve the underlying database for research and eliminate the need for separate and sometimes incompatible monitoring programs for different populations.

Mr. Chairman, this completes my prepared remarks. I would be happy to respond to any questions you or other members of the subcommittee may have at this time.

Contact and Acknowledgments

For further information about this testimony, please contact Cynthia A. Bascetta at (202) 512-7101 or bascettac@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Helene F. Toiv, Assistant Director; George H. Bogart; Alice L. London; Roseanne Price; and William R. Simerl made key contributions to this statement.

Appendix I: Abbreviations

ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
DHS	Department of Homeland Security
DOD	Department of Defense
FDNY	New York City Fire Department
FDNY-BHS	New York City Fire Department Bureau of Health Services
FEMA	Federal Emergency Management Agency
FOH	Federal Occupational Health Services
HHS	Department of Health and Human Services
NDMS	National Disaster Medical System
NIOSH	National Institute for Occupational Safety and Health
NYC	New York City
OPHEP	Office of Public Health Emergency Preparedness
RTI	Research Triangle Institute
WTC	World Trade Center

Appendix II: Government Agencies That Sent Responders Following the World Trade Center Attack

Through our work, we identified the following agencies that sent employees to respond to the World Trade Center attack of September 11, 2001.

Federal Agencies

Department of Defense
Department of Energy
Department of Health and Human Services
- Agency for Toxic Substances and Disease Registry
- Centers for Disease Control and Prevention
- National Institutes of Health
- Substance Abuse and Mental Health Services Administration

Department of Homeland Security
- Federal Emergency Management Agency[1]
- U.S. Coast Guard[2]

Department of the Interior
- National Park Service

Department of Justice
- Federal Bureau of Investigation
- U.S. Marshals Service

Department of Labor
- Occupational Safety and Health Administration

Environmental Protection Agency

New York State Agencies

Department of Environmental Conservation
Department of Health
Division of Military and Naval Affairs
Emergency Management Office
Office of Mental Health

New York City Agencies

Department of Design and Construction
Department of Environmental Protection
Department of Health and Mental Hygiene
Department of Sanitation

[1]At the time of the World Trade Center attack, the Federal Emergency Management Agency was an independent agency.

[2]At the time of the World Trade Center attack, the U.S. Coast Guard was in the Department of Transportation.

Fire Department
Metropolitan Transportation Authority
Office of Emergency Management
Police Department

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Mr. SHAYS. Thank you very much. Mr. Vega.

STATEMENT OF RONALDO VEGA

Mr. VEGA. Good afternoon, Chairman Shays, and members of the subcommittee.

I wish to thank you, and especially thank my Congresswoman, Carolyn Maloney, for inviting me here today.

My name is Ronaldo Vega. I am a registered architect, employed by the city of New York, Department of Design and Construction [DDC].

DDC was the city agency tasked by the Mayor to manage the rescue and recovery effort at Ground Zero. I am also a union official of AFSCME D.C. 37's local 375, the Civil Service Technical Guild. Our members have served in the rescue-recovery at Ground Zero since day one, and continue, even today, at the Medical Examiner's office.

Along with everyone else who served at Ground Zero, my story is but one of thousands.

Four and a half years ago, all the world was right. American families went about their business in blissful ignorance. By this time on September 11th, the unimaginable death and destruction had already taken place. Our way of life changed forever.

The general population became paralyzed by grief and horror, and yet our response was immediate, overwhelming, and fearless. We went in blindly, first to save whomever we could, and then to recover as many remains as there were to be recovered.

A byproduct of that search was the clean up of the site. The two operations went hand in hand. They were inseparable. Human remains and debris had become one. We accomplished both efforts in 9 months, but we left knowing our job was unfinished.

You have no idea how sensitive we were about the lives that were lost that day. We saw Ground Zero as a mass grave where a senseless massacre took place. We did all we could to bring them all home, but the fact that we failed weighs heavily on our minds still today.

Needless to say, every day offered a new traumatic experience. For many, just 1 minute at Ground Zero scarred them for life.

How many scars do you suppose we carry, we who worked there 10 hours a day, 7 days a week for 10 months?

Some of these scars reveal themselves when you least expect them. A few weeks ago, while I was at home, I got up from my chair and went to the kitchen to get a soda. While I was in there, my little grandniece, Kayla, decided to play a joke on me by placing her foot in the opening between the seat cushion and the back rest of my chair so that by sitting on her foot she could kick me in the butt.

Well, when I saw that seemingly disembodied foot on the chair, it triggered a memory. My heart stopped. I held my breath and shouted, "oh, no." I caught myself before I broke down in tears.

My daughter, Amanda, noticed my strange behavior and asked, "what is wrong, dad; are you all right?" I answered, "yeah; yeah, I am all right. It is nothing."

I hope I never have to tell anyone about the carnage that I witnessed at Ground Zero. It will remain buried in my memory until it is time to let it go.

In July 2002, after 300 days of service, I left Ground Zero for what was the last day of the rescue and recovery effort. But before we left, we sat around the table at the last debriefing meeting, and everyone said their goodbyes. When my turn came around, all I could offer was the song "Danny Boy." I don't know how it sounded, but it really didn't matter. We all cried together for the first and last time.

We had combed through every inch of that 16-acre site until there was nothing left. The real last truck left at 10:30 p.m. with the contents of what was brushed off the windowsills of 1010 Firehouse. It was only then that I turned my attention to my own physical and mental wellbeing.

For the record, I have no doubt in my mind that my exposure to poisonous toxins at Ground Zero will eventually kill me. The rule of medicine that toxins wash out of your body 90 days after exposure does not apply to an environment that contaminates you continuously over a 10-month period. And post-traumatic stress disorder will not go away by itself.

There is an overwhelming need for more mental health services. The WTC Registry, while well meaning, is not an accurate gauge of the real effects of working at Ground Zero. The Mount Sinai Monitoring Program monitors the health, but funds are needed to provide treatment, too.

Today, after much effort and the help of caring organizations like the New York Rescue Workers Detox Project and Serving Those Who Serve, the poisons that resided in my body seem to have finally washed out. But it is their path through my body and what damage they may have caused on their way out that concerns me.

My examination results confirm that 11 months after I began working on the site, I still had high levels of mercury and arsenic in my blood. These toxins affect your liver and brain cells. All the dust and pulverized toxic powder that I inhaled affected my breathing.

My diminished lung capacity will continue to worsen over time, and if asthma doesn't get me, then liver disease probably will.

There have been times since Ground Zero that my breathing has been so labored, I have felt close to death, close to being reunited with my first-born son, Justin, who died in 1997 from an asthma attack.

He died praying for one more breath. Working at Ground Zero was indeed worth dying for. But when the next attack comes, as we all know it will, you are going to want us there. You are going to need us there. Whether we will be healthy enough to answer the call is up to you. The death toll from Ground Zero is still being counted. What number will I be?

If you let the best trained, most dedicated responders in the world die from neglect, then the terrorists truly win.

All that I can ask of you is to give us one more breath. Thank you.

[The prepared statement of Mr. Vega follows:]

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS, AND INTERNATIONAL RELATIONS
Christopher Shays, Connecticut
Chairman

"Progress Since 9/11: Protecting Public Health and Safety Against Terrorist Attacks"

Room 2154
Rayburn House Office Building
Washington, D.C. 20515

February 28, 2006, 14:00 HRS

Written Testimony:

Mr. Chairman and members of the Subcommittee I bid you good afternoon. I wish to thank my Congresswoman, Carolyn Maloney, for orchestrating my appearance here today. My name is Ronaldo Vega, I am a registered architect employed by the City of New York, Department of Design and Construction (DDC). DDC was the city agency tasked by the mayor to manage the rescue and recovery effort at WTC Ground Zero. In our capacity as lead agency we had the enormous task of coordinating all of the city agencies, the four construction management firms and all of the key consultant personnel from structural engineers to surveyors. We devised the method and manner by which the rescue and recovery effort would proceed and we implemented it to the letter. I am also a union official of AFSCME, DC 37's Local 375, the Civil Service Technical Guild, representing over 6,500 architects, mechanical, electrical and civil engineers, construction managers, scientists, criminologists, examiners, etc. It should come as no surprise that our members have served in the rescue and recovery effort at Ground Zero since day one and continue even today at the medical examiners office. Along with everyone else who served at Ground Zero, my story is but one of thousands.

Much has been said and written about the days that led up to 9/11/01 and the day itself, is frozen in time for all of us. However, it is about the Herculean effort that took place in the following days, weeks and months after the tragedy, to which I address my testimony today. I am proud of what we accomplished; let nothing I say here today cast doubt upon that truth. The rescue and recovery effort at Ground Zero was indeed, worth risking our lives for.

On September 10, 2001 "all the world was right"; millions of families went about their business in blissful ignorance. But by this time, on September 11, 2001, the unimaginable death and destruction had already taken place and our way of life was changed forever. The general population became paralyzed by grief and horror. And yet our response was immediate, overwhelming, selfless and fearless. We went in blindly, first to save whomever we could and then to recover as many remains as there were to be recovered. A by-product of that search was the clean up of the site. The two operations went hand in hand; they were inseparable, human remains and debris had become one. We accomplished both efforts in nine months, but it wasn't enough for us. We left knowing our job was unfinished. You have no idea how sensitive we were to the lives that were lost that day; we saw Ground Zero as a mass grave where a senseless massacre took place. We did all we could to bring them all home, and the fact that we failed, weighs heavily on all of our minds still today. My testimony today will be tempered so as not to cause additional sorrow to the victim's families.

Four Seasons at Ground Zero, summer 2001, fall 2001, winter 2002 and spring 2002. In truth from September of 2001 to July of 2002 my office was a 16 acre hole in the ground, formerly known as the World Trade Center. We worked every weekend and every holiday. We missed every family function except those for the families of the victims. A true around the clock 24/7 operation, with ten hour shifts, sometimes double shifts. During this time your own house falls apart, your relationships fall apart and your kids get into trouble. All of your attention is focused on the recovery effort. And yet we never complained, we had a job, to do. I think our sentiments were best stated by our children. Since I worked the night shift I rarely saw my kids, before they came home from school, I'd leave for Ground Zero and I'd be asleep, when they left for school. I learned about how they felt, by the school work they left lying around the house. My wife Judy showed me a paper my son Christian had written, about how proud he was of what I was doing at

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Ground Zero. Another afternoon I found an essay my daughter Lauren had written, in it she wrote about how she worried about me and missed me but in the end she rationalized that the sacrifice was worth it, because at the very least, she still had a Daddy. Yes at the very least we still had our families to come home to, many did not. Under these circumstances, the first thing you put on hold is your emotional well being. You must swallow the sorrow, in order to function and get the job done. And so we worked and worked, day and night, until we collapsed. The mental and physical health issues were of no concern to us. We didn't want to leave until the job was done. No one wanted to get tested during the operation; for fear that the results would reveal serious health or mental concerns that would preclude them from working on the site. So we bought into the fantasy that the air and site was safe. We ignored the odors of chemicals, smoke, fire and human remains, which under normal circumstances would cause us, pause. All caution was set aside just to continue serving in this noble endeavor.

Needless to say every day offered a new traumatic experience. For many, just one minute, at Ground Zero, scarred them for life. How many scars do you suppose we carry, we who have worked, for ten hours a day, seven days a week, for ten months at Ground Zero? Some of these scars reveal themselves when you least expect them. A few weeks ago while I was at home, I got up from my chair to go to the kitchen to get a soda, while I was in there, my little grandniece Kayla decided to play a joke on me by placing her foot in the opening between the seat cushion and back rest of my chair, so that I would sit on her foot and she could kick me in the butt. Well, when I saw that seemingly disembodied foot on my chair it triggered a memory buried deep inside of me, my heart stopped, I held my breath and shuddered "oh no". I caught myself, before I broke down in tears. My daughter, Amanda, noticed my strange behavior, and asked, "What's wrong Dad, are you alright"? I answered, "Yeah; yeah I'm alright, its nothing". I hope I never have to tell anyone about the carnage I witnessed at Ground Zero.

In July of 2002, after 300 days of service, I left Ground Zero for what was the last day of the rescue and recovery effort. But before we left, we sat around the table at the last debriefing meeting and everyone had their last say. When my turn came around, all I could offer was my rendition of the song Danny Boy, I don't know how it sounded but it really didn't matter, we all cried together for the first and last time. We had combed through every inch of that 16 acre sight, until there was nothing left. The "real last truck" left at about 10:30 pm with the contents of what was brushed off the window sills of 1010 Fire House.

It was only then that I turned my attention to my own physical and mental well being. For the record I have no doubt in my mind, that my exposure to poisonous toxins at WTC Ground Zero will eventually kill me. The rule of medicine that toxins wash out of your body 90 days after exposure, does not apply to an environment that is continuously contaminating you for over ten months. Today after much effort and the help of caring organizations like the New York Rescue Workers Detoxification Project and Serving Those Who Serve Inc., the poisons that resided in my body seem to have finally washed out, but it is their path through my body and what damage they may have caused on their way out, that concerns me. My examination results confirm that eleven months after I began working on the site I still had high levels of mercury and arsenic in my blood. These toxins affect your liver and brain cells. All the dust and pulverized toxic powder that I inhaled affected my breathing. My diminished lung capacity will continue to worsen over time and if asthma doesn't get me, then liver disease probably will. There have been times since Ground Zero that my breathing has been so labored, I have felt close to death, close to being reunited with my first born son, Justin, who died in 1997, from an asthma attack. He died, praying, for one more breath. As I've stated before, working at Ground Zero was worth risking our lives for. But when the next attack comes, as we all know it will, you're going to want us there; you're going to need us there. Whether, we will be healthy enough, to answer the call is up to you. The death toll from Ground Zero is still being counted, what number will I be? If you let the best trained most dedicated responders in the world die from neglect, then, the terrorists truly win.

All I can ask of you is that you give us one more breath.

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What follows is a chronology of my mental and physical health examinations after I left WTC Ground Zero.

August 14, 2002

Dr. Alfred L. Jannicelli
Medical Associates of Wall Street
156 William Street
New York, New York 10038

- Arsenic-High
- Mercury-High
- Lactate Dehydrogenase-High
- GGTP-High
- ALT-High
- Triglycerides-High
- Cholesterol/HDL-High
- Red blood cell count-High
- Hemoglobin-High
- Hematocrit-High

See private doctor for high arsenic (12) and high mercury (12) levels.

September 9, 2002

Charlotte Nugent CSW, CASAC
Project NYCope
330 West 38th Street, Suite 1410
New York, NY 10019

- Mr. Vega is suffering from Severe Post-traumatic Stress Disorder. This condition was precipitated by his intensive long-term work at Ground Zero. Mr. Vega has "classic" PTSD symptoms including (but not limited to) flash-backs, hypervigilence, hyper-arousal, nightmares and memory loss.

September 26, 2002

Dr. Melissa Wiener
World Trade Center Worker and Volunteer
Medical Screening Program
1200 Fifth Avenue
New York, NY 10029

- You have a Triglyceride level of 662, which is markedly elevated and may be a risk factor for many medical conditions, including heart disease and diabetes.

- Your Liver Enzymes are abnormal (Alt-86, GGT-67), perhaps indicating Liver Disease.

- Your breathing test (spirometry) was suggestive of Restrictive Lung Disease with a response to bronchodilators. Restrictive Lung Disease indicates the amount of air taken into your lungs is less than normal. Your medical history and pulmonary function tests are consistent with asthma.

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- At the time of your examination, you complained of the following persistent symptoms: frequent headaches, sore throat, blowing your nose more than usual, runny nose, post nasal discharge, chest tightness, acid reflux, being awakened by shortness of breath, dizziness, pain in back, neck and shoulders, skin rash and irritation, productive cough and shortness of breath.

December 17, 2002

John Spielberger
Project Liberty
Choices Mental Health Center
29-29 41st Avenue
L.I.C., NY 11101

- Mr. Vega is suffering from prolonged Post Traumatic Stress Disorder.

The following is a list of mental and physical health providers that came to our aid when our government showed no concern:

September 2002

Janice Cilento, LMSW
World Trade Center Healing Services
St. Vincent Catholic Medical Centers
170 Broadway, Suite 1208
New York, NY 10038-4436
212 346 2583, 917 509 5203
www.svcmc.org/wtc/office.asp

Providing continuous mental health and healing services, including group and individual therapy sessions, remembrance programs and art therapy projects.

February 2003

Jim Woodworth, CCDC, President, Carol Hamaker, Executive Director
The New York Rescue Workers Detoxification Project
139 Fulton Street, Suite 515
New York, N.Y. 10038
212 587 3961
www.nydetox.org

Detoxification program for reducing body levels of toxic chemicals.

April 2003

Nehemiah Bar-Yehuda, Project Director
Serving Those Who Serve, Inc.
STWS, P.O. Box 237047
New York, N.Y. 10023
212 877-8312
www.stws.org

Ayurvedic immune-building herbal detoxification program.

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Chairman

June 2003

Susan Howland, M.Ed., Founder and Board of Trustee President
Sky Help Inc.
218 Evergreen Drive
Moorestown, N.J. 08057
877 759-4357
www.skyhelp.org

Healing trauma weekends (including EMDR), providing multi-faceted trauma intervention and on-going support services for individuals who have experienced severe stress or trauma.

April 2005

Lisa Orloff, Founder and Executive Director,
World Cares Center, Inc., September Space
520 Eighth Avenue, 11th Floor
New York, N. Y. 10018
212 563-7570
www.septemberspace.org

Committed to long term support, a safe place where anyone affected by the attacks of 9/11 and terrorism can come and seek respite. Exchange programs with Oklahoma City survivors, volunteers, responders and victims families.

Since your committee has been tasked with researching improvements in terrorism response programs since 9/11 let me offer the following recommendations for all non-uniformed personnel:

- The aforementioned organizations have provided beneficial physical and mental health services to those of us desperate enough to be proactive about our own healing. Make them part of the short term and long term solutions, the pre, during and post attack periods.
- Responders should have full mental and medical examinations, including heavy metal testing, to record their base information, before they start working or very soon thereafter.
- Responders should earn one week's additional vacation for every month, worked at the site.
- Responders should have mandatory mental health and medical screening upon leaving the recovery effort. With long term monitoring and treatment.
- Responders should have unlimited documented sick leave for incident related mental and physical injuries. Even when cost free services are available, if you don't have the sick leave available you can't take advantage of them. This would be a completely separate program from the worker's compensation system.

In Summary:

You now have tens of thousands of responders trained in the trenches and prepared to deal with the aftermath of any terrorist attack. But you are not looking after their well being.

I thank you for the opportunity to be heard and I wish you,
Peace.

Mr. SHAYS. Thank you, Mr. Vega. Mr. Bethea.

STATEMENT OF MARVIN BETHEA

Mr. BETHEA. Yes. Chairman Shays and distinguished Members of Congress, thank you for giving me an opportunity to testify here today.

My name is Marvin Bethea, and I used to be a New York City paramedic; and I am disabled due to the results of September 11th. My partner, James Dobson, and myself were assigned to the Trade Center after the first plane struck.

In the 23 years I was on the job, I have had a gun put to my head twice. I had been shot at once, and nothing could compare to what we went through on that day. People ask me what was it like. Again, I tell people think of going from day to night in no time, and you are completely blind, and you couldn't see at all. And at the same token, you had a big bucket of toxic dirt that was being thrown down your throat.

We were literally blowing out small pieces of concrete out of our nose on that day.

Five weeks to the day of September 11th, I suffered a significant stroke, at which I did recover, and went back to work to only develop asthma, post-traumatic stress disorder, as well as sinusitis and major depression. January 8, 2004 was the last day I actually worked.

Why are we here today? We are here today because we have a major, major health crisis going on. What people failed to realize is Ron, as well as a lot of other people here, we had very physical jobs, in which we had to take physicals to get those jobs, and once we got the jobs, every year we were required to take a yearly physical, in which we passed those physicals so we were allowed to continue to work.

So the question now becomes if all these people were healthy, why now is everybody sick, and the common denominator is, once again, it is September 11th. And the numbers are just simply mind boggling.

We were told that the air was safe, which we all know now is simply not true. Again, it is a disgrace. I would like to honor Tim Keller, who was a 41-year-old EOT from New York City EMS, as well as Mike Kendrick, a 53-year-old, who just died 2 weeks ago, who was an iron worker with five children, as well as Detective James Zadroga, 34. And the list goes on.

We basically have been given a slow death sentence, and we all got to say who is next? Who is the next person to go? That is something that is constantly in our mind.

What has the government done or hasn't done? I mean the government failed. The September 11th Fund was ideal. It was a great intention. Execution of it was poorly done.

Again, the parameters of this that were set up was simply totally unfair, and the people got lost in the system.

If something happens until you wait the first 96 hours, it was OK. But you take a man like John Feal, for instance, a construction worker, who had half of his left foot amputated about the 17th day of September 11th. He received nothing from the September 11th Fund, because it didn't happen within the first 96 hours; and,

yet the man has had 30 different operations, and he goes back into the hospital this week for a 33rd operation. Again, the government gave him zero when it came to the September 11th Fund.

I mean how do we do that?

Also for the fact that fire burned for over 3 months, so all the people who were down there were being exposed on a continuous basis. So if you were not there within 96 hours, you got nothing.

If you were there for 3 months, maybe after the fact so you were still inhaling deadly toxins, but yet nothing was being done, and you weren't entitled to anything. That is simply not right.

I have to say thank you to Congresswoman Maloney, Congressman Fossella, and the other elected officials who did help us get back that $125 million.

Something needs to be looked into with New York State, because people are unaware of the fact that workers' comp situation is so complicated that the workers' comp claims are being denied five times greater with September 11th, and something needs to be done about that as well.

I mean these people are already on edge, and they don't want to go through the New York State harassment with the New York State workers' comp.

September 11th was the most significant event that happened in American history today. People often say, where were you when Kennedy got shot? I remember, because I was 4-years-old. I remember it like it was yesterday, and now people say well, what about September 11th. Well, you know, September 11th we will never forget what happened on that day. And you know, it gets back to the words of John F. Kennedy, who said, you know, "my fellow Americans, ask not what your country can do for you. Ask what you can do for your country."

And I would be curious what would President Kennedy say today about the way in which the heroes and the survivors of September 11th are being treated? It is simply totally un-American that this is going on.

To the elected officials who made all these promises that we will never forget you, we will take care of you, I want to know what has changed now that all of a sudden, we are being forgotten. Do I need to pull your sound byte and remind you of what you did say on September 11th? It is an absolute disgrace.

And to the President, Bush, I would say show us some of the same compassion that I personally showed one of your family members as a patient in my ambulance.

Thank you.

[The prepared statement of Mr. Bethea follows:]

UNSUNG HEROES HELPING HEROES

To: Chairman Christopher Shays
Subcommittee on National Security, Emerging Threats and International Relations

From: Marvin Bethea, 9/11 First Responder, Paramedic

Re: Congressional Testimony,

Date: February 28, 2006

Chairman Shays, distinguished members of Congress, thank you for giving me the opportunity today to testify at this hearing.

My name is Marvin Bethea. I am paramedic who became disabled because I responded to the September 11th attack on the World Trade Center. My employer was the Saint Vincent Catholic Medical Center-St John's Hospital of Queens. My partner James Dobson and I were dispatched by the New York Fire Department to respond just a few minutes after the first plane struck the North Tower.

My 23 years on the job couldn't prepare me for what happened that day. During my career I have had a gun put to my head a couple times and was shot at once, but nothing compared to being buried twice by debris from both towers. I am often asked, "What was it like being there when the towers fell?" Imagine going from day to night in no time -- you can't see an inch in front of you -- and then a big bucket of toxic dirt is dumped down your throat.

I was blowing small pieces of concrete out of my nose that day. Exactly five weeks later to the day of 9/11, I suffered a significant stroke. I recovered and went back to work, to only develop asthma, sinusitis, major depression and post traumatic stress disorder. I haven't worked since January 8, 2004, and I have to take numerous medications.

Why are we here? We have a major health emergency on our hands today and it is getting worse. Here we have men and woman who had very physical jobs -- police officers, paramedics, construction workers, firefighters and others. Many of these people were required to take a pre-employment physical and a yearly physical after that, as part of the job. So why is it that these people are now sick in numbers that are mind boggling? If you look at their work histories, you will find the common denominator is exposure to 9/11 pollution. Remember, we were told by governmental officials that the air was safe, which we know now was not true. Many of us are very sick now, and some of us have died.

I would like to honor the memory of Tim Keller, 41-year-old EMT and father of four; iron worker Michael Kendrick, 53-year-old father of five children, who died two weeks ago; NYPD Detective James Zadroga, age 34, and the list goes on. We have been

given a slow death sentence, and we must ask ourselves who is next. I fear that the total number of those killed from 9/11 will rise significantly.

What has the government done, or I should say, what as the government failed to do? Consider the 9/11 Victims Compensation Fund. The idea of that fund was the right thing to do, but the parameters to qualify for the fund were much too narrow and unrealistic. Rescue and recovery workers who arrived more than four days -- 96 hours -- after the attack did not qualify for the Fund, even though the fires burned at Ground Zero for over three months. Where is the logic in that? And if a heart condition, cancer or some other health impact was not diagnosed by the filing deadline of December 22, 2003, it wasn't covered. Also, the outreach to responders was not effective. Many people thought the Fund was just for the bereaved families. The 9/11 Fund must be opened up again, and it must have fair qualifications so that the people who really need help are able to get it.

Then there is the issue of the 125 million dollars that was taken away from us by Congress. I guess some members thought that if the State didn't spend it, the rescue and recovery workers didn't need it. These members did not know the truth. The worker compensation system in New York treats applicants so badly -- they humiliate workers so much -- that some heroes who were already on edge could not handle the mental torment that the system put them through. Even more common is the problem of unfair denials and delays. I am please to say that with the bi-partisan efforts of Congresswoman Carolyn Maloney, Congressman Vito Fossella, Senator Hillary Clinton, Congressman Jerry Nadler, Congressman Steve Israel, just to name a few of our elected officials, we will be getting the 175 million dollars back. But I strongly urge Congress to hold a hearing on why worker compensation claims from 9/11 are rejected at a rate that is several times higher than non-9/11 claims.

To the best of my knowledge, the government hasn't spent a nickel yet on treatment for people made ill by 9/11. Money was given for screening and monitoring, but not treatment. How do you explain that? I'm told that much of the 125 million dollars restored by Congress will be used for treatment, but I can tell you that this will only meet a fraction of the real need. I was one of the lucky ones who was able to get treatment from the Mt. Sinai Health For Heroes Program paid for by private donations and the American Red Cross. But Mt Sinai already has a three month waiting list for treatment. I can honestly say if it wasn't for my psychiatrist, Dr. Laurie Malkoff, I probably wouldn't be able to testify before you today. It's great to tell me that I have asthma, post-traumatic stress disorder, or acid reflux, but will you make sure that I get the treatment I need to cope with my illness or injury better? Congress must meet the real need.

Congresswoman Maloney and Congressman Fosella are right on point to call for the establishment of a federal Health Czar. But this will only be successful if the person chosen is not some political appointee, but instead has a strong track record on worker health and safety. Also, the Health Czar needs an advisory committee made up the heroes and community members affected by 9/11, and should follow their recommendations. It is said that you can't judge a man until you walk in his shoes; we are walking in his shoes. I know our organization, Unsung Heroes Helping Heroes, would be honored to

serve on this advisory committee. Finally, it will only be successful if the changes that the Health Czar recommends are implemented.

Most important, our government must not use the excuse of looking for a Health Czar as a reason to delay action in this health emergency. It should reopen and expand the September 11 Victim Compensation Fund immediately. People need help today, not a year or more later while this office is getting set up. We need the Czar to identify ways to reach all of the people with unmet needs. We don't need the Czar to delay action on the obvious, urgent needs that are already staring us in the face.

9/11 is the most significant event that has happened in this country. I remember people asking, "Where were you when President Kennedy was shot?" My response is, "It was my 4th birthday and I remember it like it was yesterday." Now people say, "Where were you when 9/11 happened?" I also remember President Kennedy saying " My fellow Americans, ask not what your country can do for you. Ask what you can do for your country." I was so impressed, when 9/11 happened, by the way that thousands of ordinary people in the tri-state area pulled together and responded to New York City. They didn't wait to be called. Construction, law enforcement, EMS, transport, fire departments all responded. We served our country. What would President Kennedy say today about how the 9/11 heroes are being treated?

I would like to know, where are all of our elected officials from across the country that came down to Ground Zero and promised they would never forget us? What has changed? Did you forget what you said? Do I need to pull up your 9/11 sound bite to remind you of your statements? We are sick now. Some of us are very sick. I was taking two medicines before 9/11, and now I'm on 15 different medicines. We have been victims of 9/11 once. Don't make us victims twice.

And what about the future? We need to expedite passing a federal law that in any future man-made disaster like 9/11 or natural disaster like Katrina, rescue and recovery workers would have federal health coverage if they become ill or injured, as well as some type of fair financial compensation. We must remember that when people can't work they usually lose their health coverage. The system says, "Go and get COBRA." Well, COBRA costs a lot of money. People who can't work usually don't have a lot of money.

We are a great nation, and we must do better than we are doing. It doesn't matter if you are a Republican, Democrat, independent, black, Asian, white, Jewish, Muslim or Catholic. You see when you cut me, I bleed red just like you do. We truly have more in common than differences. We would all know that, if we would only sit and talk to one another. The unity we had in this country right after 9/11 is something I will never forget, and I pray that we get that unity back again.

President Bush, I appeal to you to show us some passion and kindness, like the care that I showed one of your family members when I had that individual as a patient in my ambulance. In closing I would like to say, God bless each and every one of you and God bless the United States of America. Thank you.

Mr. SHAYS. Thank you, Mr. Bethea. Dr. Levin.

STATEMENT OF DR. STEPHEN M. LEVIN

Dr. LEVIN. Thank you for letting me testify today.

Mr. SHAYS. Is your mic on, sir?

Dr. LEVIN. Is that working? Is that better?

Mr. SHAYS. I usually find it is the doctors that don't know how to do it. I am totally teasing—totally teasing. I don't get it right.

Dr. LEVIN. Thank you for asking me to testify today. I have been asked to talk about the unmet health needs in the aftermath of the September 11th attacks on the World Trade Center. And I hope that my comments and those of my fellow panelists can draw attention to the widespread and persistent health impacts of such disasters.

There are thousands of men and women who are still ill and suffering as the result of their heroic rescue and recovery efforts after the World Trade Center was hit. The horrifying human suffering and loss of life caused by Hurricane Katrina has again showed the clear need for our Nation to improve its planning, and implementation of effective public health responses to man-made and natural disasters.

A public health response should always include protecting the health of rescue and recovery workers, as well as saving the lives and protecting disaster victims.

In the heat of the effort to save the lives of victims, we have to minimize disability and illness among the rescue and recovery workers and those who bring such devastated areas back to life.

Now, nearly 4½ years after the attacks on the World Trade Center, the men and women who worked in the rescue and recovery and clean up efforts are still suffering. Respiratory illness, psychological distress, and financial worries have reshaped the lives of many of these responders.

It is important to note that the World Trade Center responders were provided with important medical programs that I will talk about in just a moment. The many thousands of residents of lower Manhattan and the thousands of workers who returned to the area within days and weeks of September 11th had no federally funded services available to them to assess effects on their health. That is a public health need that remains unmet.

I would like to talk just for a moment about the medical screening and monitoring programs, and they exist, in large part, because of the efforts of New York's organized labor community and the clinical experience accumulated by our Center for Occupational and environmental medicine and the Medical Department of the Fire Department of New York City.

Because of their efforts, the Federal Government came to recognize that evaluating and monitoring the health consequences of the September 11th attacks was important to the health of rescue and recovery workers.

It was clear also that we had to learn all we could about the health consequences of this horrific disaster. In June 2002, Mount Sinai received $11.8 million in Federal funding from NIOSH to design a medical screening program and to organize and coordinate a consortium of health care centers in New York and nationwide

to provide free medical screening exams for responders who were involved in the rescue and recovery efforts, the removal of debris, the restoration of vital services, and the clean up of the buildings around Ground Zero, and those who worked at the Staten Island landfill.

From its inception, in April 2002, to its end, in 2004, the clinical centers of this program saw nearly 12,000 people. This was an economically and socially diverse group of individuals. And of that group, nearly 9,000 were seen by Mount Sinai physicians.

We published the results of a 10 percent sample of the people we saw in that program. They have been discussed before. The real point is that very high rates of upper respiratory problems like sinusitis, laryngitis, persistent sore throats were reported when people were down at Ground Zero, but also up to the month prior to their examination in our screening program.

Similarly, very high rates of lung symptoms, chest tightness, wheezing, shortness of breath, cough were reported among people who were seen in our program—reported about their experiences when they were down at Ground Zero, but also up to the month prior to the time that we saw them.

Approximately 40 percent had persistent psychological distress at the time that we examined them, and what is very important is that we did objective pulmonary function testing, not just asked people about their symptoms, but examined them and did special pulmonary function testing, and the rates of abnormality were some two to three times what would be expected in the general population.

Now, it is important to note that these effects were still occurring on average 8 months after people had left the Ground Zero site or their World Trade Center efforts. These were not just brief and transient problems.

What we are seeing in our clinical settings today are very similar. We are still seeing persistent respiratory problems, psychological problems, and gastrointestinal problems.

Now, Mount Sinai received Federal funding through NIOSH and the CDC to serve as a clinical center and as a data and coordination center for the World Trade Center Medical Monitoring Program. That is to provide followup examinations every year and half for 5 years to responders who were seen in the screening program, and it is also set up to see people for the first time for first examinations among those responders who couldn't get into the screening program when it existed.

We began seeing responders in 2004, and we are presently conducting followup examinations, as well as providing initial examinations. And we have seen an additional nearly 2,500 people for the first time, and nearly 4,000 for repeat examinations.

People are still coming for the first time now 4½ years after September 11th, because of their concerns about either persistent current symptoms or because they are worried about what is going to happen to their health in the long term.

For many coming to our program, fears of future catastrophic illnesses like cancer, which can take 20 to 30 years to show up, looms large or larger than their current illnesses, because many responders sustained unprecedented exposures, of which the long-term con-

sequences are unknown. This population should be under medical surveillance with periodic medical examinations, not just telephone interviews, for another 30 years, not because we want to count how many illnesses they develop and whether it is unusual, but because it is important to detect as early as possible diseases like cancer that develop years after exposure and that are much more effectively treated if we find them early.

There are new approaches to early detection being developed every day in research laboratories across the United States and worldwide. It is important that we use the best tools we have to protect the health of this remarkable group of men and women, given what they have done.

We estimate that current funding will permit the World Trade Center Medical Monitoring Program to conduct examinations of some 12,000 responders once every year and a half for the next 5 years only, lasting only through 2009.

Let me speak just for a moment about treatment. One of the greatest concerns in my responders and those of us who are trying to provide their care——

Mr. SHAYS. Doctor, if you could please summarize.

Dr. LEVIN [continuing]. Is the need for treatment. It is an excellent thing that we were provided with funding to monitor and evaluate. It is absolutely key that treatment resources be made available. We were able to obtain some philanthropic funding to set up a health effects treatment program. We have seen some 1,900 responders in that program. They are persistently ill despite the best care that we are able to offer them, and the need for care will not end when that funding runs out in approximately a year and a half.

It is not enough to tell a person who has done what these responders have done that, yes, you have asthma. Now, go find a way to get treated.

The data that we have accumulated makes clear that we need to provide treatment resources for these people. The workers' compensation system in New York has presented nothing but insults and frustration for those workers who have attempted to get access to benefits. A small proportion of claimants have gotten their cases accepted expeditiously. The majority filed claims that were fought tooth and nail by workers' comp insurance companies or self-insured employers, including unfortunately New York City, with genuine heroes being accused of lying and malingering, and their testing and treatment delayed for months and even years.

This is a fragmented health care system in the United States. It is seen all too clearly in the challenges these heroes have had to face simply to get treatment for their World Trade Center related illnesses, and it is important now that we go ahead and provide mental and medical health care for all who sustained health consequences as a result of this disaster, and that means the residents in lower Manhattan, as well as all those workers who returned prematurely to that dangerous site.

And it seems that we have to do better if there are going to be disasters in the future in establishing an infrastructure and a response that truly is public health in its orientation and in its nature.

We have to provide information to treating physicians, which didn't happen in the case of the September 11th disaster, and it is important that we develop programs to provide early diagnosis and treatment. These heroes deserve no less, and the people who live in this the wealthiest of nations have reason to expect that in the face of disaster, their health needs will be our country's top priority.

[The prepared statement of Dr. Levin follows:]

TESTIMONY
Before

The United States Congress
House of Representatives
Committee on Government Relations
Subcommittee on National Security, Emerging Threats, and International Relations

Assessing September 11th Health Effects: What Should Be Done?

Stephen M. Levin, M.D.
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Co-Director, World Trade Center Worker and Volunteer Medical Screening Program
Associate Professor, Department of Community and Preventive Medicine
Mount Sinai School of Medicine
New York, New York
February 28, 2006

Thank you for asking me to testify today. My name is Dr. Stephen Levin. I am the Medical Director of the Mount Sinai Center for Occupational and Environmental Medicine, the Director of the World Trade Center Medical Monitoring Program Data and Coordination Center, and the Co-Director of the Mount Sinai World Trade Center Health Effects Treatment Program. I am an Associate Professor in the Department of Community and Preventive Medicine in the Mount Sinai School of Medicine.

I have been asked to talk about the unmet health needs in the aftermath of the September 11 terrorist attacks on the World Trade Center. I hope that my comments can draw attention to the widespread and persistent health impacts of such disasters. There are thousands of men and women who are still ill and suffering as a result of their heroic rescue and recovery efforts after the World Trade Center was hit. The horrifying human suffering and loss of life caused by Hurricane Katrina has again shown the clear need for our nation to improve its planning and implementation of effective public health responses to man-made and natural disasters. A public health response should always include protecting the health of rescue and recovery workers as well as saving the lives and protecting disaster victims. In the heat of the effort to save the lives of victims, we have to minimize disability and illness among the rescue and recovery workers and those who bring such devastated areas back to life. Now, nearly four and a half years after the attacks on the World Trade Center, thousands of the men and women who worked in the rescue, recovery, and clean up efforts are still suffering. Respiratory illness, psychological distress, and financial worries have reshaped the lives many of these responders.

It's important to note that the WTC responders were provided with important medical programs that I'll talk about in just a moment. The many thousands of residents of lower Manhattan and the thousands of workers who returned to the area within days and weeks of 9/11 had no federally-funded services available to them to assess affects on their health. That's a public health need that remains unmet.

Medical Monitoring

In large part because of the efforts of New York's organized labor community and the clinical experience accumulated by Mount Sinai's Center for Occupational and Environmental Medicine and the Medical Department of the Fire Department of New York City, the federal government came to recognize that evaluating and monitoring the health consequences of the 9/11 attacks was important to the health of rescue and recovery workers. It was clear also that we had to learn all that we could about the health consequences of this horrific disaster. In June 2002, Mount Sinai received $11.8 million in federal funding to design a medical screening program and to organize and coordinate a consortium of health care centers in the New York metropolitan area and nationwide to provide free medical screening exams for WTC responders who were involved in rescue and recovery efforts, the removal of debris, the restoration of vital services, and clean-up of the surrounding buildings in the WTC area and Staten Island landfill. From its inception in April of 2002 to its end in August 2004, the clinical centers of the WTC Worker and Volunteer Screening Program provided a total of 11,794 examinations to a socio-economically diverse patient population; of those patients, 8838 were seen by Mount Sinai physicians.

In September 2004, we published in the CDC's Morbidity and Mortality Weekly Report some preliminary findings from an analysis of 1,138 of the first people to come through the program.

We found that:

- 60% of those examined had at least one WTC-related pulmonary (chest) symptom while working or volunteering at the WTC site, and 40% were still experiencing at least one pulmonary symptom in the month prior to the screening examination,
- 74% had had at least one WTC-related ear, nose or throat (ENT) symptom while performing WTC response work, and 50% were still experiencing at least one ENT symptom in the month of the screening examination,
- 43% reported mental health symptoms requiring further evaluation at the time of their screening examination, and
- 33% of patients had abnormal Pulmonary Function Test results. Among the 599 non-smokers, 31% had abnormal PFTS, as compared with only 13% that would be expected from studies of the general population in the U.S. (NHANES III). Thus, the rate of breathing test abnormalities in the WTC responders was 2-3 times background levels.

It's important to note that these persistent affects on health were still occuring on average 8 months after people had left the WTC site or activity and that these weren't just transient consequences. And what we are seeing in our clinical settings today - four years later - differs little from what we saw very early on in the program, and shortly we will provide data demonstrating the persistence of these physical and mental health effects among WTC responders.

Mount Sinai has received federal funding to serve as a Clinical Center and as a Data and Coordination Center for the World Trade Center Medical Monitoring Program, funded to provide follow-up examinations every year and a half for five years to responders who were seen in the Screening Program and to continue to provide first evaluations for World Trade Center responders who hadn't been able to be seen in the Screening Program. The WTC Medical Monitoring Program began seeing World Trade Center

responders in July 2004, and is presently conducting follow-up (Visit 2) examinations for World Trade Center responders as well as continuing to provide initial (Visit 1) examinations. As of February 1, 2006, the WTC Medical Monitoring Program at Mount Sinai has provided an additional 2475 initial (Visit 1) examinations and 3781 repeat (or Visit 2) examinations.

It's worth noting the number of people still coming to the program for an initial examination, more than four years after the attacks -- some because of concerns about persistent symptoms, some because they're worried about possible longer-term effects on their health. For many coming to our program, fears of future catastrophic diseases like cancer, which can take as long as twenty to thirty years to show up, loom as large or larger than their current illnesses. Because many WTC responders sustained unprecedented exposures of which the long-term consequences are unknown, this population should be under medical surveillance, with periodic medical examinations, for another thirty years – not primarily because we want to see what diseases they develop at higher rates as a group, even though this is important to learn – but especially to detect, as early as possible, diseases like cancer that develop years after exposure and that are much more effectively treated if we find them early. There are new approaches to early detection being developed in research labs across the United States and world-wide. It's important that we use the best tools we have to protect the health of this remarkable group of men and women, given what they've done. We estimate that current funding will permit the WTC Medical Monitoring Program to conduct examinations of 12,000

WTC responders once every year and a half for a total of five years only, lasting through 2009.

Treatment

One of the greatest concerns among the responders and those of us attempting to provide care to them is how and where they can receive proper treatment. While the federal government allocated funding for up to four screening and monitoring examinations, no federal money has thus far been provided to treat the WTC-related conditions found among the responders.

At Mount Sinai, we have sought and been fortunate enough to receive funding from private philanthropic sources to establish the World Trade Center Health Effects Treatment Program, designed to provide further testing and treatment for a limited number of WTC responders. As of January 30, 2006, the Health Effects Treatment Program has provided medical and social work services to almost 1900 World Trade Center responders.

Based on our accumulated clinical experience and what is known about the course of the illnesses found among our patients, thousands of World Trade Center responders have developed permanently disabling illnesses as a result of their exposures. Surprisingly, we continue to see new patients who have either never been treated for their WTC illnesses, or who have received less than the best of treatment, often from well-intentioned practitioners who have limited experience and training in evaluating and treating what were chemical burns of the airways. No government agency provided them with guidance regarding the nature of the WTC exposures, the expected health effects, or

approaches to their evaluation or treatment. We also know – based on over four years of clinical follow-up since the attacks - that thousands of World Trade Center responders will likely need long-term medical care for their World Trade Center-related physical and mental health conditions. To illustrate the basis for this concern, among 849 patients seen in the World Trade Center Health Effects Treatment Program, from August 1, 2005 to December 31, 2005:

1) 85% have persistent World Trade Center-related upper respiratory illnesses, such as chronic sinusitis.
2) 54% have persistent World Trade Center-related lung problems, asthma being the most common persistent World Trade Center pulmonary condition . Fully 37% of WTC responders in our treatment program are still being treated for asthma.
3) 72% have persistent World Trade Center-related gastrointestinal illness, the most common diagnosis being GERD or acid reflux, a condition known to worsen sinusitis and asthma.
4) 47% have persistent mental health consequences related to the World Trade Center disaster.

As many as on fourth of the population suffers from multiple WTC-related conditions: 26% of patients with asthma also had GERD; 21% of those with GERD also had chronic sinusitis; and among persons with an asthma diagnosis, 29% had concurrent diagnoses of both GERD and chronic sinusitis. This markedly increases the complexity of their treatment.

The data presented here are for patients seen in the treatment program roughly four years after they ended their exposures at the WTC site. The persistence and severity of their health conditions makes clear the need for ongoing treatment resources for these men and women. The WTC Medical Monitoring Program, like the WTC Worker and Volunteer Screening Program that preceded it, has identified a substantial number of people who need ongoing

treatment for World Trade Center-related physical and mental health problems. Unfortunately, there is still not an adequately funded treatment program for workers and volunteers who need ongoing medical care for their World Trade Center related health problems. Treatment resources received by our program are intended only as bridge funding and will run out in less than two years. At the current level of funding, there is a two- to three-month waiting period for new patients to be scheduled into our treatment program for a first visit with a doctor. And again, the funding we have received is intended only as a stop-gap measure until a more comprehensive and long-term source of support can be established.

It was important that programs were established with federal funds to evaluate WTC responders' health. But we are not doing all we should if all we can do is tell our patients, "You've developed asthma as a result of your WTC efforts; now go find treatment for yourself." Asthma medicines alone can cost several hundred dollars a month. The special breathing tests and CT scans our patients need can cost hundreds. Many (over 50% of our patients in Mount Sinai's treatment program) have no health insurance or are underinsured, with high deductibles and copayments. Many construction workers and others have lost their health insurance (and their family's coverage) because WTC-related illness has made it impossible to put in the required number of work hours required by their benefit plans. Many have found nothing but insults and frustration when trying to contend with a Workers' Compensation system in New York that adds additional stress and misery to their already considerable psychological burdens. A small proportion of claimants have had their cases accepted expeditiously for their WTC-related illnesses. The majority filed claims that were fought tooth and nail by Workers' Compensation

insurance companies or self-insured employers, with genuine heroes being accused of lying and malingering and their testing and treatment delayed for months and even years.

The fragmentation of health care delivery in the United States can be seen all too clearly in the challenges these heroes have had to face simply to get treatment for their WTC-related illnesses. Further, it's reasonable to project that philanthropic organizations will find their financial resources stretched even further in the future. The medical and psychosocial needs of the victims of and responders to disasters like Hurricane Katrina provide evidence of this. WTC-responders should not have to go hat in hand to philanthropic sources for help. They are ill because our country was attacked and because they responded in an effort to help. Their care should be a governmental responsibility. Furthermore, it is urgent that funding be made available to provide access to medical and mental health care for all who sustained health consequences from the World Trade Center disaster - workers and volunteers involved in rescue recovery efforts, workers who returned to their jobs in the immediate WTC area, and area residents and their children. This would be responsible public health policy and would reflect a comprehensive public health approach. No publicly funded program now exists to provide care to residents, including children, with WTC-related health problems, nor to workers from the area surrounding the WTC disaster area who may have developed health effects but were not involved directly in rescue and recovery efforts. Federal responders are another group that has been left out of the government's programs, although there is currently discussion about how to provide evaluations for them. Funding is critically needed to:

1) Supplement the current appropriation of $90 million in order to extend the duration of the long-term medical monitoring program for responders for an additional 20 to 30 years;
2) Ensure access to all diagnostic testing necessary to confirm or rule out possible WTC-related health problems identified among responders in the screening examinations and to provide treatment for all of their WTC-related health problems;
3) Ensure that those responders who develop future health problems related to their WTC exposures are able to receive treatment for those conditions;
4) Support clinical research to better understand the human health consequences of World Trade Center exposures and identify treatment modalities for those conditions; and
5) Develop clinical programs for the assessment and provision of care for WTC-related health effects among WTC area workers and residents.

Much of the suffering we are seeing among World Trade Center responders could have been prevented or been made less severe had adequate information about the potential health effects of WTC exposures been disseminated promptly, had appropriate protective measures been rapidly made available to and used by responders in order to prevent those exposures, and if early diagnosis and treatment of WTC-related health problems had been more readily available. Local and federal agencies need to work together with occupational health experts and others to establish a critically needed infrastructure to monitor and provide treatment for the health effects of this attack, and to be prepared in the event of future disasters.

Unfortunately, we know that it is possible that future terrorist attacks or natural disasters will occur in the United States. We must ensure that there will be an adequate public health infrastructure in place and a rapid flow of funding to permit prompt assessment of exposures and their clinical consequences, as well as dissemination of information about how to prevent potential health effects of those exposures to the affected communities. It is also vital to provide information to treating physicians and to develop programs to

provide early diagnosis and treatment. Surely, heroes deserve no less, and the people who live in this, the wealthiest of nations, have reason to expect that in the face of disaster, their health needs will be our country's priority.

Thank you.

Mr. SHAYS. Thank you, doctor. Dr. Kelly.

STATEMENT OF DR. KERRY J. KELLY

Dr. KELLY. Good afternoon, Chairman Shays, Congresswoman Maloney, and Congressman Fossella. My name is Dr. Kerry Kelly, and I am the chief medical officer for the New York City Fire Department.

I would like to thank you for the opportunity to testify today. I would also like to thank you for the restoration of the $125 million in September 11th funds, particularly for the $75 million that will be available to local agencies providing health and mental health services and monitoring.

On September 11, 2001, the FDNY responded to the World Trade Center prepared to save lives. That is what they do every single day. Fire Department members continued their rescue and recovery efforts at the World Trade Center site for the weeks and months that followed. Nearly 14,000 of our personnel from every rank took part in the rescue, recovery, and clean up efforts at the World Trade Center site. Our first responders were the first in and the last out.

During the initial recovery and evacuation and later during the extended recovery that followed, our first responders were exposed to the physical hazards of the World Trade Center site.

No less significant is that our members were also exposed to the emotional trauma. Very soon after September 11th, we began to see medical symptoms, particularly that of respiratory complaints. In recognition of those exposers, the FDNY initiated the World Trade Center Medical Screening Program in October 2001, just 4 weeks after September 11th.

The Bureau of Health Services partnered with the CDC and NIOSH to implement medical screening for the exposed FDNY first responders. More than 10,000 of our responders were evaluated in the first 6 months following September 11th, and in collaboration with NIOSH, we started our medical monitoring followup program.

To date, we have seen over 4,000 of our FDNY exposed first responders in this second visit evaluation. It is our goal to continue to evaluate 13,700 first responders over the next several years, but our goal really has to be to take people beyond the 2009 cutoff that we currently face.

This extended medical monitoring is critical to the early detection and treatment of diseases, such as cancer, heart and lung disease. We know that asbestos-related illness data from prior occupational exposures show that cancer is detected 15 to 30 years after exposure.

Because HHS had a medical infrastructure in place prior to September 11th that included annual medical examinations for all of our first responders, we are able to compare pre-September 11th data to post-September 11th data. What we have seen on a significant basis is a drop in pulmonary function tests. In this healthy, athletic work population, we have seen a significant decline that correlates well to the members' initial time of arrival at Ground Zero. This pulmonary function decline is 11 times greater than the average decline you would ordinarily see with aging.

In the first 6 months following September 11th, 332 of our firefighters required extended medical leave for what has been called the World Trade Center cough.

Now, 4½ years later, over 25 percent of the FDNY members are still reporting respiratory symptoms, and 2,000 have received extensive evaluation and treatment for respiratory disease. Nearly all of these symptoms have been due to asthma or rads. Unfortunately, symptoms persist, and many of our first responders still need multiple expensive medications.

More than 540 of our fire department firefighters have qualified for permanent lung disability, a four to five times annual increase compared to pre-September 11th.

Our counseling service unit responded to the new needs of this department after September 11th, expanding from a single counseling unit in Manhattan to multiple locations in the communities where our first responders live.

Partnering with multiple resources, we secured critical funding to provide needed counseling services. More than 12,000 people have sought mental health services through our CSU. Are those needs still there? The answer is yes.

Before September 11th, we treated about 50 new clients a month. Currently, our 6 locations now average around 260 new intakes a month. More than 85 percent of our clients are active members who remain on full duty while seeking assistance.

The city's Department of Health and Mental Health World Trade Center Health Registry provides essential tracking of short and long-term health effects for more than 71,000 enrollees. It is the only resource designed to track and maintain contact with a diverse group of people most highly affected by exposure to the events of September 11th.

More than 3,500 of our first responders had to retire sooner than expected; some with health issues; all with health concerns. These dedicated first responders would have fallen off our health track radar were it not for our intensive followup medical and mental health monitoring program.

Fortunately, with the efforts of the Senators and Members of Congress, we will receive the additional funding for the Medical Monitoring Program for another 3½ years, through July 2009.

This monitoring program allows us to monitor and identify early trends of patterns of illness or wellness.

But as I noted earlier, it will not help us follow for the long term. We need to continue this monitoring program for 20 to 30 years if we are to see the long-term consequences of this environmental disaster.

The current Medical Monitoring Program also does not address treatment. That is one of the many reasons why we need a rapid disbursement of the $125 million Federal World Trade Center aid to our treatment centers.

We thank you for the reinstatement of the funds, and we again hope for that quick reimbursement of funding so that we can provide the needed clinical services.

The FDNY takes great pride in responding to the health and safety needs of the residents of our city. When the call is sounded, the FDNY arrives to help, well aware that the threat of terrorism

remains, our first responders provide security for our homeland every day. But we have concerns about the health and safety of our rescue workers.

We have an obligation to make sure that no member is left behind. We lost too many on September 11th. Early diagnosis and treatment is effective. We can only prevent more loss of life through sufficient, continued funding to provide long-term monitoring and treatment. Thank you for the opportunity to speak to you today.

[The prepared statement of Dr. Kelly follows:]

Testimony of

Kerry J. Kelly, MD

Chief Medical Officer

Bureau of Health Services, FDNY

and

Co-Director, FDNY-WTC Medical Program

New York City

Hearing on

Progress Since 9/11: Protecting Public Health and Safety Against Terrorist Attacks

Committee on Government Reform

Subcommittee on National Security, Emerging Threats

Good afternoon Chairman Shays, Ranking Member Kucinich, Congresswoman Maloney and other Subcommittee members. My name is Dr. Kerry Kelly and I am the Chief Medical Officer of the New York City Fire Department (FDNY). I would like to thank you for the opportunity to testify today. I would also like to thank you for the restoration of the $125 million in September 11 funds, particularly for the $75 million that will be available to local agencies providing health and mental health services and monitoring.

Introduction

On September 11, 2001, the FDNY responded to the World Trade Center (WTC) site prepared to save lives by suppressing fire and providing pre-hospital medical care. This is what FDNY first responders do each and every day, whether they are Firefighters, EMTs, Paramedics, or fire and EMS officers.

On that day, 343 of our FDNY first responders lost their lives, as did 23 NYPD officers, 84 Port Authority personnel and more than 2,200 civilians. New York City's first responders became our first line of defense against a heinous attack on our country; they exhibited bravery and self-sacrifice that have defined their roles for more than 140 years.

FDNY first responders continued their rescue and recovery efforts during the weeks and months that followed 9/11. Nearly 14,000 of our personnel from every rank took part in the rescue, recovery and clean-up efforts at the WTC site. Our first responders were the first in and the last out. During the initial rescue and evacuation of the buildings, and later during the extended recovery that followed, our first responders were exposed to the

physical hazards of the WTC site. No less significant, our first responders were also exposed to the emotional trauma of their own horrifying 9/11 experiences, losing many colleagues and friends, and taking part in the solemn recovery and removal of body parts.

For the surviving FDNY first responders, medical consequences quickly surfaced. Within the first week following 9/11, 99 percent of exposed FDNY firefighters reported at least one new respiratory symptom while working at the site. It was incumbent upon the FDNY to address these new areas of concern.

The FDNY WTC Medical Screening, Monitoring and Treatment Programs

In recognition of the exposures at Ground Zero, the FDNY initiated the WTC Medical Screening and Treatment Program in October of 2001, just four weeks after 9/11. Our Bureau of Health Services (BHS) partnered with the Centers for Disease Control and Prevention (CDC) and the National Institute of Occupational Health and Safety (NIOSH) to implement medical screening for the exposed FDNY first responders. More than 10,000 of our FDNY first responders were evaluated in the first six months following 9/11 -- from October 2001 through February 2002. Since that time, we have screened 13,700 FDNY first responders (nearly 100 percent of our exposed workforce – an unprecedented level of participation for a joint labor-management initiative). Also in collaboration with NIOSH, we started our WTC Medical Monitoring Follow Up program. This program is similar to that offered by Mt. Sinai Medical Center for non-FDNY workers/volunteers. In fact, we designed it with them. At this time, nearly 4,000 of our FDNY exposed first responders have participated in this second-visit evaluation

for medical and mental health monitoring. Over the next year, we plan to reach all 13,700 first responders in this program, both active and retired. Our goal is to offer every one of them continuing follow-up exams over the next 20 to 30 years, but Federal funding is guaranteed only until 2009. This extended monitoring program is critical to the early detection and treatment of diseases such as cancer, and heart and lung disease. Asbestos-related illness data from past occupational exposures show that cancer is detected 15 to 30 years after exposure. On 9/11, the seeds of the illness were laid down in clouds of dust that rained down on our first responders and the full manifestation may not be known for another 20 to 30 years.

Because BHS had a medical infrastructure in place prior to 9/11 that included annual medical exams of all of our first responders, the FDNY was able to compare the post-9/11 data to the pre-9/11 data from our annual medical exams. In fact, we are the only group of exposed 9/11 workers or volunteers who are able to objectively assess the impact of WTC exposures by making comparisons to prior unbiased data. The results of our initial screenings have been widely reported in the New England Journal of Medicine, the CDC's Morbidity and Mortality Weekly Report, the American Journal of Respiratory and Critical Care Medicine and the cardiopulmonary and critical care journal, CHEST. (See attached list of publications.)

When we compared our first responders' pulmonary functions during the first year after 9/11 to the annual change in pulmonary functions in the five years prior to 9/11, we observed a significant decline in those functions, with the magnitude of the decline

correlating to the member's initial time of arrival at Ground Zero. On average, for both symptomatic and asymptomatic FDNY rescue workers, we found a 375 ml decline in pulmonary function for all the 13,700 FDNY WTC first responders and an additional 75 ml decline if the worker was present on 9/11 at the time of the collapse. This pulmonary function decline is 11 times greater than the average decline you would ordinarily expect with aging. More than 25 percent of those we tested with the highest exposure to WTC irritants had persistent airway hyperactivity consistent with asthma or Reactive Airway Dysfunction (RADS). In the first six months following 9/11, 332 firefighters required extended medical leave for what has been called the "WTC cough".

Now, four and a half years later, over 25 percent of the FDNY first responder workforce is still reporting respiratory symptoms and 2,000 have received extensive evaluation and treatment for respiratory disease. Nearly all of these illnesses have been due to asthma or RADS. Partnering with the American Red Cross, our free treatment program has improved the quality of life for nearly everyone in our treatment program. Unfortunately, symptoms persist and many of our first responders still need multiple, expensive medications. In addition, FDNY medical personnel noticed a small but increased incidence of unusual respiratory conditions that had never been reported in recent FDNY medical history. One recently retired FDNY member who was exposed to Ground Zero irritants died of pulmonary fibrosis while awaiting his lung transplant. Twenty of our members suffered from Sarcoidosis in the first two years following 9/11 -- a substantial increase from prior years. Sarcoidosis is an autoimmune disease that affects all body

organs, but most often the lungs. In the 9/11 setting, the immune system was presumably activated in response to massive dust inhalation.

More than 540 FDNY first responders have qualified for permanent lung disability -- meeting very strict criteria. This is a four to five fold annual increase compared to the years prior to 9/11. Clearly, these individuals need continuing treatment, which will require substantial, long-term funding.

Counseling

After 9/11, FDNY's Counseling Service Unit (CSU) responded to the new needs of our first responders by expanding from a single counseling service site in Manhattan to multiple locations in the communities where our first responders live. Partnering with multiple resources -- including the American Red Cross, the Substance Abuse Mental Health Services Agency, the Federal Emergency Management Agency, the International Association of Fire Fighters and the National Fallen Firefighters Foundation -- the FDNY secured critical funding to provide counseling services for FDNY first responders and their families. We actively sought to reduce barriers to counseling by opening new sites and making services readily available to first responders. For example, specially trained retired Firefighters visited our firehouses accompanied by counselors – this effort was critical to opening the doors of the firehouse and letting professional counselors in. We delivered enhanced educational programs to more than 10,000 active first responders to help them identify early symptoms of stress, depression and substance abuse.

More than 12,000 people have sought mental health services through our CSU since 9/11. We developed new programs for bereaved spouses, parents and siblings. Four and a half years later, these groups still meet weekly, and are actively engaged in counseling. Clients with substance abuse problems are treated through inpatient and outpatient programs. We also offer couples counseling, and individual and group counseling to affected first responders and spouses.

The continued need for counseling services is well documented by the steady stream of clients to our Counseling Service Unit. Before 9/11, our CSU treated about 50 new clients a month. Our six locations now average around 260 new intakes each month. In each of the last three years we have treated nearly 3,500 active and retired first responders and nearly 500 spouses and close relatives. More than 85 percent of our clients are active first responders who remain on full duty while seeking assistance.

The New York City Department of Health and Mental Hygiene WTC Health Registry

The City's Department of Health and Mental Hygiene (DOHMH) WTC Health Registry (WTCHR) provides essential tracking of short- and long-term health effects for more than 71,000 enrollees. The Registry is the only resource designed to track and maintain contact with a diverse group of people who were most highly affected by exposure to the events of 9/11. It will systematically document the physical and mental health effects of 9/11 on enrollees through periodic health surveys, in-depth follow-up studies and matching to vital records and cancer registries. The WTCHR tracks a wide range of highly affected groups present on 9/11, including: 14,665 Lower Manhattan residents; 2,646 school children and staff; 43,487 building occupants, persons in transit and visitors;

and 30,665 rescue, recovery and cleanup workers and volunteers who worked at least one shift on or after 9/11. As many enrollees are in more than one group, these numbers sum to more than 71,000.

With input from scientific, community and labor advisors, baseline health interviews were conducted with 71,437 registrants during 2003 and 2004. The WTCHR is the largest effort ever in the U.S. to systemically monitor the health of persons exposed to a large-scale disaster, and it is a model for future disaster surveillance efforts. Findings on injuries, new respiratory problems and serious psychological distress reported by 8,148 of the Registry's survivors of collapsed and damaged buildings will be published in the CDC's Morbidity and Mortality Weekly Report in April 2006. Based on the initial interviews, the Registry is also assessing the physical and mental health outcomes among children, adult residents of Lower Manhattan, WTC tower survivors and rescue, recovery and cleanup workers. The first biennial follow-up survey to assess the health of all 71,000 registrants is scheduled to begin next month.

The WTCHR is a unique resource that provides many benefits. For enrollees and others affected by 9/11, the Registry provides information on health outcomes and a periodically updated directory of available resources and treatment options. DOHMH is currently collaborating with the Mt. Sinai Medical Center and the FDNY to update clinical guidelines for physicians treating patients with 9/11-related physical and mental health problems. The Registry is collaborating with external researchers to plan in-depth studies, including a follow-up of enrollees with persistent respiratory symptoms. The

Registry is also open to health experts worldwide to help them conduct confidential in-depth health investigations following approval by the WTCHR Review Committee, which includes scientific, labor and community advisors. Several academic institutions have begun studies with the Registry providing a means to contact eligible enrollees. Additional research proposals seeking recruits from the Registry are expected to be submitted to the WTCHR this year. It is essential that the Federal Government keep faith with the more than 71,000 WTC disaster survivors who enrolled in the Registry by ensuring the stability and survival of this crucial project.

Four and a Half Years Later

The ongoing threat of terrorism demands constant preparedness. The FDNY has focused on rebuilding and improving readiness for a variety of possible events. We have significantly increased our preparedness to respond to critical events by providing innovative new training and enhanced equipment to our first responder personnel. BHS now requires, as part of our annual medical evaluation, that all first responders be fitted for Self-Contained Breathing Apparatus, P-100 and N95 mask respirators. We conduct multi-agency drills at regular intervals to ensure that our Department coordinates well with other first-responder agencies. We have conducted drills in the field each fall demonstrating that our Department can respond to a biological event with prophylactic medications for on-duty FDNY first responders while continuing to provide pre-hospital, emergency medical and fire services to our City. The smallpox vaccination program has allowed BHS, DOHMH and CDC to partner in planning and implementing strategic health programs for our community.

In the daily life of the FDNY, our first responders answer a call for help, a call to save lives. That call may be for emergency medical assistance and transport to the hospital. That call may be to suppress fire and save lives jeopardized by smoke and flame. Our first responders go out on every run fully aware that their lives may be at risk. In the years since 9/11, we have added more names to our Memorial Wall to include the latest heroes, a visible reminder that the FDNY rescue worker is on the front line. The question we continually face is: how can we best support this work force?

Fundamentally, the FDNY supports its workforce by acknowledging the work exposures, providing counseling services and continuing our medical monitoring program. In the months following 9/11, the majority of exposed first responders thought that their lives would be shortened by the exposures at Ground Zero. But our workforce has continued to fulfill their responsibilities each day despite those concerns. More than 3,500 first responders retired sooner than expected, some with health issues, most with health concerns. These dedicated first responders who were most exposed would have fallen off of our health tracking radar were it not for our intensive follow-up medical and mental health monitoring program.

Fortunately, through the efforts of our Mayor, Fire Commissioner, union leadership and concerned legislators -- including bipartisan support from our Senators and Members of Congress -- we will receive additional funding for the Medical Monitoring Program for WTC rescue workers for another three and a half years, through July 2009. This NIOSH-

funded program is coordinated jointly by FDNY (for FDNY rescue/recovery workers) and Mt. Sinai Medical Center (for non-FDNY rescue/recovery workers). This Medical Monitoring Program includes three medical examinations over the course of five years for exposed workers, both active and retired. This allows us to monitor and identify early trends or patterns of illness and wellness. It also allows us to follow longitudinally the lung function of our previously healthy and athletic firefighting force to see if the initial decline in pulmonary function continues or abates.

As I noted earlier, the long-term consequences of environmental disasters -- for example, cancer, and heart, lung and mental health disease -- can only be appreciated with a medical monitoring program extending 20 to 30 years. Our current WTC Medical Monitoring Program is a formalized program of early evaluation, but it does not provide the true long-term monitoring that our first responders need and deserve. We ask that our elected leaders help us fulfill our commitment to long-term monitoring of our first responders.

The current WTC Medical Monitoring Program also does not address treatment, although additional funding from the American Red Cross supplemented the WTC rescue workers program to provide some extra services such as CT chest scans, tobacco cessation intervention, reimbursement for costly medications and other services to assist first responders. This philanthropic funding will gradually phase out in 2006 to 2007, and will then no longer be available. This is one of many reasons why we need a rapid disbursement of the $125 million Federal WTC aid to our treatment centers.

Further, our EMS workers who experienced WTC-related problems found that Workers' Compensation has not met their needs. The natural delay in reporting symptoms after the event, the issue of injury versus illness in the Workers' Compensation setting and the paucity of specialists in the compensation field have created problems for ill EMS workers.

Retired first responders may also encounter problems once they leave City service, when their medical claims for work-related problems are transferred to their individual insurance plans. Examples include difficulties with continuity of services and additional direct payments.

In the mental health field, medications and therapy are rarely fully covered by private medical insurance or through Workers' Compensation. Until July 2005, City employees had drug coverage for a minimal fee for certain drugs known by the acronym "PICA": Psychotropic, Injectables, Cancer or Asthma. As a result of changes in drug coverage for City employees, both psychotropic and asthma medications are now excluded. FDNY first responders, who have required these medications in record numbers since 9/11, are suffering a tremendous financial burden in order to obtain these medications and maintain their health.

Conclusion

We continue to need sustained medical monitoring for long-term health consequences and treatment of 9/11 survivors. With the help of Congress, the $125 million in Workers' Compensation funds that was originally designated by the Federal Government for the WTC rescue workers has now been reinstated. We thank you. Of that funding, $75 million has been earmarked to help the FDNY, the Mt. Sinai consortium, DOHMH's WTC Health Registry, the New York City Police Foundation's Project COPE and the Police Organization Providing Peer Assistance, which provide services to those first responders requiring treatment. We hope for a quick disbursement of funds so that we can provide our first responders with needed clinical services. Based on current needs and spending levels, we anticipate that this funding will last three years. Additional support will then be required for those who were the most exposed and most affected.

The FDNY takes great pride in responding to the health and safety needs of the residents of our City. When the call is sounded, the FDNY arrives to help. Well aware that the threat of terrorism remains, our first responders provide security for our homeland every day. But we have concerns about the health and safety of our rescue workers. We have an obligation to make sure that no member is left behind. We lost too many on 9/11. Early diagnosis and treatment is effective. We can only prevent more loss of life through sufficient continued funding to provide long-term monitoring and treatment.

Thank you for the opportunity to speak with you today. I would be glad to take any questions.

ATTACHMENT 1: - Fire Department of New York (FDNY) Medical Publications

1. PREZANT DJ, Weiden M, Banauch GI, McGuinness G, Rom WN, Aldrich TK and KELLY KJ. Cough and bronchial responsiveness in firefighters at the World Trade Center site. N Eng J Med 2002;347:806-15.

2. Banauch GI, McLaughlin M, Hirschhorn R, Corrigan M, KELLY KJ, PREZANT DJ. Injuries and Illnesses among New York City Fire Department rescue workers after responding to the World Trade Center Attacks. MMWR 2002;51:1-5.

3. PREZANT DJ, KELLY KJ, Jackson B, Peterson D, Feldman D, Baron S, Mueller CA, Bernard B, Lushniak B, Smith L, BerryAnn R, Hoffman B. Use of respiratory protection among responders at the World Trade Center Site – New York City, September 2001. MMWR 2002;51:6-8.

4. Rom WN, Weiden M, Garcia R, Ting AY, Vathesatogkit P, Tse DB, McGuinness G, Roggli V, PREZANT DJ. Acute eosinophilic pneumonia in a New York City firefighter exposed to world trade center dust. Am. J. Resp. Crit. Care Med. 2002;166:797-800.

5. Banauch GI, Alleyne D, Sanchez R, Olender K, Weiden M, KELLY KJ, and PREZANT DJ. Persistent bronchial hyperreactivity in New York City firefighters and rescue workers following collapse of World Trade Center. Am. J. Resp. Crit. Care Med. 2003; 168:54-62.

6. Edelman P, Osterloh J, Pirkle J, Grainger J, Jones R, Blount B, Calafat A, Turner W, Caudill S, Feldman DM, Baron S, Bernard BP, Lushniak BD, KELLY KJ, PREZANT DJ. Biomonitoring of chemical exposure among New York City firefighters responding to the World Trade Center fire and collapse. Environ Health Perspect, 2003; 111:1906-1911.

7. Feldman DM, Baron S, Mueller CA, Bernard BP, Lushniak BD, KELLY KJ, PREZANT DJ. Initial symptoms, respiratory function and respirator use in New York City firefighters responding to the World Trade Center (WTC) disaster. Chest 2004;125:1256-64.

8. Fireman E, Lerman Y, Ganor E, Greif J, Fireman-Shoresh, S, Oppenheim E, Flash R, Miller A, Banauch GI, Weiden M, KELLY KJ, PREZANT DJ. Induced sputum assessment in NYC firefighters exposed to World Trade Center dust. Environ Health Perspect, 2004; 112:1564-1569.

9. Banauch GI, Dhala A, Alleyne D, Alva R, Santhyadka G, Krasko A, Weiden M, KELLY KJ, PREZANT DJ. Bronchial hyperreactivity and other inhalation lung injuries in rescue/recovery workers after the World Trade Center collapse. Crit Care Med. 2005;33:S102-S106.

10. Banauch GI, Dhala A, PREZANT DJ. Airway dysfunction in rescue workers at the World Trade Center site. Curr Opin Pulm Med 2005; 11:160-8.

11. Bars MP, Banauch GI, Appel DW, Andreaci M, Mouren P, KELLY KJ, PREZANT DJ. "Tobacco Free with FDNY" – The New York City Fire Department World Trade Center Tobacco Cessation Study. Chest (In Press).

12. Banauch GI, Hall C, Weiden M, Cohen HW, Aldrich TK, Christodoulou V, Arcentales N, KELLY KJ, and PREZANT DJ. Pulmonary function loss after World Trade Center exposure in the New York City Fire Department. American Journal of Respiratory and Critical Care Medicine (In Review).

ATTACHMENT 2: - World Trade Center Health Registry (WTCHR)

External Research Projects

Approved by the WTCHR Review Committee as of 02/2006

Title: *HEED: Development of the High-Rise Evacuation Evaluation Database based on Data Arising from the WTC Disaster*
PI and Affiliation: Edwin Galea, Ph.D., Fire Safety Engineering Group, University of Greenwich, United Kingdom
Type of Request: Information (one page introductory letter and 2-page study information sheet) sent to all adult registrants who evacuated from WTC Towers 1 and 3.
Information sent via email if registrant provided an email address and via mail for those who did not provide an email address.
Date Approved: February 23, 2005
Date Request Filled: Materials sent December 2005
Sponsor: UK Engineering and Physical Sciences Research Council

Title: *The World Trade Center Evacuation Study*
PI and Affiliation: Robyn R Gershon Dr.PH, Columbia University Mailman School of Public Health
Type of Request: Information (recruitment letter, consent form, study questionnaire, pre-addressed, pre-stamped return envelope) sent via mail to all adult registrants who worked in and/or evacuated from WTC Towers 1 and 2.
Date Approved: February 23, 2005
Date Request Filled: Materials mailed May 2005
Sponsor: CDC/Association of Schools of Public Health

Title: *Functional Neuroimaging of Post-Traumatic Stress Responses to Terrorism*
PI and Affiliation: David Silbersweig, MD, Weill Medical College of Cornell University
Type of Request: Information (recruitment letter) sent via mail and email to adult registrants who were in damaged or destroyed buildings including WTC Towers 1 and 2 and people who were present south of Chambers Street on 9/11
Date Approved: July 19, 2005
Date Request Filled: December 2005
Sponsor: National Institute of Mental Health

WTCHR Technical Reports

New York City Department of Health and Mental Hygiene and the Agency for Toxic Substances and Disease Registry. Proceedings: Expert Panel on Public Health Registries. May 13, 2004. http://www.nyc.gov/html/doh/downloads/pdf/wtc/wtc-report-expert.pdf

Dolan M., Murphy M, Thalji L, Pulliam P. World Trade Center Health Registry: Sample Building and Denominator Estimation. Research Triangle Institute. Submitted to the New York City Department of Health and Mental Hygiene and the Agency for Toxic Substances and Disease Registry. December 2005.

Murphy J. World Trade Center Health Registry: Enrollment and Coverage Report. Research Triangle Institute. Submitted to the New York City Department of Health and Mental Hygiene and the Agency for Toxic Substances and Disease Registry. December 2005.

Murphy J. World Trade Center Health Registry: Explanation and Calculation of Outcome Rates. Research Triangle Institute. Submitted to the New York City Department of Health and Mental Hygiene and the Agency for Toxic Substances and Disease Registry. December 2005.

Paul Pulliam, Lisa Thalji, Laura DiGrande, Megan Perrin, Deborah Walker, et al. World Trade Center Health Registry: Data File User's Manual. Research Triangle Institute, New York City Department of Health and Mental Hygiene, and the Agency for Toxic Substances and Disease Registry. New York, New York: February 2006.

Mr. SHAYS. Thank you all for your testimony. I will give my time and take his time and allow Mr. Vito Fossella to ask the first round. And, Vito, we go 10 minutes.

Mr. FOSSELLA. Thank you very much, Mr. Chairman. I will be very brief. For Dr. Kelly, and then thank the whole panel for their testimony in coming here today.

Dr. Kelly, CDC is currently working out the distribution of the funding that we all mentioned has been restored for treatment. Now, do you have any projections on the long-term funding needs for the Medical Monitoring and treatment of, in your case, firefighters?

Dr. KELLY. We would project with additional funding, we would need about $10 million per year, and again that funding would ideally take us for the next 3 years, through the year 2009.

That would allow us to do treatment that will supplement what the American Red Cross has given us. That particular funding is going to be ending within the 2006–2007 timeframe, as well as to continue and add to our monitoring program.

Mr. FOSSELLA. Are there any projections beyond 2009?

Dr. KELLY. Again, our minimum would be at least that much, and we would need to continue that program beyond 2009. It is very important that we look at the long-term monitoring and treatment. Two thousand and nine, although it sounds far in the future, really isn't very far in the timeframe that we are thinking about if we are going to look at long-term patterns of illness, given the exposures that we saw in our department.

Mr. FOSSELLA. So we are saying long term. I mean I know you reference in the testimony upwards of 30 years. Is that to you long-term or is 20 years long-term in your opinion? How do you define it?

Dr. KELLY. I think 20 to 30 years would be the timeframe we would be looking at to see the kinds of outcomes that we have seen in the past from exposures to something just of asbestos, there are other exposures at that site that we probably don't even know all of the different substances and what those long-term outcomes may be.

Mr. FOSSELLA. OK. For both you and Dr. Levin, funding aside, are there policies at the Federal level you feel would be helpful or now a hindrance to assist you in not only, you know, ongoing and long-term medical monitoring and treatments, but that can better prepare and help address the needs of firefighters and first responders for a, God forbid, future attack?

Dr. KELLY. I think we were very fortunate that we had a preexisting medical office, and we were there on the ground ready to start our work. We were able to recognize patterns of illness, because we have a centralized medical office. I think we worked very well collaborating with fellow medical institutions, such as Mount Sinai, and we have also worked with CDC and NIOSH so that we could develop programs that brought thought and balance into these programs. I think we play a critical role because of the cohort size we see. We see over 10,000 to 15,000 members. Mount Sinai sees about the same amount of people. The larger the groups that you can evaluate and see, the better you are able to see patterns

of illness, and you can really appreciate the development of treatments and understand how to take care of people.

Dr. LEVIN. If I can just add to what Dr. Kelly has said. It was clear in the wake of the September 11th disaster that there was not a coordinated response at any governmental level to the health concerns. It was rapidly clear to those of us who practice occupational medicine that the likelihood of respiratory problems and psychological distress was very high, given what we saw on television people being dragged off the pile choking, you know, for breath and at no point did any level of government issue an advisory to the treating medical community on how to understand the exposures, how to understand the illnesses that might develop from those exposures, how to evaluate such individuals, and how to treat them. We do that for many other illnesses. It is a normal public health response. It didn't happen here. And in any disaster situation, it is the most important thing that physicians and other practitioners who are going to see such individuals have some idea of how to understand what they are going to be evaluating and treating.

We don't train our physicians in this country in occupational and environmental medicine, so the best intentioned of physicians treated many of our patients with antibiotic after antibiotic for things that were not infections, but rather chemical burns.

In the situation following September 11th, there never was assembled a panel of people with expertise in public health, in understanding environmental exposures and their consequences, to make an assessment of what were the exposures and what were the consequences. There was a considerable amount of political and economic influence on policy shaping. It seems to us that a public health response requires that experts in understanding the health effects of such exposures have to be isolated from those influences for at least a period of time so an accurate assessment can be developed and appropriate attempts to control the illnesses among responders and other victims can be developed.

The issue of a failure to develop treatment resources and the slowness of developing a screening program and monitoring program for other than the fire department, it was a wonderful thing that they had an infrastructure in place. There was no such infrastructure in place for the other responders other than New York State's Occupational Health Clinic Network Centers, which we are one of. And it was a good thing that we were there.

Nevertheless, the failure to develop a treatment response, we are still seeing the consequences of because treatment delayed for many meant a greater severity and longer persistence of their illness.

Mr. FOSSELLA. Is there a time period in which there should be this treatment response or this group to sit down, as you say, a panel of experts to assess the nature of the problem and then to issue the advisories accordingly?

Dr. LEVIN. Three weeks before the disaster and that means now we should be thinking about what sort of panels are appropriate to pull together for this purpose. But certainly after a disaster, within a day, it is possible to gather people with relevant expertise to assess the situation and develop proposals as to how to mount a public health response.

We are an advanced technological society. We are capable of doing this sort of thing, and it requires the political will to make sure that it happens, because technically it is possible to do it.

Mr. FOSSELLA. Finally, doctor, and it is more of I guess procedural—I know there was many—and we have received some calls from some former New York City Police Department officers who are now retired and living in other States. My understanding is Mount Sinai contracts with the clinics outside of New York, so September 11th responders living in those areas have a place to go for exams. Can you elaborate on that, and if there are those officers who are not near one of these clinics, are there plans in the works to identify clinics that are better prepared to handle that population?

Dr. LEVIN. Under the auspices of our screening program, from 2002 through 2004, we saw nearly 700 responders from around the country outside of the New York Metropolitan Area, who had come to New York and done their significant rescue and recovery efforts and then returned home.

We were able to work with an association of occupational medicine clinics that exists throughout the United States during that time to provide screening examinations. No treatment resources were available for that group as well.

In the monitoring program, we are now in the process of setting up exactly that sort of network around the country to provide a second round of examinations and ongoing examinations to those responders from around the country.

Again, the issue of treatment resources for them will be a problem. There are some responders from areas of the country where there is no local expertise in occupational or environmental medicine. There isn't an occupational medicine center nearby.

We will work with local physicians, providing them with basic training materials on how to do the assessments that we do here in our programs in the New York Metropolitan Area, and how to make appropriate referrals with guidance sheets as to how to understand these illnesses and how to manage them and treat them so that local physicians, even if they don't have expertise in occupational medicine and unfortunately too many don't, will at least have the guidance of our experience that we have accumulated over the last 4½ years.

Mr. FOSSELLA. So it is up to, say, in this case, an individual to see if there is a local physician willing to assume that responsibility and willingness to learn from you how to handle——

Dr. LEVIN. We will try to identify such physicians in any geographical area where responders are. If they are unable to travel to get to a clinical center with real expertise, we will try to identify local practitioners, physicians with whom we can work to provide these examinations.

Mr. FOSSELLA. Thank you very much. Thank you.

Mr. SHAYS. I thank the gentleman. Mrs. Maloney, you have the floor.

Mrs. MALONEY. Thank you. First of all, I would like to thank all of the witnesses today for their excellent testimony, especially our two September 11th responders, Ron Vega, who is a constituent of mine, and Marvin Bethea, who is a founding member of the Un-

sung Heroes Helping Heroes, a group that I am always proud to stand with in our fight for September 11th issues. And they are representative of thousands more workers, and they have led efforts to bring their concerns to Congress. They have been here many times, and I thank them for their work.

I would like to ask Ron Vega. It is my understanding that you are a participant in both the World Trade Center Monitoring Program and the World Trade Center Health Registry.

Can you tell me about your experiences with each, and were they helpful to you?

Mr. VEGA. Thank you for your help. I have to say that the Registry, which I participated in, as I have said, probably a month after I left the site in 2002, I have to be apologetic. It had so little significance to me that I forgot that I even participated in it.

I remember that we were forced by our agencies and nagged and nagged and nagged to make that call, and then, when we made the call, we were very frustrated by the questions that were being asked of us. It was actually kind of consultant service that was hired. These people really had no idea what we had been through. The presentation of the questions were very insulting in many ways. The questions that we were being asked were like don't you know what we have been through? Why are you asking us that?

So I have to say it reminded me of when I was a young teenager and I got a survey about somebody doing a sex survey and how active I was in my teens sexually. I have to say I lied a lot on that survey.

And I had the same reaction on this survey. I didn't really know how to answer it, because I knew that the questions did not allow the proper answer that I wanted to give.

So I do appreciate the attempt that was made, but I didn't really appreciate the questionnaire or the people that were asking. I was pretty frustrated when I got off that phone. I think I needed therapy when I got off the phone, and there was nothing there. So that is why when the WTC Mount Sinai Program started, at least it was something that said look you go into a hospital. You are going to a hospital environment. You are going to go see nurses, doctors. People are going to look at your health. They are going to give you an examination. Even that in a sense is frustrating, because you feel like OK, you are going to watch me die, and you are going to watch me die over 20 years. And you are going to confirm that I died out of something I got at Ground Zero. But maybe that will help other people.

See you keep talking about long-term monitoring. I don't think I have 10 more years. I am pretty sure I don't. I don't think Marvin thinks he has it, either. Not that we are going to see 10 more years. We are going to make these good 10 years, and no doubt if the country calls upon us again, we will go. But I am pretty sure I don't have it. So just monitor us until it makes a difference.

Mrs. MALONEY. Have you received treatment from the Monitoring Program?

Mr. VEGA. No. No, I have not.

Mrs. MALONEY. Have you received treatment for your condition anywhere?

Mr. VEGA. Here is the problem: the problem is if we are working city workers, we can't take the time off to prove we are disabled. I am an architect. So what if I can't walk up 5 flights of stairs anymore. Take the elevator. You can still do some design, can't you?

But the problem is I can't. I can't even function half as much as I did before. When you can't breathe, when you think you don't have much life left, guess what? It affects the way you work mentally also.

So we are at a high level of mental—I mean I always thought that I was a pretty good architect.

Mr. SHAYS. Could the gentlelady yield for a second?

Mrs. MALONEY. I yield to the chairman.

Mr. VAN HOLLEN. Yes.

Mr. SHAYS. You know, this is very sensitive, but I find myself reacting to what you are saying in one way impress that you have an attitude, but feeling like you need to think differently. And I really believe that do you do things like exercise? Do you do things to compensate or—I mean maybe this isn't part of the hearing, but it strikes me that when we talk about mental health issues, this is as much a mental health as a physical issue for you. And I am thinking that the system is broken down more than I even thought, if you are allowed to think that without at least being confronted.

So I want to confront you with it as——

Mr. VEGA. No, you are right on target. You are right on target. They are interchangeable. They are intermixed.

Mr. SHAYS. Do you have kids?

Mr. VEGA. Yes, I do.

Mr. SHAYS. How old are they?

Mr. VEGA. My oldest now is 25.

Mr. SHAYS. Right.

Mr. VEGA. No. 2 is 20, and No. 3 will turn 18 this Friday, God help me.

Mr. SHAYS. OK.

Mr. VEGA. So——

Mr. SHAYS. You need a 5-year-old that makes you want to live for more than 10 years.

Mr. VEGA. No, I have a grandniece, who makes me want to live, and she makes me want to live every minute that I live.

Mr. SHAYS. Right.

Mr. VEGA. When you know what it is like to be without air, and you get that feeling constantly, when you have to walk all around your life with one of these—it goes to a nebulizer——

Mr. SHAYS. Has the medical community told you have 10 years to live?

Mr. VEGA. No. No, no, no.

Mr. SHAYS. Yes.

Mr. VEGA. You know, as I said in my testimony——

Mr. SHAYS. You know what I would—we don't have the 10-minute rule with the——

Mr. VEGA. Oh, OK.

Mr. SHAYS [continuing]. Gentlelady from New York and I when there is just two of us left. So I will give her back the floor.

Mr. VEGA. OK.

Mr. SHAYS. I just needed to tell you that I couldn't lead this hearing and hear you say what you are saying without wondering a bit about whether that is to your advantage to feel that way. And I wish there was some doctors that could comment about it.

Mr. VEGA. I appreciate what you are saying. I really do.

Mr. SHAYS. Where is Dr. Fleming when we need him?

Mr. VEGA. I hope I am wrong, believe me. I hope I am wrong, too.

Mr. SHAYS. I mean, Dr. Levin, maybe you could just respond in general about the attitude that says you are—I mean should we make an assumption that people can't be helped, that they can't find healings? I mean tell me. Help me out. Dr. Kelly.

Dr. KELLY. When we did questionnaires right after September 11th, we asked people about health concerns. Even those who didn't have an active problem truly believed their lives would be shortened by their exposures. The feeling that you had when all of that dust and debris were falling down on you was that this can't be good for my health. And for the people who continued to have respiratory symptoms, particularly in a group who was in good health before that, this was a group who was very athletic, very physical. They sought our department work, because they liked that hands on. They had no problem running up and down buildings with equipment on.

When you suddenly can't do what you could do before, life, as you know it, changes.

Mr. SHAYS. Right.

Dr. KELLY. You know he brings up the point that someone says you can take an elevator, but that is not what you planned on doing with your life, so people have a changed image of their own health, their wellbeing, and what their future holds.

Mr. SHAYS. I guess I am reminded of Congressman Dingel, who told a whole group of us his father was a rather crusty guy, and the doctor told him he only had 5 more years to live, and he said, the hell with that. He said, I am going to piss on your grave. And that is Congressman Dingel's father, and he lived many, many years, and I am just responding to that.

Dr. LEVIN. Well, let me comment on this because our clinical experience tells us that many of our patients who have been given the best of care we know how to give are improving but very few are feeling the way they did before September 11th.

Mr. SHAYS. But that is a different issue. Yes.

Dr. LEVIN. And the issue of whether, in fact, people's lives will be shortened by this experience is not something that we can answer with any certainty——

Mr. SHAYS. True.

Dr. LEVIN [continuing]. At this point. And unfortunately, the recent deaths in New York have provoked lots of words among World Trade Center responders as well as community residents and everyone who came back to work in lower Manhattan.

Mr. SHAYS. I just don't like the idea that we are going to pay money to monitor their death. I want to monitor their life, and I want to find ways to help them live.

Dr. LEVIN. I think the last point that you made is the most important point.

We are interested in learning what we can about the consequences of this disaster. We are much more interested in trying to intervene so that people's health can be protected, improved, and that unnecessary death can be prevented. That is the purpose of the monitoring program, not to gather statistics.

Dr. KELLY. And the other thing is that this is health and mental health, and we know that those two go together, and that your mindset affects how you feel physically.

Mr. SHAYS. Right.

Dr. KELLY. And attention to the mental health aspect is critical in this monitoring program. We know that the full effect from a mental health perspective is not always felt, a week or two after the event. It is felt later. And addressing that issue is a critical part of what this program is all about.

Mr. SHAYS. Well, the bottom line is, Mr. Vega, I like you a lot. I want you to live a long life.

Mr. VEGA. I just hope that you understand I am about the most positive person on Earth.

Mr. SHAYS. I know.

Mr. VEGA. So when I say that, it carries a little more weight.

Mr. SHAYS. Well, you are a beautiful man, and——

Mr. VEGA. Thank you so much.

Mr. SHAYS [continuing]. Mr. Bethea.

Mrs. MALONEY. OK. Thank you, Mr. Chairman. I would like to ask Marvin Bethea if he would share with us his chart on the medicines that tells a huge story in itself. And I would also like you to share some of your experiences and specifically do you believe or think it is the responsibility of the Federal Government to fully monitor and treat the sick and injured September 11th responders?

Mr. BETHEA. Absolutely. Again, I would like to draw and say now being sick changes your life. I mean I was very athletic, and I took great pride in the fact that at 38, I could hit the boys' ball to the second baseman, and still beat the ball to first. I mean that is how fast I was. They had to go up two flights of stairs of huffing and puffing. I played tennis. I rode bicycles. I was very athletic. But again, being a paramedic, we had to climb up and down stairs. You carry a patient, so with September 11th we went. We served. We did what we had to do on that day, not realizing that this is going to be a slow death sentence. And as much as you try to think positive, you do think about death. And I mean I am very grateful for the Mount Sinai program, and my psychiatrist, Dr. Laurie Malkoff, because without her, I don't know if I would be here today. The tests might mean I will never be the same. I am very, very emotional. You know being on all this medicine, it is very hard.

For instance, before September 11th, I was taking two medicines for colitis. And now, because of September 11th, here is all the medicine I have to take.

Mrs. MALONEY. How are you treated? Are you a part of the Monitoring Program, on the Registry?

Mr. BETHEA. Right. I was very—I am sorry.

Mrs. MALONEY. What are your experiences with the Monitoring Program and the Registry?

Mr. BETHEA. The Monitoring Program at Mount Sinai has been absolutely wonderful. I was very fortunate that I got into the pro-

gram early enough not only to get monitoring, but I also get the treatment. And so I was one of the lucky guys—myself as well as my partner. But there is, you know, like a 3-month waiting list to get treatment. So again, is it is nice that the government can tell you OK, you can go here. You will get monitoring. We will do some screening. But as far as your asthma, post-traumatic stress disorder or any other problem you have, well, you are on your own, and come back in another 5 months, and we will tell you whether or not you still have these problems, but yet, we are still not going to give you treatment, because of the thing is diagnosing, recognizing what you do have and then on top of it is then making sure the person gets the treatment. And unfortunately, too many people are not getting the treatment, and the Federal Government needs to have—I mean we see this also go down with Katrina—a Federal health care insurance where that if anyone responds to a man-made or a natural disaster that and you respond in an official capacity, and, God forbid, you get injured or hurt, that you will have Federal health care coverage as well as receive some type of financial compensation, because now they tell everybody about COBRA. Oh, go out and get COBRA.

Well, COBRA is nice, but if you aren't working and have no money, COBRA costs money, so you don't have health care. All of this is a real wakeup call for me, because I have always had health care insurance. And all of a sudden, when I stopped working and I lost my benefits, it was like, oh, my God, I am one of those 43 million plus people who don't have health care. And that was a real wakeup call.

Fortunately now, since I do receive Social Security, I now have my health care back through my union, but for a while there, I did not have health care, and you don't realize how important it is until you don't have it. And, you know, we all went out to do our jobs that day. I mean you look at a lot of these young people who were so affected by September 11th that they turned around and they joined the military. They got into the Armed Forces, because everybody felt they had to do something to support this country, and that is what we did.

And it is a shame now again and I get back to President Kennedy. I always admired President Kennedy that, you know, what would President Kennedy say to what the U.S. Government is doing today about the treatment of heroes and survivors. It is totally un-American, and we are a better Nation than that, and we can do better than that. It doesn't make any difference whether you are a Democrat, Republican, or an Independent or whether you are a Catholic, Jewish, Protestant, Muslim. You know, we are a better country. I mean you cut me. I bleed red. You bleed red. And it is just a shame that we have somehow lost sight of all this. I was very touched and moved by especially New York City, as well as the country right after September 11th how we all became one. And it wasn't this or that. We were all united together, and unfortunately, as the years have passed now, we started to lose that, and we are quickly forgetting what brought us all together again.

And some people say it is almost as if we need another attack to wake us up again, and we don't want that to happen, but, you know, we could do a lot better than that, because why should any

rescue people respond to anything knowing that, God forbid, I get hurt or I get sick that I won't be able to take care of myself or my family. I mean these people—I know guys that are losing their families, losing their homes, because there is no money, and every time they go and try to get help, it is like, well, you don't qualify for this. You didn't fill out the paperwork soon enough. And I know, yes, we are a better country than that. We truly are, and we need to take care of the people, because you can pay me now or you can pay me later. And we need to pay the people and do it now, so we don't wind up paying a big price down the road.

Mrs. MALONEY. Well, I think you raised a lot of important points and that we need to, God forbid, we have another September 11th, but we have to learn from this experience for future disasters and future emergencies.

I want to compliment Dr. Kelly on your testimony. The fire department really is the symbol of the strength and resilience of New York. You lost so many people. They performed so bravely, and I know I join Congressman Fossella in supporting his line of questioning on what it is you need to continue your work and just ask that request be placed in writing to our committee so we can continue to work with you and the administration on meeting your needs.

I would like to pose the same question to Dr. Levin that Congressman Fossella posed to Dr. Kelly, which is, what do you feel you need to complete your work in terms of resource and length of time, and I—what do you feel that you as a consortium need to continue to complete the work of helping the September 11th responders?

Dr. LEVIN. About a year or a year and a half ago, we were asked to come up with an estimate of what would be needed to follow this group of responders out over the next 20 years, not just for screening evaluations and monitoring examinations, but for treatment as well.

Dr. Prezant, Dr. Kelly's colleague, and I sat down and quickly made an assessment of well, what were our current levels of funding, what were we not able to do with that funding, and what would be needed.

And over the next 20 years, we made an estimate of about $315 million to $320 million to provide monitoring as well as treatment resources over this next 20-year period. If this population——

Mrs. MALONEY. And that is with the fire department and Mount Sinai or just the Mount Sinai consortium?

Dr. LEVIN. At that time, it was the two programs combined.

Mrs. MALONEY. The two programs together.

Dr. LEVIN. We have learned some now that we didn't know when we made that first estimate of what it really costs to provide especially mental health services, how commonly these mental health problems are experienced by our responder populations, and how severe they are.

And I think that initial estimate was probably something of an underestimate, but it is a reasonable approximation.

The problem is that following people for only 20 years means that some people will go ahead and develop cancers as a consequence of their exposures at Ground Zero or at that Staten Is-

land landfill, who will not develop those diseases within 20 years time. We know the experience of occupational groups and how long it takes for them to get their cancers after exposures.

So a period of at least 30 years is warranted, which means that some additional money would be needed to follow them for another 10 years.

Mrs. MALONEY. Thank you, and I join Fossella in hoping you will get that to us in writing.

And GAO, you haven't had a question yet, so I thank you for your testimony and the many research papers that have done on the September 11th response and what is needed.

And I would like to ask isn't it likely that the variation in the current array of monitoring programs—I believe you mentioned four in your testimony—will lead to many situations in which people will have the same exposure, but may not have their needs met because they will have unequal access to exams, unequal followup and unequal treatment.

Ms. BASCETTA. Yes, that is certainly the case. I think that Dr. Levin characterized our health care system as fragmented and that, in combination, with a rather haphazard approach to monitoring as the situation evolved over the last several years, you know, creates, as we have stated, some people who get only a one-time exam; others who get an examination with followup. Those examinations are not necessarily consistent across the programs, and they are certainly not needs-based. They are not based on the exposure that the individual experienced. They are based on what program the person is eligible for, so that certainly creates inequities across the programs if you are looking from a needs-based perspective.

We would also about the differences in referral patterns and how consistently those might be occurring. So you are correct in your characterization.

Mrs. MALONEY. So it what hat you wore, not what dirty air you breathed in?

Ms. BASCETTA. That is right.

Mrs. MALONEY. In terms of what you are confronted with treatment. It should be the same. If you breathe the same dirty air, got the same exposure, you should get the same treatment, is that basically what you are saying?

Ms. BASCETTA. From a medical perspective, that is what you would need.

Mrs. MALONEY. Thank you. My time is up, but I have one last question. I would like to ask Dr. Kelly and Dr. Levin, I would like to ask you about the World Trade Center Registry, and has this Registry ever provided you with any information that you have found valuable in conducting your medical monitoring programs?

Dr. LEVIN. Well, I will take a first crack at that. They did release interim reports based on their telephone surveys, and what it did was confirm what we were seeing among our responder populations—fairly high rates of respiratory symptoms being reported and some psychological distress, as well as gastrointestinal problems.

I can't say that anything has been learned that is new that we didn't already know from our examination programs. And it is

probably too early for a registry of that sort to be able to identify problems since many of the diseases that presumably the registry was set up to identify aren't going to appear for another 20, 25 years.

The real problem that I have with the Registry, and this is something of a technical matter, is whether it has the statistical power, enough people in its enrollment, to be able to detect increases in some of the diseases that we are concerned may result from these exposures. The epidemiological method that it uses and this is by their own calculations indicates that they may not have numbers sufficient to be able to answer important questions like are lung cancers going to be increased in this population.

So registries are valuable and important if they have the technical capacity to answer the questions they are set up to answer. I am not confident that this registry can do that, and that is a real concern. We have not learned anything new from them thus far.

Mrs. MALONEY. To followup, in reading your papers and others, the "World Trade Center cough" is usually described as a respiratory problem, a breathing problem. Many of the people who come to me have rashes and breathing problems.

You mentioned gastrointestinal problems, and is this something that is new coming out years later, but in the first research I wasn't gastrointestinal. And is that as prevalent as the cough pattern? When you have the cough, do you have the related gastro—I think the point that you made on having medical protocol like we have for SARS is very, very important so that we know what to look at, and I have many people call me on their concerns, and this is the first time I have heard gastrointestinal. Is that as prevalent as the breathing?

Dr. LEVIN. We reported on it early, in September 2004, and we began seeing it as soon as we began seeing patients that people were experiencing acid reflux problems, very severe heartburn, chest discomfort with acid secretions backing up into their throats. People had never had this problem before September 11th.

Then we talked to our colleagues at the fire department, and they were seeing this very frequently among the firefighter responders. And it is quite clear that in our treatment program, not the monitoring program, a very high proportion of our patients have this reflux problem. That is what we mean by the gastrointestinal problem, and it complicates asthma and sinusitis. Those people who have acid reflux, who also have sinusitis and asthma, we find very much more difficult to manage medically because the reflux itself makes those other conditions much worse.

Mr. SHAYS. Why is that?

Dr. LEVIN. We don't have a full understanding, but clearly the acid, when it backs up to the throat, some of it is inhaled, and that acid is a very strong irritant to the respiratory tract, whether we are talking about sinuses or whether we are talking about the airways in the lungs. And we know that acid mist can provoke asthma and cause it and make it much worse.

Maybe Dr. Kelly has some new understanding of how the acid reflux makes conditions worse, but certainly we observe that those patients who have this problem, especially if it is uncontrolled, find

that their asthma and their sinusitis is much more difficult to take care of.

Dr. KELLY. I don't begin to have the answers, but we have seen that same increase in GI-type symptoms. It can even be a reason for a cough. It can certainly affect some of the voice changes that people have, because as that acid refluxes back, it can affect the vocal chords, so that a lot of the upper symptoms can be influenced and the cough with the GI symptoms.

But, you know, getting back to the Registry, I think the Registry serves a different purpose than the monitoring program. It is not a substitute for a monitoring program, and I think the problem always is if there is X amount of money, none of us should be in a position where we are competing with the Registry for money. They are separate programs. They serve separate needs.

But to look at the overall pattern of the people who were there and to see trends it serves a purpose in that regard. And I think it also serves as a unified presence so that people who are looking to do research and looking to develop programs about other aspects. You know, we just talked about a fragmented medical program. There are specific groups of people that may have been at the September 11th situation whose conditions or problems are similar to hurricane victims in Florida, and if there is someone in that medical community who is studying the effects on a group of school-aged children, you have the ability through the Registry to look at a comparison in that group.

Therefore, people who are outside of that mainstream that we are looking at might be able to be looked at through the Registry.

So it does serve a purpose. It is not the same as a monitoring program. We can't look at it to provide the same sets of information, but it is another tool to help us look at long-term patterns.

Mrs. MALONEY. As a followup to you and Dr. Levin, all of these individuals, all individuals are eligible to be part of the Registry, but area residents and school children are not allowed to be part of the Federal monitoring program. Does that make sense to you? Do you believe access to medical monitoring should be based on who you are or what you were exposed to? And I open it up to Dr. Kelly and Dr. Levin for any comments.

Who you are or what you are exposed to, because you have all these programs, and they are limited. This is for this group of people. This is for that group of people. At the very least, the Registry is open to everyone, and again I just ask do you believe access to medical monitoring and treatment should be based on who you are or what you were exposed to?

Dr. LEVIN. Well, I think it is clear that the exposures should be the key aspect of this, and I say that on the basis of real clinical experience. We have in our Center for Occupational and Environmental Medicine many patients who were not eligible for the monitoring program or the screening program, because they weren't responders. They were people who were required to come back to their employment in lower Manhattan sometimes within a week of September 11th, in part because the EPA said that air quality was safe, the employer said you have to come back to work or you don't have a job. I have patients who never had asthma before, who came back to office space within a week of September 11th that

was 4 or 5 blocks southeast of Ground Zero. Each day they would go from subway to their offices, walking through that cloud of dust and smoke and developed asthma, developed sinusitis, the same conditions that the responders developed.

There is no access to a program for such individuals, and the same can be said of some of the community residents, who returned to their homes, their apartments; found themselves exposed; found their children developing asthma for the first time. Some of them had adequate insurance. Many did not. Many found it difficult to get health care. And it seems to me a public health response that is comprehensive, especially in a country that can afford to do this sort of thing, would entail making sure that all the affected people had an opportunity to be evaluated and taken care of.

Mrs. MALONEY. Any comment, Dr. Kelly?

Dr. KELLY. Well, our particular group has always taken care of our fire department, so that has been our avenue of concern, and I suppose our exposure has placed us in the forefront of this event, because we again were the first there and the last to leave.

So looking at our health patterns, I think helps other people see what their exposures were, because there were none in my mind greater than ours.

And certainly the mental health, we have seen the trickle down effect not only to our first responders, but their families, so that it is clear that these effects were felt across the board, not just by the people there, but the people in that surrounding area.

Mrs. MALONEY. Thank you for your testimony.

Mr. SHAYS. Thank you. Mr. Bethea and Mr. Vega, when you were working at Ground Zero, were you paid employees or were you volunteers?

Mr. VEGA. I worked for the city of New York, but I volunteered for that detail.

Mr. SHAYS. So they were asking for volunteers, but you were being paid as a city employee.

Mr. VEGA. In lieu of going to our regular city job——

Mr. SHAYS. Exactly.

Mr. VEGA [continuing]. That became our city job. Yes.

Mr. SHAYS. Mr. Bethea.

Mr. BETHEA. I am a 911 paramedic, and in New York City half of the EMS system is run by the city fire department providing hospitals like Saint Vincent's——

Mr. SHAYS. Well, let me ask you how long were you at the site?

Mr. BETHEA. I was there that day. I got buried by both towers that day, and then I went back on the 14th, the day the President came, and dug all day.

Mr. SHAYS. So you were only the——

Mr. BETHEA. Two days.

Mr. SHAYS. Just 2 days.

Mr. BETHEA. Two days. I got buried the first day, and then on the 14th. And you can hear this——

Mr. SHAYS. And you, Mr. Vega, were there for 10——

Mr. VEGA. Ten months.

Mr. SHAYS [continuing]. Yes 10 months. It is interesting for me to kind of sort how some people can be there for, you know, 10

months and be healthy and others 10 months and not, and then someone 2 days and not be healthy with just 2 days——

Mr. VEGA. If you had seen that site, you would understand. That site gave up plumes of toxic fumes from unpredictable spots. If you wound up being in that wind stream, you inhaled about 10 months worth. Or if you worked there 10 months and you were able to avoid the blue-greenish smoke as it came out of the hole, you were OK.

Mr. SHAYS. Would you. Yes?

Mr. BETHEA. Again, it is just like, you know, in medicine, we have different routes at which you give medicine. And like take it—and given intravenously, that is the quickest way to get medicine. But if I take the medicine and rub a cream on you and it is absorbed through the skin, it will take an effect, but it takes longer. So you have to understand on that first day, when those towers came down, we got a massive dose of all the toxins that was in the air, because you got to remember, I mean I was literally white from head to toe——

Mr. SHAYS. OK. So——

Mr. BETHEA [continuing]. And I was literally blowing out pieces of concrete out of my nose that day, so I inhaled a major—it was like—the best way to describe it was a big bucket of toxic dirt that I swallowed, and so that is why a lot of us who were there that first day got sick, because we were there when the towers came down.

Mr. SHAYS. Well, which was leading into my first question I looked to my left. I looked to my right. I see this unbelievable picture of just, you know, 90 plus stories two times, plus another building, all in total debris next to the Statue of Liberty. There is something incredibly poetic or striking about that. But I have empathy for government officials that allowed you to be there the first day because you were hoping to save lives that day. But once it began that we were looking for body parts, I am just wrestling with how it is that we allowed this to happen. That is what I wrestle with and others. As eager as you are to get in there, you know we should have held you back. I am talking to Mr. Vega. We should have held you back.

Mr. VEGA. I thought that same thing many times. After the first 2 weeks, there should have been a stop, hold, let us rethink this. I understand what it was like to go in there looking for bodies and try to save people. A lot of the engineering feats we did on that site were to save people. But after 2 or 3 weeks, pretty much all hope was lost, and there should have been a step back. Let us look at this.

Mr. SHAYS. But then I am struck by that fact that in 10 months, you all did what some people said was going to take 2 years. And you got that out of the downtown Manhattan and out of the center, so, in a sense, lots of lives were saved, because we could have just let that thing smolder for years, and it would have just been spewing out all the caustic things it did.

Ms. Bascetta, as Director of Health Care, tell me your background, your expertise?

Ms. BASCETTA. My expertise is in public health. And before I worked in this area, I spent about 8 years looking at veterans' health care and disability compensation.

Mr. SHAYS. So I guess as you are doing this study, I am curious if you said, my God, how is it that we allowed this to happen? I mean I am in the outside looking in. I am not a medical professional, but I know we would never have allowed in downtown Manhattan to have a landfill, a burning landfill. I mean so and we wouldn't, because it would be highly dangerous.

So this thing is highly dangerous, and it was highly dangerous for nearly 10 months. But what I am wrestling with is why we didn't tell people they had to go in in suits and total protective gear, and if you couldn't work in that condition for 8 hours, maybe you worked for 2, and we just kept bringing new people in, and you had 2 hours on, 2 hours off, and so on.

Tell me if you had any of these emotions when you were doing this study? Or in thinking about it now?

Ms. BASCETTA. Well, I used to work for the Occupational Safety and Health Administration.

Mr. SHAYS. Pardon me?

Ms. BASCETTA. I worked for the Occupational Safety and Health Administration, and so as a person with that background when I was watching as a citizen, I was very concerned about the exposures of people who would be engaged in recovery operations. But I have to say I mean I think everyone was overcome by the emotion of the time. It was unprecedented. You know there are lots of problems fitting personal protective equipment, particularly on a scene like that. It would have absolutely slowed things way down, perhaps appropriately.

You know I think we need to step back for a moment and ask why our preparedness overall is a problem, and I think that part of it is that we don't think before an event about what we need to do and what we need to be concerned about. We didn't think, you know, from the first day about what we needed to do to prevent the people who were going to go in and do the recovery operations. We didn't think about——

Mr. SHAYS. But there wasn't even one person?

Ms. BASCETTA. Well, we didn't think systematically. I mean we had——

Mr. SHAYS. Yes. I guess what I would be interested is I would love to have a hearing with that person who said, you know, I was saying this and no one was listening. Then I would like to know why no one was listening. It had to have been somebody who said this is about the craziest thing in the world.

Ms. BASCETTA. Yeah.

Mr. SHAYS. And, you know, the Congress included. Me included.

Ms. BASCETTA. Well, I am asking.

Mr. SHAYS. All of us. I mean I think about it now, and I just—well——

Ms. BASCETTA. Well, I am asking myself now whether we are repeating something in a different situation in New Orleans, where we have workers engaged in recovery operations there who, you know, under the National Response Plan, OSHA has an obligation to assure that they are provided with equipment to make that job

as safe as possible, and EPA has done some amount of monitoring. I hear anecdotally that, you know, there are disputes about the EPA measurements.

I mean it seems to me that several years from now, we could be in a similar situation were we have some other kind of Katrina-related health effects, and we haven't proactively dealt with that either.

Mr. SHAYS. Help me, Dr. Levin, Dr. Kelly, wrestle with the issue of Mr. Vega and this is a hearing from the people at the front here, sir. You can speak to any Member afterwards. We would be happy to talk with you. Thank you.

Let me ask you is there anyone in this audience that was involved in the clean up site, if you would raise your hand, is anybody here?

[Show of hands.]

Mr. SHAYS. OK. We may invite one or two of you to come up afterwards, so we will see about that. All right?

What is the point of monitoring for monitoring's sake? Let me ask you this, Mr. Vega: what kind of health care are you getting right now?

Mr. VEGA. Whatever my city health insurance can offer me. It is almost like a catch 22. You can't claim you were hurt at Ground Zero, otherwise you got to go to workers' comp, and otherwise you have to take time off from work. I can't afford any of those.

So now, you wind up going to your regular doctor who has no training in this kind of toxic exposure. When I give him my test results and show the high mercury and the high arsenic, he had no idea what to do. There was not any doctor in his whole service, provider service, that could deal with this. I just had to sit back and get a bunch of these. And this is what I am on—albutyrol and nebulizers.

Mr. SHAYS. But that may not be helping you.

Mr. VEGA. This is all I have. This is all I have. I hear now——

Mr. SHAYS. I mean I don't want to continue a program that is going to continue with what you are doing. I want you to get help.

Mr. VEGA. Well, that is what we are asking you to do, to continue a program and offer some treatment component with the Mount Sinai situation. That would be the best thing.

I mean I am a city worker recovering from Ground Zero contamination, but I am using my regular city services. It is crazy. There should be some kind of like medical consortium saying let us attack what happened at Ground Zero. Let us put all these people together and find out how to help them, like we just came out of some toxic disaster, and you want to make sure we don't contaminate anybody else. There should have been some way to say look, let us take care of these people, not because they are nice people, but because you are probably going to need them tomorrow.

I mean we really feel like we have been abandoned here. We were sent back to our city jobs. Go back and design your libraries and your churches and your firehouses and go back to your life as normal. It was us being proactive that said, no, we need debriefing. We need mental health services. We need you to put everybody that came back. I mean 1 day coming back from that site, you just can't go back to your regular job. You can't think of anything. You

are frozen. Really, your mind is still not opened up yet. So we had to be proactive. We had to beg people to send therapists and counselors to our office sites so that when 60 guys came back, they sat at a lunch period, and everybody got kind of debriefed a little bit, and were reached out to. And there are still members of my—in my agency that have not had one ounce of therapy. And they are hurting, and I can see it in their faces, and they are just trying to go on blindly day by day. They look like they are lost souls. I can't reach them yet. But maybe if we start talking about the fact that it is really out there, and we really reach out to Mount Sinai and say Mount Sinai instead of you asking me how many body parts did I see in the 10 months I was there, 10 seconds after that send me to a therapist; that will work.

I tell you sometimes I go through those questionnaires, and I need more therapy than when I went in. It is amazing. It is amazing. It is sort of like anecdotally, well, you know, the first 10 days how many body parts did you see. OK. About the next 10 days. It was like that. Those are the questions that are in these programs, and I help as much as I can. I answer everything honestly, but don't ask, well, you know, can you have me talk to somebody now. He said, well, we will make an appointment for you. We have a whole set of services here we can provide for you, but you know you need the help right then and there when you open up those wounds.

These are the kinds of things that we are dealing with. And we are going about our business. We are doing our city work. I mean when the wall collapsed on the Henry Hudson Parkway, we were there. OK. The blackout in New York, we were there.

We are still jumping to the call. We are still answering the call. We are just maybe taking a step longer to get there.

Dr. LEVIN. I think what Mr. Vega is talking about points to some of the very real problems of setting up a monitoring program without a treatment program aspect to it, because we found ourselves in the situation until we got some philanthropic funding of identifying people who really needed care desperately and having no resources available to provide that care. And the point that he makes about the workers' comp system, and it is not just taking off from work. It is also then finding the New York City Law Department, because the New York City is a self-insured entity, fighting these cases tooth and nail, and every city worker who has gone through this workers' compensation process knows just how difficult it is made for them and how insulting a process it is and people talk to each other. And so what Mr. Vega does is what so many workers have done and said, I am not going into that system, even though it is set up presumably to take care of people for that purpose, because it is too difficult. It is too insulting, and the end process is too far away for me to get care.

For claims that are filed in workers' comp for World Trade Center-related illness, we have seen people wait 2½ and 3 years before their claims are resolved. During that period of time, who's providing the medications? Who is providing the support for additional testing that is necessary? The workers' comp carriers, the insurance companies, and in this case the city of New York was not, so people were left to their own devices. We did get some philan-

thropic funding. That made it possible for us to take care of some of the people that we identified through our screening program who needed care. Marvin is an example of that.

Those funds we had to go hat in hand to those philanthropic organizations and say please we have people who are sick. Can you give us funding so that we can take care of them, because there was nothing systematic set up to make sure that they were cared for.

It is good to hear that $125 million is now restored to New York. But frankly, even though the efforts were successful and we are deeply grateful that it is happening, it is a backdoor way of taking care of what should have been a governmental response to a public health problem that was caused by an attack on this country that these people responded to. There has never been up to this time a systematic and comprehensive approach to how to take care of people like Mr. Vega, who desperately need care, and some of his concerns about what his life is going to be like might be helped by such care, but, in fact, no programs have been funded by the Federal Government or any other level of government to make sure that people are taken care of.

Mrs. MALONEY. I thank the chairman for yielding, and request permission to place in the record the "Findings and Treatment for High Levels of Mercury and Lead Toxicity." This is a paper put forth by Dr. KOKi and Claire Haaga Altman, who is president of the project Olive Relief, and I request to place it in the record.

Mr. SHAYS. Without objection.

[The information referred to follows:]

TESTIMONY
"Progress Since 9/11: Protecting Public Health and Safety Against Terrorist Attack"
Congressman Christopher Shays (R-CT), Chairman of the Subcommittee on National Security
February 28, 2006

FINDING OF AND TREATMENT FOR HIGH LEVELS OF MERCURY AND LEAD TOXICITY IN GROUND ZERO RESCUE AND RECOVERY WORKERS AND LOWER MANHATTAN RESIDENTS

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February 19, 2006

Abstract: In 2005, the Olive Leaf Wholeness Center conducted a demonstration project which provided health assessment, testing and treatment to 160 uniformed service personnel and residents of Lower Manhattan who were exposed to the air at Ground Zero following 9/11/01 for extended periods of time. The program, known as Project Olive ReLeaf, found most individuals had 8 or more serious health complaints including: severe respiratory problems, digestive problems, skin rashes, sleeplessness, anxiety, depression, weight gains and elevated blood pressure, lethargy, and recurrent headaches. Heavy metal toxicity was suspected as a causal factor for many of these symptoms. Of those tested for heavy metal toxicity, using a challenge urine test, 85 % had excessively high levels of lead and mercury. Chelation treatment using DMSA, an FDA approved sulfur compound, was the primary treatment prescribed. After 3-4 months of treatment, the first cohort of 100 reported significant (greater than 60%) improvement in all symptoms. (This demonstration program was developed based on the results of an earlier pilot in 2003 for 25 Emergency Service Officers of the New York City Police Department.). In addition, adjunctive therapies to assist with the detoxification process and build the immune system were offered. A small grant has been received to conduct follow up tests on a sample of those treated with DMSA.

Project Olive ReLeaf was made possible through the generous support of a grant from the American Red Cross Disaster Recovery Fund.

EXPOSURE AND RESPONSE

Over 40,000 individuals were involved in the rescue, recovery, and clean up effort of Ground Zero between September 2001 and May 2002. Tens of thousands of Lower Manhattan residents returned to their homes within the period between October and December 2001 and were exposed to the toxic air that continued to be present for an extended period within ½ mile of Ground Zero. The World Trade Center Registry, a project of the NYC Department of Health, includes 71,000 individuals who

When the WTC towers collapsed and burned, the number of chemicals and metals that were combusted numbered over 2400.[1] The major ones identified were: asbestos, lead, mercury, dioxins and furans, diesel fuels and oils, benzenes and other volatile organic compounds. In addition to known toxic effects of each of these elements when released into the air, a major unknown is the toxicity of the combined elements when combusted at temperatures hovering around 1000 degrees.

Immediately following the collapse of the WTC towers, hundreds of police officers, firefighters and other emergency personnel responded at the Ground Zero site where their first mission was to rescue and help evacuate survivors and local residents. Immediately after this first rescue operation, when the mission turned to recovery, tens of thousands of uniformed service personnel along with thousands of construction workers, sanitation personnel and others were dispatched to work at Ground Zero. New York Daily News reporter Juan Gonzalez in his 2002 book Fallout: the Environmental Consequences of the World Trade Center Collapse[2] details the myriad government and private reports issued immediately after 9/11 regarding toxicity levels and the clean up efforts. The scope of this disaster was larger and more complex than anything experienced by any City in the US and for whatever reason, the full import of the toxicity levels was not recognized. Indeed, EPA Secretary Christine Todd Whitman declared the air in lower Manhattan safe within days of 9/11[3] despite the fact that the EPA's own air samples showed higher than acceptable levels of dioxins in the air; high levels of asbestos (for which there are no safe levels); and mercury and lead in run off water from the WTC site. In addition to the toxic chemicals and metals burned from the WTC site, there were 130,000 gallons of oil and 30,000 gallons of insulating fluid from underground storage tanks at the 7 World Trade Center site which raised the specter of the release of PCBs (polychlorinated biphenyls) recognized in 1987 as possible human carcinogens.[4]

A federal law, PPD 62, signed by President Bill Clinton in 1998, assigns the "EPA lead responsibility for cleaning up buildings and other sites contaminated by chemical or biological agents as a result of terrorism."[5] However, the EPA was not called in by Mayor Giuliani or New York State officials. Instead, a hastily assembled army of uniformed service workers, construction workers and sanitation workers were dispatched to the site. Initially, they were given paper face-masks as the only protective gear.

Even when workers were later provided masks with ventilation, it was widely reported that most Ground Zero workers did not wear them continuously. Protective gear for Ground Zero workers was in such short supply that Olive Leaf, which began providing stress relief treatments at the Family Assistance Center (Pier 94) on September 17, 2001 and continued through mid December 2001, became a depot for community donations of safety gear. Key requests from firefighters and police officers were for heavy socks as they had to wear three and four pair to insulate their feet from the heat on "the pile;" heavy duty work boots which they had to replace every 3-4 days as the toxic chemical soup in which they stood while working burned through the soles of their work boots very quickly; and eyewash for their constantly burning eyes.

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[1] Newman, David, New York Committee for Occupational Safety and Health (NYCOSH) Testimony at the EPA Ombudsman Investigative Hearing on the Environmental and Public Health Impact of the World Trade Center Attack, February 23, 2002, http://www.nycosh.org/WTCcatastrophe/EPA/OmbudsHearingFeb23.html.

[2] Gonzalez, Juan, Fallout: The Environmental Consequences of the World Trade Center Collapse, The New Press, New York, 2002.

[3] hhtp://www.epa.gov/epahome/wtc/headline_091801.html.

[4] Gonzalez, op. cit.

[5] Ibid.

Rarely did workers wear full protective gear. The weather was warm through much of this period; and the temperatures on "the pile" were extremely high so workers were often in shirt sleeves – exposing much of their upper body to the multiple airborne toxins.

Key facts that have been well established regarding the toxic soup at Ground Zero include:

- 200,000-400,00 pounds of lead from thousands of personal computers and other equipment
- Vaporized mercury from over 500,000 fluorescent light bulbs
- Dioxin levels in run off water from the WTC site five times higher than ever measured before in the Hudson River
- High levels of dioxins that were created when plastics combusted with copper.
- 130,000+ gallons of oil and insulating fluid from transformers
- 400-1000 tons of asbestos
- 10,000 gallons of jet fuel from the two planes which crashed into the towers.[6]

One of the earliest reports of toxicity is a report by the Associated Press in January 2002 of Port Authority firefighters, which revealed that all had high levels of mercury toxicity.[7] They were reassigned away from the WTC site but thousands of other workers who continued to labor on the"pile" until May of 2002.

The exposure of Lower Manhattan residents was also severe. Within two months of 9/11, many residents returned to their apartments, schools and offices within ½ mile of Ground Zero. Returning residents found their apartments coated in fine layer of dust, which many reports now conclude most likely contained microscopic asbestos fibers, as well as pulverized chemicals and heavy metals.

The suspicion that many symptoms diagnosed as Post Traumatic Stress Syndrome might be related to mercury toxicity was voiced by a New York City therapist, Millie Marie Green, DSW, LCSW, as early as March 2002 in an article in Traumatology.[8] Dr. Green stated: "what may look like the worst case of PTSD in some or compassion fatigue in others could in reality be the sequella of mercury poisoning. It is hoped that therapists will attend to this new information and be ready to help their clients obtain appropriate diagnosis before irreversible neurological damage occurs." She points out that "even now, the physicians are missing the diagnosis by conducting simple blood and urine analysis instead of the 24 hour urine and hair analysis which would show mercury levels accurately." [9]

A well-known researcher in the area of heavy metal toxicity, Bernie Windham, describes "mercury's extreme cytotoxicity and neurotoxicity as a major factor in neurological problems, along with the inhibition of basic enzymatic cellular processes and effects on essential minerals and nutrients in cells. Mercury is also documented to cause imbalances in neurotransmitters related to mood disorders… and in many of the autoimmune conditions."[10]

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[6] Ibid.
[7] Ritter, Malcolm, "Firefighters Who Worked at Ground Zero Face Health Problems and Possible Risk of Cancer, "Associated Press, January 14, 2002.
[8] Green, Millie Marie, "Six Trauma Imprints Treated with Combination Intervention: Critical Incident Stress Debriefing and Thought Field Therapy (TFT) or Emotional Freedom Techniques," Traumatology, Vol. 8, No. 1, 3/02.
[9] Ibid.
[10] Windham, Bernie, "Mercury Poisoning and 40 Chronic Health Conditions." Amalgam Newsgroup: April 25, 2001.

Dr. David Carpenter, a leading dioxin expert and former dean of the School of Public Health at the State University of New York in Albany, reviewed the EPA's data on dioxin sampling and found that the levels of TCDD, the most dangerous dioxin, found "huge concentrations of dioxin in the air" and concluded that seriously high levels will accumulate in the bodies of those exposed. In simple terms, Dr. Carpenter states: "Dioxins cause cancer and chronic disease."[11]

In sum, the facts are tragically clear: tens of thousands of rescue, recovery and clean up workers who toiled night and day through May 2002, as well as an equally, if not higher number of Lower Manhattan residents and office workers, were most likely exposed to seriously high levels of toxic substances that were the result of the combustion of over 2400 chemicals and heavy metals released during the 9/11 attack on the World Trade Center and the fires that continued to burn at the site in the months that followed. These fires released hundreds of thousands of pounds of toxic materials into the air and created dust that settled in thousands of offices and residential apartments in the area. Dr. Phillip Landrigan of the Mt. Sinai School of Medicine in one of the first major articles to appear in a health journal after 9/11 stated: "the attack on the World Trade Center (WTC) created an acute environmental disaster of enormous magnitude.... Environmental exposures after the WTC disaster were associated with significant adverse effects on health. There were four distinct phases in sources and patterns of environmental contamination:

1) Settled dust that contained heavy metals, PAHs, PCBs, radionuclides, ionic species, asbestos, polychlorinated dibenzodioxins, dibenzofurans, pesticides and other hydrocarbons,
2) Trace elements of Lead and CI
3) Dioxin
4) Asbestos.[12]

PROJECT OLIVE RELEAF

In the face of overwhelming evidence that there was a great need for effective treatment for the people suffering from the effects of their exposure to the toxic environment at the Ground Zero site and the immediately surrounding area, the Olive Leaf Wholeness Center designed and implemented a program to begin to meet this serious public health emergency. The framework of this program, both from a community and medical perspective, is detailed below. While the program exhausted its funds in seven months due to the severity of the health problems and the need for more treatment than had been projected, the early outcome reports of the first 100 individuals served indicate that the treatment approaches were highly effective in eliminating toxins and in providing significant health improvement to these individuals. Unfortunately, much more could have been done for the entire cohort of 160 individuals; but funding was not renewed and other sources of funding have not been identified.

Addressing the Need– Project Olive ReLeaf Developed and Implemented

Project Design

[11] Gonzalez, p. 71.
[12] Landrigan, Phillip J. et. al., "Health and Environmental Consequences of the World Trade Center Disaster," Environmental Health Perspectives, Volume 112, Number 6, May 2004.

The design included outreach to the affected population, with a focus on uniformed service personnel. Interested affected individuals were asked to complete an application describing their involvement at Ground Zero post 9/11 – either work assignment or residence (as proved by utility bill, lease, etc.). Applications were reviewed and once accepted, a first appointment was scheduled.

The treatment protocol was developed by Olive Leaf's Medical Director Dr. Kamau Kokayi, MD in collaboration with practitioners at Olive Leaf (see Appendix for list of participating practitioners) and based on the experience of Olive ReLeaf's 2003 pilot project (Appendix-Background).

Following an initial holistic health evaluation with a nurse practitioner and Dr. Kokayi, Dr. Kokayi prepared an individualized treatment plan for each client using the elements of the protocol described below that seemed most appropriate in each case.

Most individuals presented 8 or more serious health complaints. The most common (in over 50% of the clients) were: respiratory and digestive problems, skin disorders, sleeplessness and anxiety, elevated blood pressure and significant weight gains. The goal of Project Olive ReLeaf's treatment protocol was to identify causes of the health complaints and to prescribe treatments to address these issues. Given the levels of toxicity present at and around the WTC site, heavy metal toxicity was suspected. A urine toxicology test to determine levels of heavy metals was recommended for almost all participants. While most Project Olive ReLeaf clients had been tested for heavy metals with blood and simple urine tests at their Departments or by one of the major FEMA funded 9/11 testing programs, it is not surprising that the test results from these programs did not identify heavy metal toxicity since heavy metals lodge in the tissues 48 hours after acute exposure. The 24 hour urine test which Project Olive ReLeaf prescribed, followed by a 6 hour DMSA challenge urine toxicology test, measures the level of toxicity in the tissues.[13]

Forty three (43) individuals of the first cohort of 100 completed the heavy metal urine toxicology testing, which involved an initial 24 hour urine test and review of basic blood tests to determine liver and kidney functioning, with a follow up urine test with a DMSA challenge. DMSA is a FDA approved sulfur compound, taken orally, which binds to heavy metals stored in the tissues and is then excreted through the urine. The "provocation" serves as the beginning of the process of detoxification; and it was the second test that showed toxic levels of lead and mercury in 85% of this group. When heavy metals were found, treatment with oral DMSA was prescribed. This treatment is generally a 2-3 month process with breaks between the courses of DMSA.

Unfortunately, funding for the project was exhausted just at the point that many clients began treatment. Thus, follow up tests could not be done. However, recently a small grant has been received to permit follow up testing for a small group. These results will be available within 90 days.

However, within two-three months of beginning the course of treatment: chelation along with adjunctive therapies such as acupuncture, body work, IV supplementation for vitamin and mineral deficiencies, sound healing and use of the infrared sauna, over 60% of the clients reported significant improvement in all of the major health complaints presented at the outset. In addition, as clients began to improve and feel stronger, psychological issues began to emerge. At that point, treatment plans typically called for several sessions with one of Olive Leaf's psychiatrists or psychotherapists. These sessions proved valuable to many of the clients, more valuable according to the clients' reports than when mental health services were offered while their physical health problems were so acute. In addition, many clients reported that the mental health treatment they had previously been offered

[13] Dr. David Quig, Medical Director, Doctors' Data Laboratory, Chicago, Illinois.

centered largely on being offered psychotropic medications, rather than assistance in dealing with their very real psychological issues.

Protocol

The key considerations in developing the protocol for treating this client group were: the presenting symptomatology of the treatment group and the putative chemical exposure at Ground Zero. Based on the symptoms of airway disease, acid reflux, skin rashes, endocrine disruption (e.g., changes in weight, menstrual patterns, energy levels), and neuropsychiatric complaints (e.g., insomnia, difficulty concentrating, sleeplessness, depression), it was assumed that the most likely agents to which the treatment group were exposed were heavy metals, specifically mercury and lead and dioxins. Both heavy metals and dioxin when inhaled can produce chemical burns of the respiratory and stomach mucosa and can disrupt endocrine and neuropsychiatric function. Urine testing for heavy metals in the treatment group found that 85% of those tested had highly toxic levels of lead and mercury in their systems.

The protocol utilized a synergistic approach using the therapies at our disposal in a way that assisted and complemented the body's efforts to eliminate noxious substances from its tissues. Research over the years has established that the body has its own specific detoxification pathways and ways to protect its tissues and maintain cellular integrity. The assumption was that this patient group was toxic from a variety of different known and unknown substances, and multiple detoxification methods had to be employed simultaneously while measures were taken to make this as painless and safe as possible.

- Positive heavy metals (mercury, lead) in urine tests were treated with DMSA, an FDA approved substance for the removal of heavy metals.
- Immune system function support and the counteracting of reactive inflammatory mediators that are known to be activated by chemical exposures were achieved using herbs, acupuncture, and bioenergetic modalities such as neuromodulation technique. As detoxification proceeded, many of these complaints diminished.
- Respiratory symptoms were treated with acupuncture, Chinese herbal medicine, antioxidants and intravenous glutathione.
- Supplementation with NAC, glutathione, alpha lipoic acid and Vitamin C were supplied orally and in many cases intravenously to boost the immune system.
- Disruptions in endocrine and neuropsychiatric functioning were treated symptomatically during the detoxification process. Treatments included: individually prescribed herbal formulas, glandulars; acupuncture, homeopathy and more direct stress relieving methods, such as massage, sound healing, Reiki, and other bioenergetic modalities.
- An infrared sauna was utilized to help mobilize heavy metals out of the tissues, along with lipophilic antioxidants to address the fact that many toxins including mercury and dioxins are stored in the fatty tissues of the body. (Detoxify or Die, Sherry Rogers MD,Sand Key Company, 2002)

- Neurotransmitter levels were believed to be low in this population, thus contributing to their anxiety, depression, and labile emotional states, and indeed tests to measure neurotransmitter levels (neuroscienceinc.com) found them to be low in many. Nutritional, herbal and bioenergtic approaches were taken to raise deficient levels of neurotransmitter substances such as dopamine, serotonin, and noradrenalin.

HEALTH ISSUES REPORTED AND RESULTS

The table below lists the health issues presented by the clients of Project Olive ReLeaf and the outcomes as reported by the end of the project (representing between 2-4 months of treatment per individual). The cohort included 67 uniformed service personnel and 33 residents of Lower Manhattan.

On a 1-5 scale, with 5 being the most severe:

Sleep Disorder	4
Depression	3
Anxiety	3
Fatigue/Stress	4
Back Pain	3
Respiratory Problems	3
Mucosal Lining Irritation	3
Allergies	2
Persistent Cough	4
Skin Rashes	4
Weight Gain	5
Gastrointestinal Problems	3
Elevated Blood Pressure	4

POSITIVE HEALTH OUTCOMES AFTER TREATMENT

On a 1-5 scale, level of symptomatology after treatment at Project Olive ReLeaf with 5 being the most severe:

Sleep Disorders	2
Depression	2
Anxiety	2
Fatigue/Stress	2
Back Pain	1
Respiratory Problems	2
Mucosal Lining Irritation	2
Allergies	2
Persistent Cough	2
Skin Rashes	1

Weight Gain	1
Gastrointestinal Problems	2
Elevated Blood Pressure	2

These tables indicate that improvement was achieved in most health issues for the clients served. Most Project Olive ReLeaf participants were able to *reduce* or *eliminate* their dependence on asthma medication, psychotropic drugs, steroids and antibiotics. For certain health issues, the improvement rates were upwards of 95%. These results need to be viewed in the context of the type of care provided, which was focused on rebuilding the body's immune system and natural defenses. Rarely were symptomatic medications prescribed.

COMPARISON OF THE OLIVE LEAF APPROACH WITH CONVENTIONAL TREATMENT

Given the similarity of health complaints across the population treated and the suspicion that many were related to heavy metal toxicity, the urine toxicology test for heavy metals was a key element of the health assessment used. With 85% of those tested having excessively high levels of lead and mercury, the use of oral chelation therapy was the prime treatment modality. DMSA chelation therapy has been used for over 50 years to remove heavy metals from individuals with toxic levels. This the cornerstone of the Project Olive ReLeaf treatment protocol. *Chelation is inexpensive, low risk (as long as patients' liver and kidney functions are normal), and easy to administer.* This approach has been used in hospitals for medical staffs for years when there is exposure to vaporized mercury (e.g., with a thermometer or blood pressure cuff break).

As the protocol indicates, the Olive ReLeaf approach is a multi-modal, multi-dimensional approach to healing in which individualized treatment plans prescribe the various treatment modalities in an integrative manner. Each treatment builds on and complements the others. This approach is not only clinically sound, but also builds confidence in the client that there is hope for improving his/her health condition. Clients know that practitioners are working together and talking with each other (a shared Client Chart with separate sections for each practitioner's progress notes; shared lab results; a common tracking form to denote number of and types of treatments prescribed and provided), and that there is a single physician overseeing the entire process.

In addition, the integration of treatment modalities maximized the effectiveness of the overall approach. For example, stress relieving modalities such as massage and sound healing assisted individuals in pursuing better dietary and exercise programs to address weight and elevated blood pressure issues. Skin rashes were addressed through detox wraps as well as the use of an infrared sauna. Acupuncture was a key modality used to address respiratory problems, along with dietary recommendations to assist clients in identifying and avoiding foods that are mucous producing and/or caused allergic responses.

In addition to the medical treatments offered, the "spa" sessions offered to ReLeaf clients – massage, infrared sauna, detox clay and herbal body wraps, and sound healing -- were relaxing, stress reducing and assisted clients in feeling more connected to their bodies. All ReLeaf clients looked forward to these sessions and reported significant benefits from participating in therapies in which there was "healing touch." It is well known that reducing stress is key to improving and maintaining the body's immune system.

These use of ancillary treatment approaches was recently validated in the Academies of Medicine Report on Cancer Treatment (2005) in which it was reported that in addition to clinical cancer

treatments, patients with the best survival rates are those who have a survival plan that also includes ancillary treatments, such as massage, support groups, and acupuncture. This is a major recognition by an allopathic medical organization and underscores the need for integrative health treatment, particularly with serious life threatening health problems.

The overall healing environment present at Olive Leaf achieved by combining the healing integrative health care center and the holistic spa helped immediately to reduce the stress that is natural for individuals to feel when dealing with potentially life threatening health issues. In addition, the confidence that clients had that Olive Leaf would maintain *strict confidentiality* of their medical records created an added level of comfort. (Uniformed service personnel routinely expressed concern that if certain health conditions were known to their employers, it might affect their work *status*.) At the same time, clients became comfortable seeing and conversing with other clients in treatment at Olive Leaf.

Clients in Project Olive ReLeaf were well known to the administrative staff and felt when they came to Olive Leaf that it was a familiar, comfortable setting in which they talked openly about their health issues, progress, setbacks when they occurred and overall impressions of the program. There was a high degree of feedback from clients regarding all aspects of the program. It was significant that clients felt sufficiently comfortable to express both positive reactions and concerns.

In contrast, conventional medical treatment approaches are generally centered on standardized testing and treatment protocols where patients are ushered through a series of tests and treatments with very little explanation or human touch. Too often, little effort is made to probe the patient's complaints to get to the source of the individual's problems. Rather, medications are prescribed to address symptoms. Project Olive ReLeaf helped clients to feel cared for and to feel that their very real health concerns were being taken seriously. This followed almost four years of being prescribed symptomatic medications while their symptoms continually worsened. A clear example of this is that to date most of the conventional treatment offered to persons affected by 9/11 has not focused on detoxification of these individuals from the toxic loads they were exposed to at the WTC site.

WHERE DO WE GO FROM HERE?

As of the end of January 2006, there have been reports of 3 deaths directly connected to toxic exposure at Ground Zero. An attorney, David Worby, representing 5000 uniformed service personnel, construction and sanitation workers in a class action law suit claims 21of his clients have died of September 11-related diseases since the middle of 2004.[14] New York Senators Clinton and Schumer along with Congressmembers Fossella, Maloney and Nadler have lobbied to have $125 million in Workers' Compensation funds restored to NYC to address health care concern of workers at Ground Zero. This could be an important source of funds to test and treat those affected if it is spent wisely. Congress members Maloney and Fossella have called for a 9/11 Health Czar to coordinate the federal government's response to Ground Zero health impacts. In their letter to Health and Human Services Secretary Michael Leavitt on January 25, 2006, they point out that the deaths of three 9/11 responders "underscore the need for the appointment of a seasoned health professional with the knowledge and expertise to meet the extraordinary challenges confronting the sick and injured (from 9/11)."[15]

[14] http://1010wins.com/topstories/local_story_013160226.html.

[15] Maloney, Rep. Carolyn and Rep. Vito Fossella, Press Release, January 25, 2006.

In the midst of these actions, more and more individuals are getting sicker every day and more will die. As a society, we cannot afford to let this serious public health issue become another political football. These men and women were our heroes in the months after 9/11. They deserve to receive effective testing and treatment. We no longer need to debate whether there is no clear link between work at Ground Zero and the deaths of those who worked there. A major question to be asked: *Is there ever rock solid evidence of causal links between an event and health care problems?* Witness how long it took to establish a link between tobacco smoking and cancer – over 50 years. Do we have to wait that long to recognize that the toxicity to which these "heroes" were exposed is sufficient reason to believe there is a linkage to their current health problems and that they deserve to have treatments that will remove or at least substantially reduce this toxicity in their system. To continue simply to prescribe prophylactic medications is doing substantial harm to these individuals and is denying them the treatment they deserve.

Effective detoxification protocols such as the one utilized at Olive Leaf are used in major environmental health centers across the country (e.g., Dr. William Rea, Dallas, Texas). Chelation treatment with DMSA has been an approved treatment protocol for over 40 years in the U.S. Expensive testing is not required to determine levels of heavy metal toxicity. Each urine toxicology test costs $55. The standard detoxification protocols – generally accepted in cases of chemical and metal poisoning[16] - -are relatively simple to administer, low in cost, and "portable." (Satellite clinics could be set up in police stations or other similar venues). The core of Project Olive ReLeaf testing and treatment protocol could be completed on average for under $1000 per client. (The full course of adjunctive therapies could be offered for $3-4000 per client.)

In addition to the extreme human suffering we are now witnessing, solid public policy requires that all attendant costs be considered. For example, a major cost factor is the loss of the most experienced individuals on the New York City Police and Fire Department forces. Many have already been forced into retirement because of disability. At last report, the NYC Fire Department had 700 firefighters on desk duty because of disability after 9/11 when the usual number is closer to 150. The cost to the City of New York due to early retirements because of disability or reassignment to desk jobs is in the tens of millions of dollars. This does not measure the loss of expertise of these most experienced officers whose skills are particularly needed in these times of fighting terrorism.

Not to be discounted is the large human cost of having thousands of young men and women forced to leave their employment due to ill health. Most likely they will not find other employment or if they do, it will be at best "second choice" as they are forced to leave the work they chose to do. They and their families bear a high cost for their heroic efforts.

It is not too late to begin to offer effective testing and treatment to those affected by 9/11. The results are likely to be very encouraging – returning to health many who are seriously ill, reducing the numbers of deaths related to 9/11 toxic exposure, enabling thousands of men and women to continue working and living productive lives, and demonstrating that the government does not abandon those who came forward willingly to help New York City and the country in one of its darkest hours.

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[16] Most major hospital systems have a protocol for using chelation therapy on their own staff if there is a mercury "spill" in the hospital, as occurred with mercury based thermometers and blood pressure cuffs (now replaced with digital equipment).

Appendix 1

Background:

Immediately after the attack on the World Trade Center, the Olive Leaf Wholeness Center – which had opened only 3 months earlier – opened its doors as a place of respite to family members and uniformed service personnel who gathered at the first family assistance center, the Armory on Lexington and 24th Street. Olive Leaf organized a cadre of volunteers who began cooking hot meals nightly (for the next month) for the police compound on E. 20th Street where the Emergency Management Services command moved after the destruction of 7 World Trade Center. The Olive Leaf Center became a depot for donations of safety equipment and medical supplies (over $100,000 in donated goods). On September 15, the NYPD Deputy Police Commissioner asked Olive Leaf to provide stress relieving services at the new Family Assistance Center being created at Pier 94. Olive Leaf practitioners reached out to colleagues and over the next three months with 400 volunteer massage therapists, reflexologists, chiropractors and others delivered 14,000 free treatments to family members and uniformed service personnel at Pier 94 and at the Medical Examiner's Office on E. 30th Street where all of the pathology work was taking place. The 9/11 Fund provided an important early grant to support the infrastructure for this volunteer effort. This involvement with supporting the uniformed service personnel led to a group of Emergency Service Unit workers seeking health care from Olive Leaf in June 2002 after their 18 hour, 6 days a week shifts working at Ground Zero ended.

Olive Leaf's physicians developed an initial testing and treatment protocol and obtained small grants from the NY Times Company Foundation and the Ettinger Foundation to offer a pilot program to one 25 member Emergency Service Unit squad of the NY Police Department. This pilot program included a Holistic Health Exam, testing for heavy metal toxicity, use of acupuncture to address respiratory problems, chiropractic services to address muscoskeletal problems, and vitamin therapy to build up the immune system. This pilot was moderately successful, but was hindered by police officers' inability to keep a regular schedule of medical appointments due to extraordinary work schedules and the limited funds available. However, this pilot formed the basis for the larger effort in 2005.

The health complaints, however, continued and the practitioners and staff at Olive Leaf knew, based on this early work, that there was a major environmental health crisis at hand. In 2005, the Highbridge-Woodycrest Extended Care Network (HWC ECN), the non-profit parent corporation of the Olive Leaf Wholeness Center, received a grant from the American Red Cross to provide health and wellness services to up to 200 uniformed services personnel and residents of Lower Manhattan. Olive Leaf Wholeness Center Medical Director Dr. Kamau Kokayi, MD, in collaboration with Olive Leaf's team of 15 practitioners, developed an evaluation and treatment protocol that was adaptable to each individual's needs. This paper describes the facts as we know them regarding the exposure to serious toxicity of rescue and recovery workers as well as Lower Manhattan residents and the results of the

small program mounted at Olive Leaf in 2005 which holds strong promise of offering treatment approaches that are effective in addressing the detoxification and treatment needs of this increasingly seriously ill population.

Project Olive ReLeaf Outreach

To inform uniformed service personnel and residents of Lower Manhattan of the available treatment, Olive Leaf engaged a Project Manager in late January 2005 to launch an informational campaign targeted at local police precincts, firehouses, police and fire fraternal organizations, community boards, local press, and 9/11 support groups.

Within weeks, over 220 applications were received with 200 determined to be eligible. The enrollment and treatment process began immediately. By June, 2005, over 400 applications had been received and no further applications were taken through general outreach. In August 2005, 100 additional applications were received from the local FBI staff, many of whom were stationed at Ground Zero for 9 months after 9/11 and have received no treatment. These numbers represent the "tip of the iceberg" in terms of need for effective testing and treatment.

Of the 200 individuals determined eligible for Project Olive ReLeaf, 160 began the treatment process before funds were exhausted in July 2005. Within the first month of treating clients (March 2005), it was clear that the project participants were significantly sicker than had been anticipated and would require more intensive treatment. By May of 2005, 100 individuals had begun their course of treatment and were experiencing significant improvement. However, because of the number of treatments needed to affect positive results, Project Olive ReLeaf requested that the American Red Cross consider supplemental funding in order to permit the project to treat its target number of 200. This issue continued to be discussed through July 2005 when the initial grant was exhausted, but ultimately additional funds were not approved. As a result, only 100 individuals completed the majority of the prescribed treatment sessions. The other 60 began treatment but did not complete. The final 40 were never scheduled for an initial appointment. Unfortunately, second year funding for Project Olive ReLeaf was not approved by the American Red Cross.

Project Olive ReLeaf Clients Tell Their Stories

JC, a 48 year old male firefighter currently on disability wrote:

...I can say now since I have been doing this for a month that I look forward to coming here (Olive Leaf Wholeness Center) because I leave feeling so much better. I also notice when I go home to my kids that I have more patience and I am more relaxed....It is helping me in the sense that before I came here I was scattered all over the place both mentally and physically, but now for the first time I feel that I am healthier and becoming grounded.

SZ, a 58 year old executive and resident below Canal Street wrote:

...My initial shock and experience of 9/11 seemed to have become just part of my makeup. I had had a little counseling afterwards and went on Wellbutrin 300mg. In general I had low energy and moderate depression. I felt like I was operating on three cylinders. I also took something to sleep, which never worked very well, so I was tired all the time.... The generous counseling from the Doctor at Olive Leaf and the staff has helped me sense that my entire body endured this experience. With the

help of acupuncture, sound therapy, rehydration therapy, nutritional counseling and other approaches, my spirits and energy have lifted significantly.

MC a 50-year-old male member of the NYPD wrote:

I am a police 50-year-old officer assigned to NYPD and have 20 years of active service. I was a first responder to Ground Zero on 9/11, 2001. Because of my exposure to environmental contaminants at the scene and because of my own smoking habit I was experiencing some health concerns. I have been treated at Olive Leaf for the past six weeks and I sincerely feel that the holistic treatments I have received have been of tremendous benefit to me.

A 58-year-old woman resident below Canal Street wrote:

...Trying to deal with the stress and trauma (of 9/11) myself wasn't working....From the first day at Olive Leaf, I felt more positive about the future, everyone was friendly and supportive. I believe that the greatest benefit afforded me thus far has been the acupuncture sessions. The work Josh has done has provided me with a new way of thinking, of working, and of playing. I don't know how it works, but I know that it does work.

PH, 37, a firefighter, former police officer

Assigned to a firehouse in midtown worked at Ground Zero during months following 9/11/01. For months, he frequently experienced the smell and taste of metal in his nose and mouth. He had skin rashes, constant sinus infections, and upper respiratory problems, his sleep was affected. FDNY Med Dept recommended ADVIR, antihistamines, etc... He also developed severe and constant tension/pain in the shoulder area. With one month of treatments at Olive Leaf, holistic health consultations, acupuncture, sound healing, massages, chiropractic treatment, etc, PH reports feeling more energy, less sinus congestion, reduced pain in the shoulder area, skin rashes have almost completely cleared up.

A 60 year old male resident below Canal Street wrote

It's been over three years since 9/11 and while we have registered with the health registry we've had few ways to receive any help with our health issues which range from elementary problems to more acute ones. The regimen of sound healing, acupuncture, sauna and wraps together with carefully selected supplements has had a significant impact on my health outlook and improved some of my symptoms, especially with allergies, fatigue and pain.

A 51 year old female resident below Canal Street wrote

... As you know we have had a rough few years following 9/11, our home condemned for 3 1/2 months; my business almost disintegrating and the cruelest effect was my husband losing his executive position after working in the financial district for 30 years. The stress has been overwhelming on our entire family. I have seen mental health professionals and participated in other programs geared to affected residents. Nothing seemed to work.
I approached Project Releaf with mild skepticism but I had to do something for my sleeplessness, anxiety and weight gain. After my first sound healing treatment I felt a calm that had eluded me for a very long time. I was astounded when Gianna Owens presented my evaluation after only one meeting and seemed to have a real grasp of my issues and a practical course of action. After two months of sound healing, acupuncture and nutritional counseling I am beginning to feel like my old self...

A 35 year old NYPD female wrote

I am a New York City Police Sergeant. I am also a person who continues to suffer effects from 9/11/01. When I first came to the Olive Leaf, I was feeling very sluggish. My breathing was labored not to mention a whole host of problems. With help from the Releaf program at this center I am slowly but surely improving in a lot of areas that were impaired after having been at Ground Zero. I am able to sleep at night as well as having energy during the day which was one of my major problems. I am slowly losing the weight that seemed to miraculously appear after 9/11 and my overall sense of well being is improving.

Appendix 2
Participating Olive ReLeaf Practitioners

Dr. Kamau Kokayi, MD-family practice
Dr. Alan Dattner, MD-dermatology
Dr. Siddharth Shah, MD- behavioral medicine
Gianna Owens, Nurse Practitioner
Katherine Boyce Piper, RN and Nutritional Counsellor
Corinne Furnari, Physician's Assistant
Dr. Gerald Mitchell, DC – chiropractor
Dr. Heather Pearman, DC – chiropractor
Joshua Shome, Acupuncturist
Susan Krieger, Actupuncturist
Amy Berkman, Occupational Therapist
Philomena Papernik, Sound Healer
Eric Shaffert, Therapist and Wellness Coach

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Mrs. MALONEY. Many people wanted to testify today. We did not have room for the panel, but I would like to ask a question to Drs. Levin and Kelly about my constituent, Mr. Vega.

He just mentioned he has high levels of mercury and lead. What is the treatment, if any, to remove these terrible items from his body? What is the treatment to remove mercury and lead from our firefighters and our Mr. Vegas and our Marvin Betheas?

Dr. KELLY. One of the issues is that you have to test the correct way. If you do blood testing for mercury, you may get a false elevation. You need to check urinary mercury, again because we had been doing this beforehand with our HAZMAT units, we had known this fact so that when we set up our medical monitoring, we set up our program so that we did test that way, and we worked with NIOSH and CDC to send off for many of the unusual heavy metal and toxins that might be seen at the site so that in our overall numbers, we had very, very few people that had high mercury, because we did that the correct way.

At one point, there was a problem because they had been done incorrectly and there was a concern raised about mercury at the site, but then when the retesting was done correctly using urine mercury, it was realized that was sort of a false positive. So that we did not run into that type of a heavy metal problem with our particular group.

Mrs. MALONEY. But if you did, Mr. Vega has tested high in mercury and lead and others have, and assuming that they have been tested——

Mr. SHAYS. Just lead. Just take lead.

Mrs. MALONEY. Take lead.

Mr. SHAYS. How do you get it out?

Mrs. MALONEY. How do you get it out of their bodies? How do you treat them if they have these particles in them?

Dr. LEVIN. There is a standard treatment for lead poisoning, and it involves what are known as chelating agents. We have a long history in occupational medicine of taking care of individuals who have lead toxicity, ranging from iron workers to people who are exposed to lead in paint, in battery manufacturing. So we have very well standardized approaches for testing for lead poisoning, as Dr. Kelly mentions, as well as the treatment of it, and there used to be an intravenous treatment with what is known as EDTA. Now we can use an oral agent, known as Succimer, or DMSA. These are compounds that bind to the metals and enable them to be cleared in the urine by the kidneys. That is true of mercury as well. There are particular treatment agents that can remove inorganic mercury, not the kind of mercury that is present in fish, but the kind that comes from exposure in industrial circumstances or other environmental circumstances. When these levels are genuinely elevated in the body, we do have treatments that can be effective.

The question that I have, and I don't know about Mr. Vega's individual case, and maybe we will have an opportunity to talk after here.

Mrs. MALONEY. Let us ask him right now. Mr. Vega, have you gotten any of those treatments?

Mr. VEGA. As I have stated, once I went to my primary care giver through the city agencies. They had no professional provider to deal with this issue.

Mrs. MALONEY. You have gotten no treatment for your high levels of lead.

Mr. VEGA. No, we did everything we could. We went to the Indian herbal treatments—Ayurveda, 2000-year-old treatments. We have taken herbs. We have been taking—we have been going to—I am just——

Mrs. MALONEY. But you never had the treatments that Dr. Levin just described?

Mr. VEGA. No. No medical treatment. Any person who wanted to help us, try to get us healthy any way they can, we tried. And some of them are not as present as others, and we have tried everything we can, because there is nothing else out there. We are that desperate.

So we have been proactive. We have been proactive medically and proactive with mental health issues, but we were told pretty much there was nothing else out there, even at Mount Sinai. We just had monitoring, and no treatment, so what else could we do?

Dr. LEVIN. I make an open offer. All right. That you and your colleagues might bring the medical records to us. Let us have an opportunity to take a look. See if we are in agreement with whether the right testing has been done. If, in fact, we find elevations of metals among any of your colleagues, we would be pleased to offer the best that we know how to offer in the way of treatment, if, in fact, there are problems along these lines.

Mr. SHAYS. Yes, I mean with all due respect, I mean monitoring is OK, but I would rather you put your resources here.

Well, let me do this: I just want to make sure the professional staff covers one or two issues that we need to just put on the record for our report.

Ms. FIORENTINO. Ms. Bascetta, your testimony talked about the lessons learned in the aftermath of 9//11, including the need to quickly identify and contact people, the value of a coordinated approach, the importance of monitoring both physical and mental health and the need to plan for providing referrals for treatment. In the work that you have done and the work you are currently doing on Hurricane Katrina, have you seen any steps the government has taken to apply the health monitoring lessons learned from September 11th? And then second, do you feel that health monitoring programs are being included in disaster planning?

Ms. BASCETTA. Unfortunately, I have to say that we are not aware of any of these lessons learned being applied in New Orleans or in the other Gulf Coast States.

With regard—your second question again? I am sorry.

Ms. FIORENTINO. Are health monitoring programs being included in disaster planning as far as you know?

Ms. BASCETTA. Again, you know, we are engaged in a review now of the NRP and other preparedness plans, and we are not aware of a proactive approach to health monitoring.

We are aware that under the NRP, OSHA has an obligation to protect first responders. We are aware that, EPA has a role in measuring the levels of toxic exposures that first responders may

experience, but we don't see any mindset to set up—to have a plan in advance for who will be accountable for establishing and following through with medical monitoring if it is needed.

Dr. KELLY. When we sent firefighters to Katrina, we had volunteers that went in cycles of every 2 weeks. We ensured that before they went, everyone had the protective vaccinations that they needed, including tetanus, Hep-A, and our members are already protected against Hep-B; therefore, we didn't let anyone go unless we had proven record that they had received their shots and that it had taken. We made sure that they brought their PPE with them, and when they returned, we made sure they all had a followup medical evaluation. We have marked their charts to recognize that they had that Katrina exposure, and we will continue to monitor them when they come for their annual exam with that set of information. So as an agency, we are able to do that based on our prior exposure at September 11th and as a proactive effort as they went out to Katrina.

Ms. FIORENTINO. Thank you very much.

Mr. SHAYS. Is there anything that any of you would like to put on the record before we get to our next panel? Any last comment?

Yes, Mr. Bethea?

Mr. BETHEA. You really need to look at the workers' comp. It is totally out of control. Case in point: my hospital statements since—in 2002, every year you have EMS physicals in May. The hospital gave myself and the five others who were down at Ground Zero, we all received plaques as well as we got a citation from the New York City Council.

The event was on television. It was in the hospital newsletter. They made a whole big to do about it.

Last year, at a workers' comp hearing, the lawyers representing the hospitals got up in court and said to the judge, Your Honor, nothing for nothing. How do we know Mr. Bethea was actually down there? And if he was down there, what was he doing down there?

Now, they inquired to me in the hospital. It was already acknowledged that I was there. They gave me an award, but yet they were allowed to go into court and argue or raised this issue on whether or not I was down there. We all know it was a lie.

Mr. SHAYS. Mr. Bethea, that is not a racist issue. I mean that was——

Mr. VEGA. Raised this issue.

Mr. BETHEA. Raised. Raised. Raised. Raised. Raised.

Mr. SHAYS. Raise the issue. Oh I am sorry.

Mr. BETHEA. I am sorry. I said raised the issue. Oh, I am sorry.

Mr. SHAYS. Yes.

Mr. BETHEA. Oh, I am sorry. So I got the sinusitis. I am all stuffed up now. I apologize.

Mr. SHAYS. I apologize. I heard you incorrectly.

Mr. BETHEA. Yes, it was a raised issue, and now, it is totally nonsense. I mean you have a right to defend your client, but to make a blatant lie like this, as Dr. Levin has said, you know, they harass you so much and humiliate you, people don't want to go through that. And so this $125 million, if the workers' comp system was better that money would have never gotten taken away from

us, because we would have had access to it. You can't penalize us for money that we don't have access to. I can't get money if you never give me a chance to get that money. So what they should do is seriously look into the workers' comp system and what is going on with it, because it is an absolute disgrace. And people just don't want to be humiliated anymore, and they are constantly denying claims. Well, that was just one example. There are hundreds of stories, of horror stories, and that needs to be addressed. And I got to commend you for taking the time to listen to us about what we have to say and what is really going on with September 11th, and they should use this as a model to not to make the same mistakes down in Katrina, but unfortunately, they will.

Mr. SHAYS. Thank you. Thank you for your comment and thank you for being here. Anyone else?

Ms. BASCETTA. I would just like to add that I think that Dr. Kelly's comment is illustrative of the facts that we do have very different organizations that respond very differently, and if we can learn from those who are better positioned and who do take a proactive stance, and include some of those principles in planning and our various government levels—Federal, State, and local—we will all be better off.

Mr. SHAYS. OK. I wanted to close this, but I am going to ask you to react to what I am going to say.

And I am going to leave a lot out. But, first, I am going to ask this question: Was this the responsibility of the State health department, the local health department, the local environmental protection folks, the State, or the Federal health and environmental to have basically taken control of the site and looked out to protect the workers? Which level of government should have been the one taking charge? Dr. Levin.

Dr. LEVIN. I think the primary responsibility is with the Federal Government because it has the greatest resources available to it to develop a comprehensive public health response. I don't mean by that the State agencies, the public health agencies at the State level and city levels shouldn't be integrated into such a response. But the Federal Government has the greatest capacity to do monitoring and to set up the kind of programs that do early detection of health problems that might result from such disasters.

The lack of that kind of overall coordination had real consequences for what happened at this site and during the ensuing really year and a half up to the present time. And it seems to me that the Federal Government is the site where the resources are greatest and the best opportunity exists for setting up a comprehensive plan.

Mr. SHAYS. Anybody disagree with that? OK. Let me ask you this, though: Isn't it true that any one of the three could have shut the site down and said you can't go in here until you have proper protection of the workers?

Dr. LEVIN. I don't know what the legalities of that may be as to where that power really resides within the law. I know certainly the Federal Government could have declared this a site that was hazardous waste site, for example.

Mr. SHAYS. Well, the State could have as well. Ms. Bascetta? You don't know?

Ms. BASCETTA. I don't know. I mean I think when it was the first battle in a war, and for those of us who were there, that was our feeling, that this was a war. And it was a war zone that held the remains of people that were beloved by all of those who had suffered losses. And when there are any attempts to even close down the site for a night, there was a protest by our members because they felt an obligation to be there to remove those who were missing, and those who had died.

There was active fire at the scene until mid-December.

Mr. SHAYS. OK. If health care folks who had the expertise had an obligation as well. They had an obligation, and I want to know where they were? You know. They had an obligation on the local, State, and Federal level. They had the expertise. They were down there, and it is pretty amazing to me.

In a perfect world, react to this—I guess what I am trying to—we are going to try to come out with recommendations as a subcommittee, and I am just wanting to understand. It seems to me you have the event. You were going to have a few days of just rescuing the workers. You are just going to do everything—of rescuing people that possibly someone might be alive, even though I think there was a feeling, you know, that was very unlikely, but you just keep at it until you are pretty convinced that there is no one alive.

But at that point, it seems to me there should have been the Federal Government, the State government, and local government, the health people should have basically shut the site down. They should have then made a determination who could work in there and on what conditions. And I can see that there are tradeoffs between the health of the workers and the health of the entire city in terms of it being a condition that you needed to clean up as quickly as possible. So you were going to have some tradeoffs. But I am struck by the fact that in terms of some kind of model, someone takes control, someone tells the workers in going, someone decides what kind of equipment, how long they should be there; maybe they should only be there for a few weeks, and then you bring in another group.

I mean it strikes me that is the kind of process that should take place, and I don't have any conviction that is happening.

So what I am going to probably do for this hearing is we are going to bring in the folks that can explain what you do in an emergency and what we should do. And maybe since then, there are people who put their heads together and figured this out, and we just don't know about it. So. Thank you all very much, and we will get to next here.

I said that I would maybe consider having a third panel. So this panel is adjourned. Thank you very much.

Raise the hands of the people who would like to address this subcommittee? You have one, two people. OK. We will have you both address the subcommittee after the third and fourth. No more than five, but we will allow a third panel. We will swear you in. We will sign you up, but not right now. We will go to our second panel. And that is Dr. John Howard, Director, National Institute of Occupational Health, Centers for Disease Control and Prevention, Department of Health and Human Services. You can stay standing, Dr. Howard.

Do you have anybody else, Dr. Howard, that might be responding to questions with you?

Dr. HOWARD. No.

[Witness sworn.]

Mr. SHAYS. Thank you very much for your response, which was in the affirmative. And, Dr. Howard, we welcome your testimony.

I am going to ask that you go down and sign up in the back. I am going to ask our staff to go to that table over there and anyone who wants to address this subcommittee can go over there, and we will fill out your names and address and so on.

Actually, Bob, I am going to have you do that. Right over there. So this gentleman here, if anyone wants to address the subcommittee on the third panel that we will—do know that you will be sworn in and anything you say before the subcommittee will have to be the truth.

Dr. Howard, what would you like to tell us?

STATEMENT OF JOHN HOWARD, M.D., M.P.H., DIRECTOR, NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH [NIOSH], CENTERS FOR DISEASE CONTROL AND PREVENTION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. HOWARD. Good afternoon, Mr. Chairman, and members of the subcommittee.

My name is John Howard. I am the Director of the National Institute for Occupational Safety and Health, part of the Centers for Disease Control and Prevention within the Department of Health and Human Services.

I am pleased to report on the screening and medical monitoring of World Trade Center responders, development of a new treatment program for responders, and to give you a brief report on the World Trade Center Health Registry.

In 2002, as you know, Congress provided funding through FEMA for baseline health monitoring of responders. CDC partnered with the New York City Fire Department, the New York State Department of Health, and the Mount Sinai School of Medicine to conduct baseline medical screenings.

The symptoms identified in these screenings, such as the "World Trade Center cough," as we have heard about, prompted the development of a medical monitoring program to assess long-term health effects.

This program consists of a consortium of clinical centers, together with data and coordination centers, to provide standardized clinical and mental health screening, patient management data, and clinical referral services.

One center is operated by the New York City Fire Department for firefighter responders, and the others are operated by Mount Sinai for responders within and outside the New York Metropolitan Area.

All these responders receive the same examination utilizing a standardized protocol.

Since 2002, the Monitoring Program has served more than 30,000 responders, and as of February 2006, the Fire Department and Mount Sinai both have conducted nearly 19,000 screenings, ap-

proximately 75 percent of them being initial examinations and 25 percent being followup.

The clinical data is analyzed regularly, and in September 2004, the program published data showing that the majority of screen responders reported experiencing upper and lower respiratory symptoms, along with musculoskeletal and gastrointestinal symptoms.

These clinical findings, I stress, that are the same clinical findings we saw in the early program are being seen in 2005 and 2006, and highlight the need for a long-term medical monitoring and treatment program.

In March 2003, FEMA and HHS completed an interagency agreement allocating $3.7 million to have the Federal Occupational Health Service conduct baseline medical screening for Federal responders. The program began in June 2003, but by January 2004, as has been reported, FOH halted the screening process, because they too identified the need for more robust mental health screening protocols, the need for other diagnostic tests, and the need to have a referral mechanism for health concerns identified during the screening.

In addition, it also became necessary to identify the administrative authority to provide services to former Federal employees, including retirees and those were Federalized for the time of the World Trade Center experience.

The agreement was modified in July 2005 to address these mental health diagnostic testing and referral concerns and the screening resumed in December 2005.

However, since the FOH mission precludes them from conducting screening for former Federal workers, a decision was made to contract with NIOSH World Trade Center program to provide a single baseline screening for former Federal workers.

To date, of the $3.7 million allocated for this program, $2.2 million has been obligated to Federal Occupational Health for the purpose of screening current Federal employees and for outreach and registration management. The remainder of this fund will be allocated to the NIOSH program for the purpose of screening former Federal employees.

Since restarting the program for Federal workers, 135 Federal agencies have been contacted, and approximately 1,700 individual Federal responders have been identified out of an estimated population we believe of around 5,000.

Of those responders identified, 423 current, 40 former, and 12 retired Federal employees have registered for screening and of these registered responders, 166 have been screened; 250 are awaiting screening.

To ensure the continued screening and treatment of World Trade Center responders, Congress recently appropriated $75 million to CDC for treatment; $50 million was appropriated for the Uninsured Employers Fund. A portion of these funds will be used to establish a World Trade Center Responder Treatment Program to support existing monitoring programs and to fund program needs identified by the World Trade Center responder community such as the New York City Police Foundation Project Cope, as well as the police organization providing peer assistance.

Also appropriated funds will be directed to support the World Trade Center Health Registry, which began baseline data collection September 5, 2003, and finished 71,437 interviews on November 20, 2004.

Registrants will be interviewed periodically through the use of a comprehensive and confidential physical and mental health survey. The first followup interviews are scheduled to begin next month, and will last approximately 6 months. Information about the Registry's finding is posted quarterly on their site at www.wtcregistry.org.

Thank you very much, Mr. Chairman. I would be happy to answer any questions.

[The prepared statement of Dr. Howard follows:]

Testimony
Before the Subcommittee on National Security, Emerging Threats, and International Relations
Committee on Government Reform
United States House of Representatives

Progress Since 9/11: Protecting Public Health and Safety Against Terrorist Attacks

Statement of
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U.S. Department of Health and Human Services

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Good afternoon Mr. Chairman and other distinguished members of the Subcommittee. My name is John Howard, and I am the Director of the National Institute for Occupational Safety and Health (NIOSH), which is part of the Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS). CDC's mission is to promote health and quality of life by preventing and controlling disease, injury and disability. NIOSH is a research institute within CDC that is responsible for conducting research and making recommendations to identify and prevent work-related illness and injury. I am pleased to appear before you today to report on the progress we have made in addressing the health needs of those who served in the rescue and recovery effort after the World Trade Center (WTC) attack on 9/11.

The WTC attack of 2001 was tragic and has indelibly changed the face of public health. The philosophy of public health during the 20th century was to prevent naturally occurring outbreaks and injuries. However, in the 21st Century the health and security of the United States also depends on our preparedness against terrorism. The health and security of the United States also depends on our preparedness against terrorism, capacity to handle large-scale emergency response, and ability to address the long-term needs of affected populations.

In response to the WTC attacks, CDC responded immediately to assist the victims, and the workers and volunteers who selflessly answered the call for help in the nation's time of need. Today, we remain committed to meeting the health

needs of our nation's heroes. I will focus my remarks on the progress being made in addressing the potential short-and long-term health effects experienced by workers and volunteers due to their exposures to the WTC site. I will report on the status of programs in place for monitoring health and our plans for providing continued assistance.

Mr. Chairman, I would like to express my appreciation to you and to the members of the subcommittee for holding this hearing. CDC shares your concern for the community and for the health of the brave men and women who worked tirelessly in the rescue and recovery efforts at Ground Zero.

Baseline and Long-term Medical Monitoring

Firefighters, Non-Federal Workers and Volunteers

As previously reported to the Subcommittee, studies conducted by the National Institutes of Health (NIH) and CDC-NIOSH at Ground Zero found that rescue and recovery workers were being exposed to airborne contaminants, psychological stressors, and physical hazards and were at risk for job-related injury and illness. In response, CDC established programs to identify the affected population and conduct baseline medical evaluations.

In 2002, Congress provided funding through FEMA for the baseline health monitoring of WTC responders. CDC partnered with the New York City Fire

Department, New York State Department of Health and Mt. Sinai School of Medicine's Center for Occupational and Environmental Medicine to conduct baseline medical screenings of WTC responders. The symptoms identified in the screenings, such as the "World Trade Center Cough," prompted the development of specialized medical monitoring programs to assess the long-term effects of Ground Zero exposure. To assess the long term health effects experienced by New York City firefighters and other rescue, recovery and restoration workers and volunteers not covered by other monitoring programs, CDC-NIOSH established the national WTC Worker and Volunteer Medical Monitoring Program (WTC Medical Monitoring Program). This program consists of a consortium of clinical centers and data and coordination centers that provide patient tracking, standardized clinical and mental health screening, patient data management and clinical referral services.

The New York City Fire Department (FDNY) manages the clinical center and data and coordinating center that monitor the unique health and exposure characteristics experienced by FDNY firefighters working at Ground Zero. Mt. Sinai School of Medicine's Center for Occupational and Environmental Medicine is the data and coordinating center for the five clinical centers which serve other response workers and volunteers in the New York metropolitan area. To serve responders who live outside the New York metropolitan area, Mt. Sinai collaborates with various community and private physicians across the nation.

Since 2002, the WTC Medical Monitoring Program has served more than 30,000 responders. As of February 2, 2006, FDNY has conducted 19,149 screenings, including 15,284 initial examinations and 3,865 follow up examinations. Likewise, the clinical centers coordinated by Mt. Sinai have conducted 19,521 screenings, including 14,995 initial examinations and 4,526 follow-up examinations.

The initial screening protocol used by the clinical centers focused on providing a thorough assessment of the effects of Ground Zero exposure on physical health. However, being on the frontlines of the WTC response effort also has had serious consequences on mental health. In response to reports, clinical observations, and recommendations made by partner organizations and the WTC Steering Committee (17 members representing labor organizations and the WTC clinical and data and coordination centers), the WTC Medical Monitoring Program incorporated a more robust mental health component in the screening protocol in late 2004. With this addition to the protocol, we are taking a more comprehensive, holistic approach to assessing the health effects experienced by responders.

The data and coordination centers of the WTC Medical Monitoring Program regularly analyze the medical reports provided by the clinical centers. Their findings will help define the long term health care needs for the responder population, and will also provide important information on the consequences of

air pollutants, physical stressors, emotional stress, musculoskeletal exertions and other occupational and environmental exposures. Findings from a subset of WTC Medical Monitoring Program participants were published in the CDC Morbidity and Mortality Weekly Report (MMWR), September 10, 2004 [53(35); 807-812]. The MMWR notes that the majority of WTC responders participating in the program reported experiencing upper and lower respiratory symptoms including shortness of breath, sinus congestion and irritation that persisted after all WTC response work was stopped. The workers and volunteers also reported musculoskeletal and gastrointestinal symptoms. These trends continue to be reported in 2005 and 2006 and highlight the need for a long-term health monitoring program. CDC-NIOSH remains committed to providing the services needed.

Current and Former Federal Workers

In early 2002, the HHS Office of Emergency Preparedness (later OPHEP) agreed that the Federal Occupational Health Service (FOH), using funds provided by the Federal Emergency Management Agency (FEMA), would screen Federal workers with official WTC response duties.

In March 2003, the Federal Emergency Management Agency (FEMA) and HHS Office of Emergency Preparedness (later OPHEP) completed an interagency agreement (IAA) allocating $3.7 million for the specific purpose of conducting baseline medical screening for Federal responders.

FOH began conducting screenings in June 2003. Approximately six months after the program began, FOH halted the screening process because they too identified the need for more robust mental health screening protocols and other diagnostic tests and the need to have a referral mechanism for health concerns that were identified. In addition, it became necessary to identify authority to provide services to former Federal employees, including retirees and those who were federal employees solely for purposes of the WTC response effort (i.e., "federalized" workers).

In response to these issues OPHEP and FOH modified the IAA in July 2005 to include further diagnostic testing and a referral process. Since the FOH mission precluded them from conducting screening for former Federal workers, the decision was made to contract with the CDC-NIOSH WTC Medical Monitoring Program to provide baseline screening for former Federal employees, including retirees and workers who were *federalized* solely for the WTC response effort. To inform the numerous Federal agencies participating in the response activities of the services available to Federal responders, OPHEP entered into an IAA with the Agency for Toxic Substances and Disease Registry (ATSDR) in April 2005 to identify and contact all Federal WTC responders and to provide program and registration information.

To date, of the $3.7M allocated for this program, $2.2M has been obligated to FOH for the purpose of screening current Federal employees and to ATSDR for

the purpose of outreach and registration management. The remaining funds will be obligated to CDC-NIOSH for the purpose of screening former Federal employees.

Since restarting the program, 135 Federal agencies have been contacted and approximately 1,700 individual federal responders have been identified. Of those responders identified, 423 current, 40 former and 12 retired Federal employees have registered for screening. Of the registered Federal responders, 166 have been screened and 250 have been scheduled for screening appointments.

Development of a Treatment Program

To ensure the continued screening and treatment of WTC responders, Congress appropriated $75 million to CDC in the fiscal year 2006 Defense Appropriations bill. A portion of these funds will be used to establish a WTC responder treatment program. Currently, WTC responders examined in the screening and monitoring program are referred to the Red Cross WTC Health Effects Treatment Program for follow-up care. However, this program is projected to end in 2007. To ensure the availability of treatment services, CDC-NIOSH is working with the Red Cross to establish a new outpatient treatment program that will serve as an extension of the existing WTC Medical Monitoring Program. This collaboration will enable us to structure a program that will seamlessly provide the full gamut of medical care WTC responders need and deserve. Establishing a national

treatment program is a new venture for CDC-NIOSH; however, we are diligently working with the Red Cross, WTC Medical Monitoring Program and WTC Steering Committee to effectively meet the needs of WTC response workers and volunteers.

As directed by the legislation, CDC will also use the newly appropriated funds to support existing programs providing WTC responders with needed services. Increased costs resulting from the recent expansion of the protocol to include a comprehensive mental health assessment and the increase in outreach efforts necessary to inform participants of the services provided by the program may make it necessary to use a portion of these funds to supplement the WTC Medical Monitoring Program. The funds initially appropriated for this program in 2003 are available through 2009.

CDC will also use the recent appropriation to fund programs addressing unique needs identified by the WTC responder community, such as the New York City Police Foundation Project COPE and the Police Organization Providing Peer Assistance (POPPA). These programs provide traditional mental health services and peer counseling, respectively, for police officers who assisted in WTC rescue and recovery efforts. CDC-NIOSH has met with these partner organizations to discuss the valuable services they offer, and will continue to communicate with these groups as funding decisions are finalized.

World Trade Center Health Registry (WTCHR)

In addition, a portion of the appropriated funds will be directed to support the WTC Health Registry (WTCHR). ATSDR, in collaboration with the New York City Department of Health and Mental Hygiene (NYCDOHMH), established a registry to identify and track the long term health effects of tens of thousands of residents, school children and workers (located in the vicinity of the WTC collapse, as well as those participating in the response effort) who were the most directly exposed to smoke, dust, and debris resulting from the WTC collapse. The WTCHR began baseline data collection on September 5, 2003 and finished on November 20, 2004. The Registry will be maintained over time by the NYCDOHMH.

At the conclusion of baseline data collection, 71,437 interviews were completed, establishing the WTCHR as the largest health registry of its kind in the United States. Registrants include people from each of the 50 states and 12 foreign nations. Participation in the health registry is voluntary and stringent safeguards are in place to protect the confidentiality of all information collected. Fostering a cross Federal agency effort, both FEMA and EPA have provided funding to ATSDR for various aspects of the development, and maintenance of the WTC Health Registry.

The WTC Health Registry is beginning to provide an important picture of the long-term health consequences of the events of September 11th. Registry information will be used to identify trends in physical or mental health resulting from the exposure of nearby residents, school children and workers to WTC dust, smoke and debris. Findings suggest that WTCHR enrollees experienced higher levels of psychological distress than found in the general New York City adult population. Health outcome data resulting from preliminary analyses of Registry data demonstrate that nearly half of adult enrollees reported new or worsened sinus and nasal problems after September 11th. Other common respiratory complaints included shortness of breath, wheezing, persistent cough and throat irritation. One in four enrollees reported new or worsened heartburn, indigestion or reflux symptoms. Registrants will be interviewed periodically over a period of 20 years or more through the use of a comprehensive and confidential health survey concerning their physical and mental health. The first coordinated follow-up interviews of the 71,437 participants are scheduled to begin in March 2006. Data collection for the first follow-up interview is expected to last until September 2006.

By assembling a broad range of data and information into a single database, the Registry facilitates coordinated follow-up activities. WTCHR will serve as a resource for future investigations, including epidemiological and other research studies, concerning the health consequences of exposed persons. These investigations and studies will act as a significant base for developing and

disseminating important prevention and public policy information for use in the unfortunate event of future disasters. The NYCDOHMH and ATSDR will continue to analyze registrant data concerning physical or mental health impacts and communicate this information to the public and health care providers so those affected can make informed decisions about their health. Information is posted quarterly and available on the WTC Health Registry Website (www.wtcregistry.org).

Lessons Learned, Responding to Future Attacks

Four years have passed since the tragic attacks of 9/11 – as we reflect on the tragedy, we must also reflect on what we have learned. In order to protect the public from the threats of today, our public health and health care systems must be poised to respond with greater flexibility, speed and capacity. We must be able to immediately respond to a wide range of public health emergencies, as well as provide the long term care that may be needed.

Having established a screening and monitoring program to address the health needs of WTC responders, CDC is better equipped to assess the health effects of workers and volunteers responding to a large scale disaster. We have a standardized clinical protocol that may used to conduct baseline and long-term examinations and the framework for developing a national monitoring program to serve affected populations. Our recent efforts to establish a treatment program

will also provide a valuable addition to our emergency response toolkit. We are working hard to meet the public health challenges of the 21st century, and remain committed to the health and welfare of men and women who selflessly served on the front-line of the WTC response.

Thank you for your attention. I am pleased to answer any questions.

Mr. SHAYS. Thank you. Mrs. Maloney.

Mrs. MALONEY. Thank you very much, Dr. Howard, for your testimony today. A great number of us have waited a long time to have one particular person in the Federal Government to direct our questions about September 11th health emergency, and we are thrilled with your designation, and I join my colleagues, Mr. Fossella and Mr. Shays, in congratulating you on your new job.

But I do have a series of questions, and first of all, do I have your word that we will finally have a coordinated Federal response to the September 11th health emergency, including a plan from your office on how to fully monitor and treat everyone affected and sick?

Dr. HOWARD. I am certainly going to try to bring consistency across, as you have said and several others today, for all exposed workers. That is my first priority, based on their exposure, not based on the particular system that they happen to be receiving there—either screening, monitoring, or in the future treatment care from.

Mrs. MALONEY. And when can we expect to see your recommendations and plan of how you are going to run this new outreach in response to injured workers and responders?

Dr. HOWARD. Well, I hope very soon. In fact, I have already contacted the acting director of the Federal Occupational Health Service. She and I will be meeting to look at that issue, which has, I know, as GAO reported and as you and the committee have pointed out, is an issue that we need to address.

Mrs. MALONEY. And in your testimony, your testimony reports that the majority of World Trade Center responders participating in the World Trade Center Medical Monitoring Program have experienced health problems that have continued until today. And you go on to say that these trends highlight the need for a long-term health monitoring program. And how many years are you talking about for a health monitoring program?

Dr. HOWARD. I think I would agree with Drs. Kelly and Levin. Our experience as occupational physicians teach us that many conditions—dust diseases of the lung, which were referred to already this afternoon, like asbestos exposure—have significantly long latent periods.

So I think even though we have been doing incremental budgeting for these types of programs, and we are very happy to be able to be in a position now to administer a treatment program that will get at that issue and also continue our monitoring program, I think we have to look seriously at our vision for the future in terms of looking at that kind of timeline.

Mrs. MALONEY. Could you give me a specific number of years. We are funded for 5 years. Do you think this monitoring should be 20 years or, as Dr. Kelly and Levin said, it should be 30 years?

How many years are you talking about?

Dr. HOWARD. Well, I certainly agree from the medical standpoint that these long latent diseases require us to think in that kind of timeframe. At the present time, I think we have to look at all of our findings, both from our monitoring program, as well as from our registry program, and titrate, if you will, those needs based on time as we go through the next 4 to 5 years.

I think we are at the point of producing significant data. Our clinical data management centers have that job. And I hope within the next 12 to 24 months that we see good statistically valid studies on these issues so that we are able to plan for these long-term periods of time that you and others have talked about—the 10, 20, and 30-year timeframes.

Mrs. MALONEY. I am glad you are thinking about 10, 20, 30-year timeframes.

Mr. SHAYS. Would the gentlelady yield 1 second?

Mrs. MALONEY. Yes. But may I ask one question real quick to followup? What I think is very interesting is that the statistics that are coming from the World Trade Center Consortium, the fire fighters and fire fighters and officers research, and others, they are consistently the same: half the people they are looking at are sick. For some reason, half are immune to the problems, in all of these studies, if you look at them, half of the people that they looked at are sick.

And in a sense, I don't think we need to reinvent the data that you talk about, because that is what they have been releasing, and I monitor this very carefully. This is the third hearing that we have had. Consistently, they are showing half the people are sick, and I yield to my colleague, the chairman.

Mr. SHAYS. I just want to be clear as to what is the point of monitoring someone for 20 or 30 years? What is the point? Tell me the point.

Dr. HOWARD. Well, I would say the simplest point is that some conditions take time to show themselves clinically.

Mr. SHAYS. Then what?

Dr. HOWARD. In terms of the condition or?

Mr. SHAYS. So we have this great graph of how people got sick 20 years later from some disease, I want to know what is the point.

Dr. HOWARD. I would approach it from the population that was originally exposed, which we know to number some 30,000 to 40,000 people, whatever category they are in, whether they are responders or residents.

Mr. SHAYS. You need to say it differently. I already know the answer to how I would answer the question. I am interested to know how you will answer the question. What is the point of monitoring someone for 20 or 30 years.

Dr. HOWARD. I think in terms of a registry, where you are monitoring a large population, one answer is to get at the prevalence of a particular condition in that population. So population monitoring I think I would contrast with individual monitoring. The registry is doing population monitoring. The screening and monitoring program——

Mr. SHAYS. What is the point of monitoring someone?

Dr. HOWARD. To look for conditions and also the knowledge that we accumulate day by day, month by month, in terms of those aspects that Dr. Levin talked about of prevention so that we could detect at the earliest possible stage, the existence of a condition and intervene as early as possible——

Mr. SHAYS. Yes.

Dr. HOWARD [continuing]. To prevent the condition from worsening or manifesting itself and harming the individual.

Mr. SHAYS. Right. Well that is, to me, the bottom line, the key in the whole reason why we would do this. And what I leave this hearing is feeling like we have done a lot of monitoring haphazardly, but not a lot of intervention, and certainly not very helpful intervention.

Do you view it as your job to be in charge of the monitoring and in charge of making sure that there is intervention?

Dr. HOWARD. I think the real value that we are approaching right now, with $75 million, able to develop treatment programs I think is really crucial to that question. And I think we are at a very important time in the development of these programs.

Mr. SHAYS. So is the answer yes?

Dr. HOWARD. Yes.

Mr. SHAYS. Thank you.

Mrs. MALONEY. Thank you, Mr. Chairman, and, Dr. Howard, I was pleased with your statement that you believe that medical monitoring should be based on exposure and should include residents, school children, whoever breathed the debris, not on what hat you were wearing, whether you were the police or the fire, but whether you breathed the items or not. Is that clear? Do you think it should?

Dr. HOWARD. Well, it may not be absolutely what I meant. What I meant to do is to suggest in terms of the most exposed population, which were responders at Ground Zero, many of whom spent months and months at Ground Zero, the most exposed population I think from 2002 to the present we have developed screening programs, monitoring programs, and now treatment programs for that population. The Registry was set up in order to look at that population. The greatest majority of those 71,000 interviews have been done in residents of the lower Manhattan area and other areas of New York City—school children, office employees who work there, but were not residents, or responders. So the information that we are going to get from the Registry I think would go to that latter issue that you just raised with regard to the need for screening and or monitoring for residential exposure, if you will, in lower Manhattan. So I just wanted to make that clearer.

Mrs. MALONEY. Well, personally, I think everyone should be included, but going back to your statement and pleasure with the $75 million, and we are thrilled. That was a long effort by the workers, the unions, and Members of Congress to get that funding in the budget, and we are thrilled that it is now going to provide some treatment. But do you believe that it will provide for all of the unmet needs of individuals who are still sick from September 11th? We heard from two of them today. And will you make recommendations within your budget for adequate funding? Up until this hearing, the initiative has come from Congress to ask the administration, and we are grateful for your appointment today. We are grateful for the $90 million that has been allocated for the Consortium monitoring. We are grateful for the money for the fire monitoring and treatment. We are grateful for all this, but what many of us would like to see is your department requesting the money and the proper funding for the treatment and the long-term monitoring. I believe Drs. Kelly and Levin testified $305 million.

My question is, how are we going to fund this? Will you be requesting it in the administration budget? Will you be pushing for this funding from your side of the aisle? We are pushing with you. Let me tell you.

Dr. HOWARD. I think in answer to your first question is no. Based on what I have heard, what I have seen the last few years participating in the NIOSH program at the World Trade Center and Mount Sinai and with the Fire Department of New York City, no. There appears to be quite a number of unmet needs.

In regard to your second part of the question relative to budget recommendations, you know I won't hesitate based on my job of looking at where coordination is best, where unmet needs need to be met within the budget structure that I operate on in the executive branch, I would not hesitate to make those needs known.

I would add just parenthetically that I think it is important to build on some of the ad hoc budgetary work that Dr. Levin referred to. I think it is important for us to do a more formalistic evaluation so that we are able to succeed within a budget process in the executive branch. And I hope to be able to do that, and my job now is to pull those people together and do a more formalistic look at that question.

Mrs. MALONEY. There was some questions about Katrina, and I would like to ask in a general way if there were another September 11th, if we were to have another September 11th, would you recommend the patchwork of medical monitoring that we currently have or would you recommend a coordinated response that monitors and treats all who are affected?

Dr. HOWARD. I would say no, I wouldn't recommend it. We are all sort of prisoners of our various systems that we operate on. I think the challenge that we have—and throughout CDC and HHS this is one that we are actively working on and that we actively believe in—we need coordination across partnerships, multiple levels of government, and with non-governmental organizations. So I would say that, no. This wouldn't be the route that I would take if we had to do this again.

Mrs. MALONEY. And a very important point that was raised by Drs. Kelly and Levin and others was the need for protocol and treatment to be developed, really learning from all the many different programs that were out there, trying to treat and trying to help, and do you see your department coming forward with a SARS-type of advisory that would go to the medical community on what to look for and how to treat those that have the World Trade Center cough?

Dr. HOWARD. I say yes. And I was very impressed by the fact that we haven't done that yet. We need better communications in the medical community, and I hope to be able to work with Mount Sinai at the Fire Department, the FOH, to look at the protocols, to make that information known to any physician who may encounter a responder in his or her practice. That is critical communications information.

Mrs. MALONEY. And basically how long, not trying to tie you to any date, because I believe in your sincerity, how long do you think it will take to develop this protocol and get it out to the medical community? And I might add it is not just New York and Connecti-

cut and New Jersey. We had people from California, divisions from Wisconsin. My office gets calls from all across the country of people who are sick. Now, I can refer them to your office. So this protocol is needed really not just for our region, but for the whole country, because many, many people rushed to respond and volunteered.

Dr. HOWARD. Well, my answer to your question is much sooner than it has been done. I think we have an excellent protocol available at Mount Sinai. We are very proud at NIOSH that Mount Sinai is our partner in this.

We need to get that information that has been developed over the last 4 years with excellent medical input, both from Mount Sinai as well as the New York City Fire Department, Dr. Kelly, Dr. Prezant, and others. We need to get that information out so that we are able to empower physicians who may see these responders, whether they be, as you say, in California, Wisconsin, or New York.

Mrs. MALONEY. As one who represents Mount Sinai, if you will allow me to be personal for a moment, I am very proud of their record in environmental health care. They pioneered in this years before anyone thought about environmental causes causing severe health problems, and they are still building on the environmental disaster that impacted so many of our residents and my neighbors and friends.

I have great respect for all workers, and I am very disturbed at how the Federal employees were treated in the monitoring. They began the monitoring. They estimated 10,000 were involved. They stopped after 400. I hear you are going to activate the response here, but as I understand your testimony, you report that Federal employees who worked alongside the heroes and heroines, the responders, and they also the FBI, the CIA, FEMA, all these Federal workers, they breathed in the same toxic air, and as I understand it, they are only eligible for a one-time screening; is that correct at this point?

Dr. HOWARD. That is correct. But we hope to use the treatment program to allow them to enter. It is my intention that they would enter the treatment program so that they would be eligible for followup monitoring as well as treatment within that program so that gap is not created.

Mrs. MALONEY. Well, I am very, very glad to hear that they will be eligible for treatment and long-term monitoring. All of these people should be eligible. Those that rushed down there to help others, if they are volunteers, Red Cross, Federal, State, city should be helped in my opinion.

Now, the one part of your testimony that does not—I would like you to elaborate on is the Health Registry. You testify that the Registry has conducted more than 70,000 interviews, and this includes area workers, residents, and school children. And this group of exposed individuals, according to your testimony, are having similar health problems as the September 11th responders. But this group of people are barred from any of the federally funded medical monitoring and treatment programs; is that correct?

Dr. HOWARD. It is largely true. I believe out of the 70,000 registrants, about 30,000 are in the responder category, if you will, so that they would be eligible for screening and monitoring. But that

would leave about 40,000 in the category of residents of lower Manhattan that did not respond, nor were sent to the site.

Mrs. MALONEY. OK. Last, because my colleague and great leader on this, Mr. Fossella, has a series of questions, but can you explain to me why these individuals should be left out? They were exposed to toxins. Our government said it was safe. These are people who would lose their job if they didn't return to work. The SEC offices are there. The FEMA offices are there. These are Federal workers that had to return to their jobs and others. Why should they be left out of the monitoring and treatment?

Dr. HOWARD. I can say that I don't see that reason either other than if you go back to the origin of how these programs were structured in 2002 we as an occupational safety and health agency, with statutory responsibility for workers receiving money from FEMA, we had limitations ourselves on monitoring, on screening programs, so it is unsatisfactory. I realize that, but I hope that as we work on the issue of the Registry, and they are just beginning their second interview schedule, I am hoping we can use the data from the registry, based on their subgrouping of school children and residents and others, I am hoping that we will get that positive information that we need out of the Registry to build on that need that you have identified.

Mrs. MALONEY. Thank you so much for your testimony, and as one who was there on September 12th, I was in meetings with the State and city government where the estimates of the dead were 25,000, 30,000. It was a time of great crisis and because of heroic actions by many, we lost 3,000. But those early days we had no feel for how many people had perished, and it was truly a trying experience for all of us.

So I thank you for all of your help, and I yield back.

Dr. HOWARD. Thank you.

Mr. SHAYS. I thank the gentlelady, and this time the Chair would recognize Mr. Fossella.

Mr. FOSSELLA. Thank you, Mr. Chairman. Dr. Howard, thank you for being here and thank you for your assignment of your duties you are about to assume in addition to what you have done already. I appreciate it.

And just an overall observation, and it bears again to be underscored. September 11th was, in a way, an act of war in this country. Seventy-one thousand people, as you say, have gone through the Registry, which is when you think about it in perspective, it is about the size of if not larger than many cities in this country. And, you know I guess by the way of example, Pearl Harbor, 65 or so years ago, if somebody is a survivor of Pearl Harbor, they are treated with reverence and I think every ounce of the Federal Government is there to help an individual who survived Pearl Harbor 60 plus years later.

And you know and you have been listening to the testimony of the doctors here before you that we are looking at another 20, 30, if not more years ahead of us. Many of the people who responded were in their 20's and 30's, so they weren't people in their 50's or 60's or 70's. They were in their 20's or 30's. The three individuals who died from apparently exposure to September 11th were very young.

And it just strikes us as I hope what you take back because any responsibility borne by the Federal Government, any obligations that we believe—at least I believe—we should have to those who responded is going to far outlive us in your professional capacity and my professional capacity.

So the sooner we get our arms around the entire situation, the sooner we work—as I think you have just said, you want to work with the Mount Sinais, the fire department, the non-governmental agencies, organizations—the better, because this is an obligation that is going to have to exist for decades to come.

And it is not going to be fair to those individuals to have a—I believe a—in the words that I guess of my colleague, Mrs. Maloney, a legislative undertaking every year to be lobbying for funding.

It should be coming from I believe almost it was part of the executive budget within HHS to step forward and say this is going to be our obligation with respect to these individuals. And it is going to be an obligation that is going to be, you know, for a time to come.

And I say that just as a general observation because I sure would—hopefully for the next several weeks and several months, as you continue to put your arms around this issue, which is a heavy undertaking, and I just hope you keep that in mind.

With respect to some of the things that I have heard regarding NIOSH's partnering with—NIOSH I should say partnering with the Red Cross to establish in a new outpatient treatment program that will serve as an extension of the existing WTC Medical Monitoring Program, this is a nice effort. I was just curious was—does this mean that NIOSH's point on directing some of the $75 million recently secured to the Red Cross or is this a separate?

Dr. HOWARD. No.

Mr. FOSSELLA. No?

Dr. HOWARD. I think it is a misstatement in our testimony. What we meant to say was we are meeting with the Red Cross——

Mr. FOSSELLA. OK.

Dr. HOWARD [continuing]. Trying to look at their program and see what they have learned from running a treatment program, the lessons they have learned and how they may be applied to our structuring of a treatment program. But our money, the $75 million to the extent for the treatment program would go directly to—through our extramural grant program to the New York Fire Department as well as Mount Sinai.

Mr. FOSSELLA. Well, that is good. That is what I was hoping to hear.

In discussing that money, I think in the testimony you also say you increased costs "resulting from the recent expansion of the protocol to include a comprehensive mental health assessment, and the increase in outreach efforts necessary to inform participants of the services provided by the program may make it necessary to use a portion of these funds to supplement the World Trade Center Medical Monitoring Program. The funds, initially appropriated for this program in 2003, are available through 2009."

Out of curiosity, what portion of the newly appropriated funding do you think should be used for such initiatives?

Dr. HOWARD. Our understanding right now that would probably be 10 percent or less. It is a small amount of funding. It is largely, as we point out in the testimony, for cost increases associated with a robust mental health screening. We have encouraged some debt on that side of the program. But it would be a small portion of the $75 million. The bulk of the $75 million would go to treatment.

Mr. FOSSELLA. OK. And finally, we are seeing as a Nation involved in the last several years, especially in responding and being prepared for disasters of different forms, natural or obviously in this case September 11th, do you see, as I asked before the doctors anything legislatively that Congress needs to be doing that would allow you to better do your job, either now or prospectively?

Dr. HOWARD. Well, I believe that throughout the last couple years, the Congress and the Department of Health and Human Services, through our office of Public Health and Emergency Preparedness, the Centers for Disease Control, etc., have worked hard on this issue to look at the needs as we prepare for pandemic flu, for instance.

I think with regard to this program, it is important that we look, as I said, to Representative Maloney—it is important that we in the program, working with our partners, develop the justification for others to act on, both within my department as well as the appropriators in Congress.

So hopefully, my job will be to make sure that we have that justification done so that we can tell our department, through our processes and the appropriators, here is what we need to make this program work better.

Mr. FOSSELLA. OK. Well, that sort of concludes it, and let me just again thank you, Dr. Howard. I know you are very well respected, as I mentioned earlier. We have met with Secretary Levitt before—very well respected both inside and outside of government. You know, but the injuries, the illnesses are staggering. Dr. Kelly talked about four to five times the personnel who have had to leave the fire department due to permanent lung disability. A number of pulmonary problems. 12,000 individuals who have to seek mental health already. So these are staggering numbers. You have a tough task ahead of you, and I just hope that you keep us in mind to the degree that we can help, and help those who truly need it.

So thank you very much.

Dr. HOWARD. Thank you.

Mr. SHAYS. Dr. Howard, we are going to complete. I want to have professional staff, Kristina Fiorentino, just ask you a question so we can have it for the record.

Ms. FIORENTINO. Dr. Howard, what steps have been taken to ensure health monitoring programs are included in disaster planning?

Dr. HOWARD. Disaster planning in the Department of Health and Human Services?

Ms. FIORENTINO. Right.

Dr. HOWARD. Yes. I would say that we work constantly on this issue, and we have talked this afternoon about the Katrina response. Our department, the agency I work for, the Centers for Disease Control and Prevention, was very much involved. We at NIOSH were involved and actually are doing a health hazard eval-

uation study on New York—on New Orleans Police Department individuals.

So we are actively and I know this is an issue for this committee as well as for many others, we are actively looking at the lessons that we have learned from New York to apply them to Katrina, the lessons we are learning from Katrina to apply them to the future. So I would say that we are always trying to sharpen our tools for any other future disaster planning.

Ms. FIORENTINO. And is there a recommended protocol for health monitoring after a terrorist event? Are we just doing a wait and see approach and then tailoring it after an event happens?

Dr. HOWARD. Well, I hope not. I think that is really where we have to look at the lessons that we have learned in New York, because I think that is really for disaster planning in terms of health monitoring for these large events that is a very important issue.

We at NIOSH commissioned 3 reports that RAND Corp. did for us, and I would be happy to provide the committee copies of those three reports that really get at much of the detail of this issue.

So certainly, we at NIOSH, we at CDC, we at HHS think this is an extremely important issue, so we hope to be able to—and it is difficult because the exposures differ depending on the disaster. The exposures are a little different in New York than they were in New Orleans, so one has to be able to modulate this.

But we certainly hope to be able to have a health monitoring outcome, if you will, so that we can quickly adapt to whatever situation is out there.

As you may know, I will just tell the subcommittee about the development of the Agency for Toxic Substances Disease Registry's Rapid Response Registry Survey Form, which is designed to be used quickly in these types of events. So we are constantly trying to fill our tool bag with these sorts of things.

Ms. FIORENTINO. Thank you very much.

Mr. SHAYS. Dr. Howard, just quickly. Should it be you and your office that ultimately takes control of a site like this? Which, first, should it be Federal, State, and local within the Federal? Who would be the one to basically stop workers from going in there?

It strikes me that it would be you that would have that responsibility?

Dr. HOWARD. Well, I actually think probably not. These sites are quite complex. This site was owned by the Port Authority. It was in the city of New York, in the State of New York. Under the Occupational Safety and Health Act, New York has a program for public sector workers, but the Federal Occupational Safety and Health Administration is responsible for other workers, so it is a complex matrix, and I would defer to the Occupational Safety and Health Administration on the issue with regard to who has jurisdiction over the workers.

Mr. SHAYS. Yes. It just strikes me, though, that if you are going to design a protocol, we had better know who is in charge.

Dr. HOWARD. Yes. For the health monitoring issues, there is no doubt about that.

Mr. SHAYS. No doubt about what?

Dr. HOWARD. There is no doubt that our department, Health and Human Services, CDC, and NIOSH that is the job that we do to

make sure that the health of the workers in terms of the screening programs, the monitoring programs. OSHA does not do that. They do the immediate protection of the employees.

Mr. SHAYS. Well, then did you all drop the ball in not taking charge of this early on?

Dr. HOWARD. Well, we don't have that jurisdiction. We are a research agency at NIOSH. OSHA is the enforcement agency for Occupational Safety and Health.

Mr. SHAYS. Right. So I am sorry—that OSHA should have taken charge. I said it incorrectly, so you answered——

Dr. HOWARD. I am sorry.

Mr. SHAYS. No. You don't need to apologize. I need to apologize to you. Not you, but should it have been OSHA that should have been——

Dr. HOWARD. I would defer that answer to the Occupational Safety and Health Administration.

Mr. SHAYS. In other words, don't put you in the spot of having to answer the question?

Dr. HOWARD. I have a big enough job as it is.

Mr. SHAYS. OK. Fair enough. I won't make your job more difficult.

All right. Thank you, Dr. Howard. Is there anything you want to put on the record before we get to a third panel that we will be having of people I have never met before and have no idea what they are going to say?

Dr. HOWARD. No, sir. Thank you.

Mr. SHAYS. You might want to stay and listen. Thank you.

We are going to call our third panel. We have done this once before in my 19 years, and this may be the last time I ever do it. We have Ms. Micki Siegel de Hernandez, Communications Workers of America; Sister Ms. Lee Clarke, American Federation of State County and Municipal Employees, District Council 37; Mr. John Ramanowich, who is New York City Department of Design and Construction; Mr. Michael Kenny, Local 375, District Council 37; and Mr. Charles Kaczorowski.

Now, let me explain the rules. We never have people here who aren't sworn in, so you will be sworn in. Being sworn in means if you have not told the truth, you could be prosecuted. If you are saying something to which you just made a mistake, that is one issue. But if you knowingly say something false, then you are breaking your oath. And let me say that I will give each of you 2 minutes to make any comment you would like to make, and so I am going to ask you to stand up, and I will swear you each in.

[Witnesses sworn.]

Mr. SHAYS. Note for the record our witnesses have responded in the affirmative. It is frankly nice to have you all here. I am going to in the order I called you—Ms. Micki Siegel de Hernandez.

Thank you. You can go first. There is a button on there that you hit.

Ms. DE HERNANDEZ. Got it.

Mr. SHAYS. Maybe describe who you are and why you want to testify before you start.

Ms. DE HERNANDEZ. Sure. My name is Micki Siegel de Hernandez, and I run the Health and Safety Program for the Communica-

tions Workers of America in New York in District 1. I also sit on the Executive Committee for the Medical Monitoring Program and was also the labor liaison on the EPA Expert Technical Review Panel.

Mr. SHAYS. OK.

STATEMENTS OF MICKI SIEGEL DE HERNANDEZ, COMMUNICATIONS WORKERS OF AMERICA, DISTRICT 1, NEW YORK CITY; LEE CLARKE, AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES, DISTRICT COUNCIL 37, NEW YORK CITY; JOHN ROMANOWICH, NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION; MICHAEL KENNY, LOCAL 375, DISTRICT COUNCIL 37, NEW YORK CITY; AND CHARLES KACZOROWSKI, LOCAL 375, DISTRICT COUNCIL 37, NEW YORK CITY

STATEMENT OF MICKI SIEGEL DE HERNANDEZ

Ms. DE HERNANDEZ. I have been struck by so many things while the hearing was going on, and I was particularly struck by your question, Congressman Shays, as you looked at the picture with amazement on your face and asked the question of Ron Vega how could nobody have stopped what was going on. How come people weren't protected?

We are still asking that question. And there are still huge—there aren't gaps in the response. There aren't gaps in what has happened. There are huge chasms that still remain, and until we fix those problems, at the response of September 11th the rebuilding after September 11th, there will be no lessons learned. We will continue to make the same mistakes.

There were a couple of comments made about OSHA and whose responsibility this was. We do believe that it was the primary responsibility of the Federal Government, the National Response Plan. There were parts of that Response Plan, many parts, that were not followed, but what has happened onsite and since September 11th is I think what you just saw: There were different agencies pointing different fingers at each other every time we talked to them.

OSHA was onsite, and they decided that they would not be onsite and do compliance with the standards that they had. They were going to be there just to help——

Mr. SHAYS. Is it possible they did that because it was such a dirty site that they were afraid that they wouldn't be allowed to allow anything to happen; is that?

Ms. DE HERNANDEZ. I can't speak for what their reasons were.

Mr. SHAYS. OK.

Ms. DE HERNANDEZ. But they are now deciding. They are talking about doing that at every future response.

Mr. SHAYS. Right. OK.

Ms. DE HERNANDEZ. But part of the problem with OSHA taking control over all these situations that there are gaps in the laws that exist. There aren't laws to cover a situation like September 11th that would protect workers, that would protect the community——

Mr. SHAYS. OK. Let me do this.

Ms. DE HERNANDEZ. Sure.

Mr. SHAYS. Your contribution is outstanding. Speak to Kristine afterwards and walk through some of what you think needs to happen. We might be able to come back to you, but let me stick with the 2-minute rule for now, and I gather you are Ms. Lee Clarke.

STATEMENT OF LEE CLARKE

Ms. CLARKE. Yes. Thank you, Congressman. Thank you for letting us address you.

I too was struck by your question, and the answer that you did not get. Let me say I am from District Council 37 of the American Federation of State, County, and Municipal Employees.

We represent 120,000 New York City government workers in New York City. We had thousands of our members down there from day one to the day Ground Zero was no longer a rescue or recovery area.

Micki talked about OSHA not enforcing the law. It was not only OSHA. In New York State, we have the Public Employee Occupational Safety and Health Bureau that abdicated their responsibility to Federal OSHA, and it was a domino effect. Everybody threw their hands up, and nobody protected the workers.

Early on and about a week after the Trade Center fell, we sat down as union representatives with the city of New York to talk to them about documenting the presence of our members down there, providing medical monitoring for them, providing medical treatment for them. Dr. Steve Levin from Mount Sinai accompanied me to those meetings, and to this day we still do not have treatment for city workers.

I have a tremendous amount of respect for Dr. Kelly and the fire department, and Dr. Prezant. They are running a fabulous program; so is Mount Sinai and the other clinics.

However, the city workers that go to the Mount Sinai program have to go on their own time. When the Fire Department workers go on work time, that is important to point out.

As Ron Vega said to you, point blank, I don't have any more time to take from work. This is costing me a lot of money out of my pocket. We have thousands of city workers who are not getting treated.

This is an important point to raise: why? When we talk about the $75 million and how it is being divvied up or who is holding their hand out for some of that money, I am concerned about the Registry also standing in that line.

I don't want to see—the Registry serves some purpose, and not a good scientific purpose in my mind.

But I don't want to see money go to the Registry and not going to treatment of these workers who are sitting here today. And these are my members from the Department of Design and Construction.

Mr. SHAYS. Thank you.

Ms. CLARKE. Who could give you first hand information of their problems with the system.

Mr. SHAYS. Well, let me go to Mr. John Romanowich.

STATEMENT OF JOHN ROMANOWICH

Mr. ROMANOWICH. Well, good afternoon.

Mr. SHAYS. So you are the guy that started this. You rose your hand in a hearing? It has never been done before.

Mr. ROMANOWICH. I have been held accountable for a lot of things.

I think I do have the answer. I can't address the medical questions that the other experts have addressed, but I can answer the question that you posed to Mr. Vega. How was he and all of us allowed to dive into that mess? And the answer is that the business of America is business, and that was not just the New York financial center. That was the financial center of the world. Because of all of our efforts, the police to secure the site, the fire department to put out the fires, the sanitation, the transportation, DDC to organize all of the other people, business was restored to lower Manhattan and to the rest of the world.

Mr. SHAYS. Right.

Mr. ROMANOWICH. The stock market reopened within 10 days. Telephone service initially was knocked out on all of lower Manhattan. That was restored block by block, bit by bit. A lot of people don't realize that the Federal Reserve Bank is only 3 blocks from that site, just across Broadway and down the hill is the New York Branch of the Federal Reserve Bank.

Something like $200 billion of gold bullion was safely and orderly removed from the vaults below the World Trade Center. A lot of people don't even know that, but for 24 hours armored trucks had a steady stream of gold bullion leaving that place.

They were able to leave because we got the streets cleared. They were able to leave because the police department held back with the National Guard—held back the onlookers. It was all organized by DDC. We orchestrated everything there. The police department has credit coming. The fire department certainly has credit coming. The sanitation, the transportation people, everybody.

There was urgency in that the entire site was in danger of flooding by the New York Bay, which was just a couple of hundred feet to the west—the Hudson River and all of the Atlantic Ocean.

That site, if it had flooded, would have flooded the entire subway system of New York and probably you would still be pumping it out today, not just pumping out New Orleans, but pumping out the entire subway of New York.

We stopped the bleeding. We restored the breath. We cleaned the wound. We pulled the edges together. Day by day, that site grew smaller. Streets were opened and put back into service. The whole thing was shrunk down, shrunk down. Life continued. Life restarted and continued around it, until eventually you have a nice clean wound that anyone could look at.

Mr. SHAYS. So the question is could we have done that and protected the workers at the same time?

Mr. ROMANOWICH. No.

Mr. SHAYS. No?

Mr. ROMANOWICH. No, because the time someone had developed the proper training, got all the protocols in order, the subway system may have been flooded. There was a real hustle in the initial days to stop that site from——

Mr. SHAYS. OK. I am going to buy into the first week, the second week, the third week, the fourth week. There was a point, and what you said makes me very proud of what took place, because it is pretty extraordinary, and it is wonderful to have you put on the record these urgencies. But there was a point, and at the very least, every worker should have been, you know, someone should have looked in their face, held their head and said, you may become sick doing this. Do you volunteer to do this? So there are things we could have done. Let me get to the next person.

Mr. ROMANOWICH. Yes. As individuals, we were aware of the dangers. But just like the people who walked into Chernobyl to secure that atomic energy disaster, they sacrificed their lives for their country, we threw ourselves on the fire.

Mr. SHAYS. Right. You know, I think you did in one sense. But there was a point where they left Chernobyl the way it was, and didn't ask people to go in after everybody was dead and the emergency. For 10 months, this happened.

Mr. ROMANOWICH. As the urgency lessened there, the training increased.

Mr. SHAYS. Yes.

Mr. ROMANOWICH. There was a definite relationship.

Mr. SHAYS. Let me hear from somebody—I think what you have made is on the record, and it is important to be on the record. Let me get to the next. And the next person is Mr. Mickey Kennedy—Michael Kennedy.

STATEMENT OF MICHAEL KENNY

Mr. KENNY. Thank you. I am Mike Kenny.

Mr. SHAYS. I am going to have you start over again. Hold it.

Mr. KENNY. OK. Hello. I am Mike Kenny, and thank you for having me down here.

Mr. SHAYS. Nice to have you here, sir.

Mr. KENNY. And it is an unexpected surprise, but a good one.

I am Local 375, Civil Service Technical Field, health and safety officer, but I also spent 7 months at the site. Actually, it was 6 weeks before I was tested for PPE, because that is how crazy it was down there, to find the time to get. So until after 6 weeks went by, I really didn't have the right PPE, because I was taking whatever I could find when I went down there. And then I was tested, fitted, and I knew which one to take.

After 7 months being at the site, I was injured. I broke my collar bone, and I left the site. And to go to through the workers' comp system and to try to get treatment with an injury from the site and to be contested from the city at the same time was very derogatory, because once you filled out the paperwork saying you were hurt at the site, and you go to the doctor, the doctor wouldn't take you until you got a workers' comp number from the city. And I was out of work for 40 weeks.

Mr. SHAYS. Wow.

Mr. KENNY. And when I went back to work, I was so depressed, I couldn't even walk up a flight of steps at that time.

There was nothing there. Mental health was through Project Liberty. I was able to find mental health. I went through the mental health division, and then after that Red Cross gave me a grant to

go to more mental help. And I am still going to mental help from what happened down at the site to me.

But even after going through the workers' comp, 3 years before my case was finally—we went right to the day of trial when the city backed up and said OK you were injured at the city, they gave me back—out of 200 days I was out, they gave me back 80 days. That is all they gave me back, and they said thank you, you know.

I am in the treatment program right now at Mount Sinai. I have major health concerns that I am actively going to. But I have missed deadlines to reapply for mental health workers' comp, because there is only a 2-year window. I never thought I would still be in the situation I am in now. I have many members come to me, and they don't want to take on the fight with the city, because of the way you are handled. If you—you try to go to work every day, and then you try to go—I go to counseling. I give up one Saturday every 2 weeks with family to go into the city for counseling.

Mr. SHAYS. Thank you. Thank you for your testimony. Mr. Kaczorowski.

STATEMENT OF CHARLIE KACZOROWSKI

Mr. KACZOROWSKI. My name is Charlie Kaczorowski. I am District 37, Local 375. I was there the morning of September 11th, and I was there for the next 10 months as the site supervisor to the midnight to 8 a.m. shift.

Mostly I am going to speak about my concerns for my fellow co-workers, Ron and Mike and John and Marvin back there. Thirty-seven years ago, I spent a tour in Vietnam. I was exposed to Agent Orange. In 1980, I had a liver two and half times the size and inflamed and enlarged. The doctors figured this came from Agent Orange.

Like Ron Vega said earlier, it depends where you stood on the site, where the wind was blowing. It was night in December, I spent 3 hours with two battalion chiefs, where we were trying to watch the firemen go down to the boys to look for body parts or victims, where the iron workers were cutting down the sticks of the Trade Center facade. When the sticks fell, it caused a ripple effect across the site, and the chiefs were concerned about losing more men. So in order to be in contact with the chiefs and 10/10 and the iron workers, I had my mask off for that long time, and during those 3 hours, the clouds were coming up out of the ground from the fumes, and it ripples. And 3 months later on, I had the "World Trade Center cough."

Today, I now have—my wife says I don't sneeze like I did before September 11th. It is loud and it is unbelievable. I have rashes now on my arms. I have a loss of breathing. I get tired quickly, and my concerns are of my fellow co-workers about what they are going through right now for what I experienced 37 years ago.

Mr. SHAYS. Thank you very much. Let me just turn to Mrs. Maloney for any comment or questions you might want to ask.

Mrs. MALONEY. Well, first, I would like to thank the chairman really for holding the only three Federal hearings on the health needs of the Federal workers and for inviting the workers and union leaders to come to the table. I think that is an extraordinary

expression of concern. It is the only time I have ever seen that happen since I have been in Congress, to bring up a group of people.

Charlie, what is Local 375? What was your job down at the site?

Mr. KACZOROWSKI. I was a site supervisor.

Mrs. MALONEY. You were a site supervisor for what? For what agency?

Mr. KACZOROWSKI. DDC.

Mrs. MALONEY. DDC.

Mr. KACZOROWSKI. I am construction project manager.

Mrs. MALONEY. Construction project. I want to say that your testimony and John's and Michael Kenny's I think that there are so many stories of unsung heroes and heroines, and the one that you shared of coming down there and securing the site, of stopping the flooding, of getting the treasure of the United States removed, there are so many people who did extraordinary things with the police and the fire, but not everybody knows the story of what the construction workers did and the iron workers and all of you. And I think that one thing I would like to propose with my colleague, Christopher Shays, and we have had a lot of successes together legislatively. We passed the intelligence reform bill, which I think is probably the most important bill that has come before this Congress since I have been elected to office. It will hopefully make all of us safer with the sharing of intelligence.

I would like to propose that we put forward a piece of legislation, not just on rotating workers, which we are going to have to do when we talk to Micki and to Lee about that aspect of the holes in the whole OSHA deal.

But I would like to propose that we fund an oral history now that we have people still alive that is part of the Library of Congress that shares the incredible stories of the men and women that were at Ground Zero. And what has struck me so much from Mr. Vega's testimony and John's and Michael's and Charlie's is that you know that you were making yourself when you went down there. I knew I was making myself sick when I was down there. Yet, you felt like this was a responsibility to protect our government, protect our people, and to really respond and help people.

And what I found the most astonishing really and made the biggest impression on me—and I hear September 11th stories all the time, and your stories today, to me, were very moving—is that what is the most irritating to you is the way that the government response has treated you. How dare they say to you you were not down on the site. How dare they say to me you were not there trying to keep the subways from being flooded. How dare they say to you that you weren't there when the Towers fell, when the iron workers brought back the skeletons down and the fumes came up. How dare they question your integrity that you were there when you selflessly went down there.

And what I hear is such an outrage and disappointment really from workers that the Federal Government did not—and the State and the city—did not respect their work and respect their valiant actions really for the whole country. That seems to be more disturbing to people than anything else. I talked to one guy, he said he found the flag. He has a picture of himself—the flag that went

all over the country and all over the United States and Europe and Iraq, and they questioned that he was on the site.

We have people who have testified they have lost their limbs, and they question they were on the site.

And so I hope that with this new appointment, which I consider a real milestone—I am absolutely thrilled with this appointment—that we have someone who can listen to their voices, hear their concern, and respond hopefully to it.

But, as always, the response of the people who lived through it—the union representatives, the workers, the police, the fire, the volunteers, the residents—I think we should have an oral history that we begin now before we lose more of the people that were involved with it that hopefully we learn from their experiences. And I say to you and me, Chris, how dare we not have a policy that workers are rotated in and off after the first crisis week or two. I mean that should have been a given that we should want to get people in and out and into fresh air for their health care.

I wanted to thank Charlie for your service to our Nation in Vietnam.

Mr. KACZOROWSKI. Thank you.

Mrs. MALONEY. I feel that the Vietnamese war heroes were not treated with the proper respect by our country, and I really vow to you and hopefully with the help of Chris and Vito Fossella that we make sure that our heroes of September 11th are treated with the respect that they deserve starting with absolute adequate, unquestioned health care. You were there for us. We need to be there for you. End of story.

Mr. KACZOROWSKI. Thank you.

Mrs. MALONEY. And I say it has to be a city and State and Federal responsibility. I am surprised at the city's response that I am hearing from you today. Thank you.

Mr. KACZOROWSKI. Thank you.

Mr. SHAYS. Thank you all.

Mr. KACZOROWSKI. Thank you.

Ms. DE HERNANDEZ. Thank you.

Mr. SHAYS. Thank you all very much and just for the record, we are having these hearings at the request of Mrs. Maloney. She is the one who asked the committee to have these hearings, and so I thank the gentlelady for making sure that we focus on this issue, and we will continue. Thank you very much. I appreciate all of your testimony.

Ms. DE HERNANDEZ. Thank you, Mr. Chairman. Thank you, Congresswoman Maloney.

[Whereupon, at 5:18 p.m., the subcommittee was adjourned.]

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