S. HRG. 110–197

LONG-TERM HEALTH IMPACTS FROM SEPTEMBER 11: A REVIEW OF TREATMENT, DIAGNOSIS, AND MONITORING EFFORTS

HEARING

OF THE

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

UNITED STATES SENATE

ONE HUNDRED TENTH CONGRESS

FIRST SESSION

ON

EXAMINING A REVIEW OF TREATMENT, DIAGNOSIS, AND MONITORING EFFORTS, FOCUSING ON THE LONG-TERM HEALTH IMPACTS FROM SEPTEMBER 11

MARCH 21, 2007

Printed for the use of the Committee on Health, Education, Labor, and Pensions

Available via the World Wide Web: http://www.gpoaccess.gov/congress/senate

U.S. GOVERNMENT PRINTING OFFICE

34–458 PDF WASHINGTON : 2008

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2104 Mail: Stop IDCC, Washington, DC 20402–0001

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

EDWARD M. KENNEDY, Massachusetts, *Chairman*

CHRISTOPHER J. DODD, Connecticut
TOM HARKIN, Iowa
BARBARA A. MIKULSKI, Maryland
JEFF BINGAMAN, New Mexico
PATTY MURRAY, Washington
JACK REED, Rhode Island
HILLARY RODHAM CLINTON, New York
BARACK OBAMA, Illinois
BERNARD SANDERS (I), Vermont
SHERROD BROWN, Ohio

MICHAEL B. ENZI, Wyoming,
JUDD GREGG, New Hampshire
LAMAR ALEXANDER, Tennessee
RICHARD BURR, North Carolina
JOHNNY ISAKSON, Georgia
LISA MURKOWSKI, Alaska
ORRIN G. HATCH, Utah
PAT ROBERTS, Kansas
WAYNE ALLARD, Colorado
TOM COBURN, M.D., Oklahoma

J. MICHAEL MYERS, *Staff Director and Chief Counsel*
KATHERINE BRUNETT MCGUIRE, *Minority Staff Director*

C O N T E N T S

STATEMENTS

WEDNESDAY, MARCH 21, 2007

	Page
Kennedy, Hon. Edward M., Chairman, Committee on Health, Education, Labor, and Pensions, opening statement	1
Prepared statement	2
Enzi, Hon. Michael B., a U.S. Senator from the State of Wyoming, opening statement	3
Clinton, Hon. Hillary Rodham, a U.S. Senator from the State of New York	5
Prepared statement	6
Schumer, Hon. Charles E., a U.S. Senator from the State of New York	9
Bloomberg, Hon. Michael R., Mayor, New York, NY; accompanied by Ed Skyler, Deputy Mayor, New York, NY	11
Coburn, M.D., Hon. Tom, a U.S. Senator from the State of Oklahoma	20
Brown, Hon. Sherrod, a U.S. Senator from the State of Ohio	22
Nadler, Hon. Jerry, a U.S. Representative from the State of New York	24
Herbert, Robin, M.D., Co-Director, The World Trade Center Worker and Volunteer Medical Screening Program, New York, NY	26
Prepared statement	30
Kelly, Kerry, M.D., Chief Medical Officer, New York Fire Department, New York, NY	34
Prepared statement	37
Reibman, Joan, M.D., Director, Bellevue Hospital World Trade Center Environmental Health Center, New York, NY	64
Prepared statement	67
Melius, James, M.D., Ph.D., Chair, Advisory Board of the World Trade Center Medical Monitoring and Treatment Program, Albany, NY	70
Prepared statement	72
Stellman, Jeanne Mager, Ph.D., Mailman School of Public Health, Columbia University, New York, NY	76
Prepared statement	78
Endean, Jeffrey L., Ph.D., Ground Zero Volunteer and Former Division Commander, Morris County New Jersey Sheriff's Office, Succasunna, NJ	81
Prepared statement	83

Page

ADDITIONAL MATERIAL

Statements, articles, publications, letters, etc.:
Alison S. Geyh, Ph.D., Assistant Professor of Environmental Health Engineering, John Hopkins Bloomberg School of Public Health (JHSPH) 94
Eli J. Kleinman, M.D., Assistant Professor of Medicine and Attending Hematologist, Albert Einstein College of Medicine and Attending Physician of Mt. Sinai, New York City, NY 97
Unions, Organizations, and Workers Supplemental Materials 101
Resident Supplemental Materials 134
Mt. Sinai Supplement Material 161
Response by Robin Herbert, M.D. to questions of:
Senator Kennedy 162
Senator Enzi 163
Senator Clinton 166
Response by James Melius, M.D., Ph.D. to questions of:
Senator Kennedy 167
Senator Enzi 168
Senator Clinton 170
Questions of Senators Kennedy, Enzi, and Clinton to Hon. Michael R. Bloomberg 171
Questions of Senators Enzi and Clinton to Kerry Kelly, M.D. 172
Questions of Senator Enzi to Joan Reibman, M.D. and Jeanne Stellman, Ph.D. 173

LONG-TERM HEALTH IMPACTS FROM SEPTEMBER 11: A REVIEW OF TREATMENT, DIAGNOSIS, AND MONITORING EFFORTS

WEDNESDAY, MARCH 21, 2007

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The committee met, pursuant to notice, at 10:05 a.m. in Room SH–216, Hart Senate Office Building, Hon. Edward Kennedy, chairman of the committee, presiding.

Present: Senators Kennedy, Clinton, Brown, Enzi, and Coburn.

Also present: Senator Schumer

OPENING STATEMENT OF SENATOR KENNEDY

The CHAIRMAN. We'll come to order, if we would, please. We'll come to order and thank all of our members here. I'm particularly appreciative of Senator Enzi, who is our Ranking Member here this morning and Senator Clinton, who has been the—as with Senator Schumer, tireless advocates for those that have been lost and those that have suffered under the egregious assaults and attack on New York and we're incredibly appreciative and grateful for the presence of the Mayor, who will be presented by our friend and colleague, Senator Schumer, in just a moment.

I commend the Ranking Member, my colleague and friend, Senator Enzi, for his contributions to this hearing. I also commend my colleague, Senator Clinton, for her commitment to seeing that this hearing would happen and I welcome our colleague, Senator Schumer, who will introduce the Mayor of New York in just a moment.

We're here today to consider the impacts of the events of 9/11 on the lives and health of the brave men and women who responded to the call for help that day as the heroes of 9/11: the police officers, the emergency medical technicians, the construction workers, the firefighters, the sanitation workers and numerous other professions. They were our clean up and our recovery effort, working at Ground Zero, at the Fresh Kills Landfill on Staten Island, month after month after month in the wake of 9/11. They are the school children who returned to their classrooms and the residents who returned to their apartments in Lower Manhattan in the days and weeks after the collapse of the towers. They are the New Yorkers, struggling to reclaim their lives after that horrendous attack. These rescue, recovery and clean-up workers were exposed to multiple toxins and pollutants from PCBs and dioxins to pulverized concrete and highly metallic, microscopic shards of glass.

They inhaled these substances into their lungs and ingested them into their gastrointestinal systems. Hundreds of thousands of them have developed illnesses as a result. Healthy young fathers and mothers found they could no longer play with their children. They developed the distinct dry World Trade Center cough, chronic nasal congestions and rashes. Some found lumps in their chests and were forced to retire permanently.

Today, we'll hear from experts who led the efforts to build a realistic health infrastructure for this unprecedented emergency. So I welcome our panelists who join us from the State of New York. Mayor Bloomberg recently completed a detailed report on the steps the city and Federal Government should take to deal with the continuing health threats of 9/11 and we want to welcome Mayor Bloomberg. First I'll ask Senator Enzi if he'd be good enough to say a word.

[The prepared statement of Senator Kennedy follows:]

PREPARED STATEMENT OF SENATOR KENNEDY

I commend the Ranking Member and my colleague and friend, Senator Enzi, for his contributions to this hearing. I also commend my colleague, Senator Clinton, for her commitment to seeing that this hearing would happen. And I welcome our colleague, Senator Schumer, who will introduce the Mayor of New York City today.

We're here today to consider the impact of the events of 9/11 on the lives and health of the brave men and women who responded to the call for help that day as the heroes of 9/11—the police officers, the emergency medical technicians, the construction workers, the firefighters, the sanitation workers, and numerous other professions. They were our cleanup and recovery effort, working at Ground Zero, at the Fresh Kills Landfill on Staten Island, month after month in the wake of 9/11. They are the school children who returned to their classrooms and the residents who returned to their apartments in Lower Manhattan in the days and weeks after the collapse of the towers—New Yorkers, struggling to reclaim their lives after that horrendous attack.

These rescue, recovery and cleanup workers were exposed to multiple toxins and pollutants, from PCBs and dioxins to pulverized concrete and highly metallic microscopic shards of glass. They inhaled these substances into their lungs and gastrointestinal systems.

Hundreds of thousands of them have developed illnesses as a result. Healthy young fathers and mothers found they could no longer play with their children. They developed the distinct dry World Trade Center cough, chronic nasal congestion and rashes. Some found lumps in their chests and were forced to retire permanently.

Today, we'll hear from experts who led the effort to build a realistic health infrastructure for this unprecedented emergency. I welcome our panelists, who join us from the State of New York. Mayor Bloomberg recently completed a detailed report on the steps that the city and the Federal Government should take to deal with the continuing health threats of 9/11. Welcome, Mayor Bloomberg.

Also here today are the distinguished leaders at various centers of medical excellence in 9/11 health. Dr. Robin Herbert joins us

from Mount Sinai Medical Center, which has been at the forefront of treating first responders and workers, over 60 percent of whom can't even pay for their healthcare. Dr. Reibman comes to us from Bellevue Hospital, which continues to provide services for anyone who may have been exposed to dust and toxins from 9/11. The New York City Fire Department has also had a major role in demonstrating a clear link between recovery and clean-up work and illness, and Dr. Kerry Kelly joins us on its behalf.

Dr. Melius, from the World Trade Center Medical Monitoring and Treatment Program, can speak to the lack of health care coverage available for responders.

Finally, Mr. Jeff Endean, from New Jersey, will share with us his own personal experience both during and following the September 11 attack, with the New York Authority Police Department.

The Nation is still healing from the wounds of that day. It has touched every State in the Union, often physically because of the tens of thousands of volunteers who spent weeks or months on the cleanup and recovery efforts at Ground Zero-related areas. Hundreds of volunteers and responders from Massachusetts bravely contributed to that effort, and every one of my colleagues has constituents from their own State who have enrolled in the World Trade Center Health Registry.

Congress has begun to fund these efforts, but more has to be done. We need to provide support for the necessary diagnosis, monitoring and treatment of the long-term health impacts of 9/11. Senator Clinton's and Senator Schumer's bill would authorize $1.9 billion in Federal funds to address these health issues, and I urge my colleagues to support it.

As we will hear from our witnesses, the health impacts of 9/11 continue to be tragic. But the data we obtain through monitoring, diagnosis and treatment will advance our knowledge in epidemiology and improve all aspects of our health care. I urge my colleagues to consider this testimony with open hearts and open minds.

OPENING STATEMENT OF SENATOR ENZI

Senator ENZI. Thank you, Mr. Chairman. I appreciate you holding this hearing today. I thank Senator Clinton for her tireless effort which has resulted in numerous people traveling to New York City to look at the situation, talk to people, and get a better understanding of what's happening and what should happen.

On September 11, 2001, we all watched in horror at the destruction of the World Trade Center. We saw the worst of humanity that horrible day and in the hours and days and months that followed the attack. We also saw the depth of compassion, particularly of the people of New York but also of those from across America, showing compassion to each other. I was deeply moved by the courage and character of the emergency responders, recovery workers and volunteers from New York and around the country.

When Americans cried out for help, those heroes did not pause to ask if it would be safe. They rushed to their neighbors and many paid a terrible price, some forfeiting their own health. We will consider the long-term health problems of these brave citizens from all over the country and particularly New York who answered the call.

As many will remember, the destruction of the World Trade Center created a huge toxic dust cloud. That cloud consisted of pulverized sheetrock, metals, plastics as well as many other toxic materials. Emergency responders and recovery workers breathed in the dust as they searched for survivors and cleaned up the destruction.

In addition, many people living or working in Lower Manhattan also were exposed to that dust and on the day that the Senate went up to New York to take a look immediately after what happened, several of us were in this room holding a hearing to try and keep the stock market afloat. Fortunately those people were doing a tremendous job and it did save the stock market. But the next week I went up to New York and while my wife and I were looking at Ground Zero, it looked like the people on top of the heap of rubble were about an inch tall. But while we were watching, they hit one of those pockets of yellow gas. I have no idea what kind of gas it was. I'm sure they had no idea what kind of gas it was—a scary situation.

Now, some people exposed to the dust have developed pulmonary illnesses with asthma-like symptoms, sinus problems and painful heartburn. For example, the Fire Department of New York currently provides treatment to a thousand firefighters for 9/11-related pulmonary conditions.

I'm committed to working with Senator Clinton, Chairman Kennedy, Mayor Bloomberg and others to craft the best long-term solution for the health care of these 9/11 heroes. Our work is already underway.

When I was chairman, I instructed my staff along with the staff from the offices of Senators Clinton, Kennedy, Coburn, Murray, Voinovich, and Schumer to visit New York City last October to begin gathering facts from the Fire Department, many other city departments, the Red Cross, Bellevue Hospital, Mount Sinai Hospital, New York citizens and others. We subsequently sought guidance from labor groups and technical experts. I expect this collaboration to continue across the aisle and among all key stakeholders. A good solution must rest solidly on the facts.

I salute Mayor Bloomberg's World Trade Center Health Panel, which has made significant progress in compiling the facts related to the health effects of 9/11. It's a good starting point but more work still needs to be done. First we need to learn even more about the affected population and about the health effects of long-term exposure to the toxic 9/11 dust, including illnesses that may materialize later. I'm interested in hearing from our scientific expert witnesses regarding which illnesses are likely to affect which people, now and in the future.

Second, we also need to make sure our efforts dovetail with Federal, State, city, employer, union and other benefit programs already in place. Several of our witnesses today will discuss how workers' compensation, health insurance, disability and related benefit programs have served or failed to serve 9/11 victims. We should leverage any well-crafted benefit delivery system already in place. It would be foolish not to harness all available resources.

Finally, Mr. Chairman, we must review the facts of the funding requested here. Our witnesses will describe a complex healthcare challenge with a lot of moving parts. Let's not put the cart before

the horse. I understand there are immediate short-term needs and we'll certainly discuss that. But to find a responsible long-term solution, we'll need to work together to assess long-term needs. We owe our heroes of 9/11 a long-term, fiscally responsible solution.

Again, I thank you, Senator Kennedy and Senator Clinton, for your cooperation and willingness to delve into the facts of this situation.

The CHAIRMAN. Thank you very much. If Senator Clinton would say a word.

STATEMENT OF SENATOR CLINTON

Senator CLINTON. Thank you very much, Chairman Kennedy and Senator Enzi. I appreciate greatly both of you convening this hearing. Senator Enzi started this work when he was chairman of this committee back in the fall and I'm very grateful to him. He and his staff have approached this with seriousness, a purpose, an open mind and a commitment and thank you very much and to your staff as well, Senator Enzi.

And of course, Chairman Kennedy, there isn't anybody in the Congress, probably in the country that has done more to help people who are in need than he has and I'm confident with his leadership, we will make progress on these problems we will explore today at this hearing.

I also want to recognize and thank my colleague and friend, Congressman Jerry Nadler who represents Lower Manhattan. Congressman Nadler has been a very vigorous and sometimes lonely voice, talking about the long-term implications of what people experienced because of the horrific attacks of 9/11.

I'd like to thank Mayor Bloomberg, who has taken on this issue with a great deal of concern and put his staff on it and convened experts. This report that the Mayor has issued addressing the health impacts of 9/11 is a great roadmap, both leading us from what the problems are to some potential solutions.

We're going to hear from a range of witnesses. I'll have more to say about them as they testify today but each of them comes with experience and expertise that will be very beneficial to us as we try to craft a solution.

And finally, Mr. Chairman, I'd like to recognize the people who are suffering health problems and those who represent them. We have a tremendous team here from New York. Obviously the people who are on the front lines suffering are the ones who are the most compelling because of what they've gone through, people such as Stephen Hess, an emergency medical technician who used to easily be able to bench press 250 pounds but now has trouble lifting his grandson; Marvin Bethea, a paramedic who managed not only to escape being buried in a pile of debris but continued to work, day after day, until 2004 when he could no longer, who has suffered both respiratory and mental health effects and a stroke that is attributed to the stresses he experienced; Craig Hall, who lives in Downtown Manhattan with his family. When he and his family returned to their apartment after 9/11, they began experiencing eye irritation, nosebleeds, persistent coughs, sinus problems, allergies and reduced lung capacities. The concerns he has for the future

health of his children and the ailments that he and his neighbors are suffering brings him here today.

We also have some of the Union officials who have been fighting for more assistance and without them and their leadership and also as Senator Enzi pointed out, without a lot of the union pension funds and health benefit funding available, a lot of the people we're worried about would have had no care whatsoever. I want to recognize Dennis Hughes, the President of the New York State AFL/CIO; Steven Cassidy, President of the New York City Uniformed Firefighters Association; Ed Malloy, President of the Building and Construction Trades, Dick Iannuzzi, President of the New York State United Teachers and representatives from the Uniformed Fire Officers Association, Ask Me, the Police Unions and others.

Now we will have in this audience, people—every one of whom could testify. Obviously that is not possible but they are here to bear witness and when they have a chance to speak to the press or in other forums that we've held in New York, their testimony is riveting, compelling and heartbreaking. People, like retired Detective Mike Valentine, who was caught in the dust and debris and when he came out from the collapse of the towers, began experiencing severe health effects. In July 2005, doctors discovered not only the 9/11-related asthma but a tumor in his chest, a second tumor in his gall bladder, changes to his lungs that are often a precursor of mesothelioma, all of which his doctors believe are linked to his exposures and we cannot forget those who have already died. Individuals like Detective James Zadroga, whose death at age 34 was directly caused by his exposure to toxic fumes and dust at Ground Zero.

So Mr. Chairman and Ranking Member Enzi, there are thousands of stories because there are tens of thousands of people who have been affected—the first responders, the other workers, the volunteers, the residents and we are determined to do whatever we can, both in the short term, to make sure that the Fire Department and Mount Sinai have the funding they need to continue the treatment they have started and then the longer term, to give us a program that we can say fully meets the needs of those who are suffering.

So Mr. Chairman, I'll ask unanimous consent to put my whole statement in the record, but I appreciate very much your holding this hearing.

[The prepared statement of Senator Clinton follows:]

PREPARED STATEMENT OF SENATOR CLINTON

Thank you, Senator Kennedy and Senator Enzi, for convening this hearing and your commitment to working with me to address these issues.

I'd like to thank all of the witnesses who have agreed to testify before us today—Mayor Michael Bloomberg, whose recently released report—titled "Addressing the Health Impacts of 9/11"—provides us with important recommendations for future action;

Doctors Robin Herbert, Kerry Kelly, and Joan Reibman representing the Centers of Excellence which are helping so many to access critically important specialized healthcare;

Dr. Jim Melius has helped create the mechanisms at the Mt. Sinai Consortium that provide care across the country;

Dr. Jeanne Mager Stellman served on the EPA's World Trade Center Expert Technical Review Panel and is here to provide a broad overview of the environmental health impacts of the 9/11;

And Jeffrey Endean, a volunteer at Ground Zero who bravely responded in our Nation's hour of need, and is now gravely ill from the toxic substances released on that day.

I'd like to recognize all of the people suffering health problems who have traveled here to attend this hearing to represent all those still affected by 9/11.

People such as Steven Hess, an emergency medical technician who used to easily be able to bench press 250 pounds, but now has trouble lifting his grandson.

Marvin Bethea, a paramedic who managed not only to escape being buried in a pile of debris, but who continued to work after that day until 2004 when he could no longer, and who has suffered not only respiratory and mental health effects, but a stroke attributed to the stress of 9/11,

And Craig Hall, who lives in Downtown Manhattan with his family. When he and his family returned to their apartment after 9/11, they began experiencing health problems that include eye irritation, nose bleeds, persistent cough, sinus problems, allergies, and reduced lung capacity. The concern he has for the future health of his children and the ailments he sees in his neighbors is what brought him here today.

We also have with us here today union officials who have been fighting for more assistance on behalf of their members. Including Steve Cassidy, President of the NYC Uniformed Firefighters Association, Denis Hughes, President of the NYS AFL–CIO, Ed Malloy, President of the Building and Construction Trades Council, Dick Ianuzzi, President of the NYS United Teachers, and representatives from the NYC Uniformed Fire Officers Association, AFSCME, and several other unions.

We also have residents, office workers and students in our audience who have been continually speaking up to make sure they are not forgotten—these populations of people who live, work and go to school near the Ground Zero area currently have no Federal monitoring program available to them. We must fix this.

And I'd like to note that there are many, many more individuals who are too sick to join us today.

Individuals like retired Detective Mike Valentin, who was caught in the dust and debris released when the towers collapse. Like many others, Detective Valentin experienced severe health effects. In July 2005, in addition to his 9/11-related asthma, doctors discovered a tumor in his chest, a second tumor in his gall bladder, and changes to his lungs that are often a precursor of mesothelioma, all of which they believe are linked to his exposures on 9/11.

And individuals like Detective James Zadroga, whose death at age 34 was directly caused by his exposure to toxic fumes and dust at Ground Zero.

His death was the first that was linked to these exposures, and it will not be the last, particularly if we do not establish a mechanism to provide long-term screening, monitoring and treatment for

the residents, workers, volunteers, first responders and others who have faced health consequences in the aftermath of the September 11 terrorist attacks.

All New Yorkers—indeed, people all over the world—have seen the images replayed countless times: the residents, workers, and first-responders emerging from the destruction and the wall of debris that blanketed Manhattan and beyond. I visited the site in the days that followed the attacks. I saw for myself the acrid smoke that filled the air as the fires continued to burn in Lower Manhattan and men and women toiled day in and day out in the ongoing rescue and recovery. You could smell the toxins that filled the air.

We have a duty to serve those who served us, to serve the victims, the heroes that participated in the greatest rescue mission in history, workers, volunteers, residents, students, and others.

It has been 5½ years since those attacks—5½ years since the World Trade Center collapsed, stealing nearly 3,000 lives and darkening the skies with a toxic cloud of dust, debris, and chemicals—the full composition of which is still unknown.

Within days after 9/11, after visiting the site, we knew the air was not fit to breathe despite the assurances of the EPA that the air was safe.

Within 2 months of the attacks, 300 firefighters were on medical leave, suffering with lung ailments.

As the research of some of our witnesses has shown, this was just the first sign of the persistent lung problems experienced by many firefighters and others. We learned that exposed firefighters on average experienced a decline in lung function equivalent to that which would be produced by 12 years of aging.

Within 2 years of the attacks, we had secured funding, with the support of many on this committee, to engage in health tracking of the police, firefighters, trade and construction workers, volunteers, and others who worked on the rescue and recovery efforts at Ground Zero and Fresh Kills, the site on Staten Island where debris was sorted and examined for evidence.

And, as Dr. Herbert will discuss today, the results of that tracking effort are astonishing—with thousands of responders reporting persistent respiratory, gastrointestinal, and mental health effects.

Based upon the evidence produced by researchers, including those before us today, we managed to secure more than $50 million for treatment efforts, starting in October 2006—and yet, because of the extreme need, this funding is expected to run out before the end of this year.

Federal funds secured thus far must only be a down payment in repaying our debt to those who came to us in our hour of need. This must be a priority in our budget—and the rhetoric of the Bush administration must be matched with results.

The $25 million requested by the Administration in fiscal year 2008 is no match for the need, and today, we will hear from those who are facing that need every day, and who have documented the clear impact that 9/11 continues to have on the health of far too many individuals.

9/11 is not over. The loss of life, the pain, and the suffering are not over. The tragic legacy continues for the families who lost loved ones and for residents, workers, volunteers, first responders and

others who have faced hardship and health consequences in the aftermath of the September 11 terrorist attacks.

There can be no excuses for not funding these efforts. The families who have been affected are not helped by excuses and the first responders who rushed to Ground Zero did not offer excuses. We have a duty, and I look forward to working with my colleagues on this committee to help fulfill that duty.

Thank you.

The CHAIRMAN. Thank you, thank you very much. Now we'll hear from Senator Schumer, who will present the Mayor. Mr. Mayor, if he doesn't give you a good introduction, I will. We thank Senator Schumer. He and Senator Clinton have been tireless as we know, in terms of pursuing these health challenges and we're grateful for his presence.

STATEMENT OF SENATOR SCHUMER

Senator SCHUMER. Well, thank you, Mr. Chairman and thank you for your leadership on this and so many other issues. I think it is very heartening to know that the HELP Committee is in such good hands. This issue is so important and we know that you will pursue this issue with your usual diligence and effectiveness.

I'd also like to thank Ranking Member Enzi for being here and for him working so well, both when he was chairman and now as Ranking Member in a bipartisan way to solve these issues. The fact that we have such a good leadership team on this committee, which has jurisdiction over much of this issue, I think, gives heart to all of us in New York but particularly those who are going to need the help.

Last but certainly not least, of course, is my friend and partner, Senator Clinton, who has taken such a huge leadership role on this issue from the very beginning, recognizing the real problems that would be faced, even long before they were apparent. Now they are apparent but back then, in the early days, after 9/11, they weren't and she was indomitable in bringing this issue forward.

Also to my colleagues from New York, Congressman Nadler—all the leaders from the civic world, from the unions, from everywhere else who worked so hard to bring this issue to where we are today. Thank you because it has been a long and hard struggle.

Mr. Chairman, at long last and now with a brand new Senate, we are here today to shine light on the dark health effects that have occurred as a result of the collapse of the World Trade Center. We all know how many we lost that day, our friends, our relatives, our colleagues. Not a day goes by where we don't feel their loss. The dirty little secret, however, is that the destruction didn't end on September 11.

The destruction continues in the bodies of many of those heroes who rushed to help and now we have to do something about it. They are becoming, every day a new person or maybe more, sick or debilitated because of the toxins and poisons that were in the air around Ground Zero. The number includes many New Yorkers who lived and worked downtown shortly after 9/11 when they were told it was safe. I guess at the top of the list, we would all say, are the thousands of heroes, volunteers without being asked, who rushed to the aid of their fellow citizens, who traveled across this

country in the hours and days following the attack for the sole purpose of aiding the rescue, the recovery efforts, and later, the clean up efforts. They didn't ask questions. They didn't say, I'm only coming if you give me this kind of help or that kind of immunity or this or that. They just rushed there and they were like our soldiers in our wars and just as those soldiers are entitled, if they become injured in the battle, to healthcare and help, so are these heroes.

They risked their lives every day after 9/11 on that pile of ruin. They were first looking for life and then they were helping clean up a city and a country. They did so without being asked because our city and our country needed them and now they fear that this country will turn its back on them.

No one knew at the time that they would be putting their lives and health at risk in a different way, simply by breathing the air. Many of these heroes now face symptoms of an unknown sickness and it is well past time we get to the bottom of this. It's also well past time we address putting together a desperately needed Federal infrastructure to help these people.

One of the good things that happened after 9/11 is the country rushed to help the families of those who were lost. We have to do the same thing for those who have been injured. That's the bottom line here. It's plain and simple. We didn't know the extent of their injuries. No one is pointing fingers of blame because a week later, we didn't know how many died but we knew that many died. We didn't know how many would be sick. Now we know. So there is no excuse to turn away from it.

It's been reported that respiratory issues such as shortness of breath and asthma-like symptoms are common but those are not the main health issues. Many of these people can't engage in the simplest of tasks—climbing a set of stairs, picking up and holding their children without the reminders of their time spent on the pile. Shortness of breath, coughing, inability to go forward.

Many of our police officers and firefighters have missed work or can't even be at work at all anymore due to their illnesses. Our country's bravest and finest have been prevented from doing the life's work that they love due to these illnesses. The illnesses are life altering and in some tragic cases, as Senator Clinton mentioned, deadly. We don't know enough about them.

So it's time to address this issue on a Federal level and come up with a coordinated Federal response for these heroes who so generously gave of their time and are now suffering and I would add, Mr. Chairman, that this is not just a problem that affects New Yorkers. It afflicts many Americans across the country. No part of the country is immune from this horrible illness. In fact, there have been 9/11-related illnesses reported by residents of every single State. This tragic situation deserves our immediate attention and a clear perspective.

That's my hope for this hearing today, this breakthrough hearing that we're so grateful for. I want to thank the committee for holding the hearing and know that we're going to fully examine the scope of the health problems facing those who were exposed to the air surrounding Ground Zero. I look forward to working with my colleagues on ensuring that the injured receive the healthcare they deserve. It will cost money. It is the Federal Government's respon-

sibility. We have a start. When Senator Clinton and I fought for the $20 billion, we made sure that included in there was a billion dollars to help with the workers and now we have agreement with the city and most others that that money should be used to help pay for the workers' illness so we're not starting from zero. We have a good head start but we have to do more.

Now, Mr. Chairman, I want to introduce somebody who I think is just one of the great public servants of our country and one of the greatest that our city has had. He's done a great job on issue after issue. Our city is prospering. Our city has recovered. Our city is growing under his thoughtful, careful and courageous leadership and I want to thank him and his staff for doing so much, addressing the impacts of the document and the impacts of this issue and the report addressing the health impacts of 9/11. Coming together so that we have a real solution that intertwines Federal, State and city needs and programs and working hard to remember that those who helped us are not forgotten.

I know from personal experience, of course, what an outstanding Mayor he is. He is my wife's boss at least for the next few weeks and he is a very kind and compassionate boss as well as being a very good Mayor. So I thank him for being here and I hope that met your high standard, Mr. Chairman, in terms of an introduction but it is my honor to—he has a very high standard. All right, we should make this guy king. In any case, it is my honor to introduce the Mayor of our great city, the city I've lived my whole life in, New York, Mayor Michael Bloomberg.

The CHAIRMAN. Thank you. Congressman Nadler, if you'd want to join us on the table here, we'd be honored to have you join us. Mayor, thank you for taking the time and the effort to be here and we're very, very grateful and we look forward to hearing from you.

STATEMENT OF HON. MICHAEL BLOOMBERG, MAYOR OF THE CITY OF NEW YORK, NY; ACCOMPANIED BY ED SKYLER, DEPUTY MAYOR OF THE CITY OF NEW YORK, NY

Mr. BLOOMBERG. Well, Chairman Kennedy, thank you, Ranking Member Enzi and Senator Clinton and Senator Coburn. Thank you, Congressman Nadler, I appreciate you coming. Chuck, I think all of what you said my mother would believe but probably nobody else. Anyway, thank you for the kind words.

Senator Enzi, I just wanted to thank you for bringing the committee staff to New York last year for a briefing on this topic. I think that was time well spent, at least I hope it was.

You know, it's been just over 2,000 days since the terrorist brazenly attacked New York. Two thousand days and yet even now, we still don't know and we can't know the full extent of the damage that we suffered that terrible morning. Tens of thousands of people took part in the rescue and recovery effort, including 45,000 workers and volunteers who came from Oklahoma, Wyoming, Massachusetts, and New York and all of the other States. As a matter of fact, there is no place in the world that didn't offer to send help and many of them showed up over the months that followed that terrible event.

Many of these workers and other people who lived near the World Trade Center now suffer from a range of physical and men-

tal health problems and there is no telling what other illnesses may potentially develop in the future. But there is one thing that we do know.

The Nation must never walk away from these courageous men and women who answered the call without hesitation or who lived through this terrible ordeal.

Last September, I convened a panel of city experts who conducted a comprehensive assessment of what we know about who is sick and what the treatment options are and what we are doing to stay on top of the science so that those who might become sick get the first rate care that they deserve.

By now, each of you certainly has read the copy of the panel's report, which details the latest medical findings and a few points I would argue, are especially significant. More than 11,000 firefighters who responded on 9/11 experienced at least one new respiratory symptom within a week of the attacks and more than 3,000 report that they continue to suffer from conditions, including what is known as the World Trade Center cough and reactive airways disease.

More than 6,500 rescue and recovery workers who were examined in a program at Mount Sinai Medical Center, about 7 out of every 10 reported at least one new or worsening respiratory symptom while engaged in response efforts. These symptoms have persisted in fully 59 percent of the workers and there are thousands of residents, commercial workers and others who have reported experiencing acute breathing problems, worsening asthma, posttraumatic stress disorder and other mental illnesses that require sustained treatment.

The panel report contains 15 recommendations to address the substantial health impacts of 9/11 but two major challenges have become clear. Securing the sufficient long-term funding for our 9/11 monitoring, treatment and research programs and two, compensating all the victims of this tragedy fairly and quickly. The Federal Government support must play a crucial role in addressing both of these issues.

Let me first talk about funding for our city's 9/11 health problems. The panel I convened estimated that the gross costs to treat those who are sick or could become sick as a result of 9/11 is $393 million per year. That estimate covers the entire potentially exposed population, including the thousands of rescue workers and others who came to New York City from all 50 States.

Some people will get care from their private healthcare providers. Some will get care from city programs or government programs but the total cost will be roughly, we calculate, $393 million a year.

Over the past 5 years, the sick and injured have been able to get help at three Centers of Excellence in the diagnosis and treatment of World Trade Center-related conditions. They are first a free monitoring and treatment program run by the FDNY for firefighters and EMS workers who responded on 9/11 and who took part in the rescue and recovery and one of the most interesting things about this particular program is, we have good data on the firefighters going back in time, so looking to see what has changed,

the science is science that really will give us information useful for the general population.

A free monitoring and treatment program for other first responders, workers and volunteers at Mount Sinai Medical Center, in partnership with approximately 15 affiliates across the country so it's not just in New York City, it is across the country.

And third, a free evaluation and treatment program at Bellevue Hospital, which the city opened last year for anyone with 9/11-related symptoms. It's the only program available to residents and other non-responders and is virtually entirely funded by the city.

Our registry of people who were down there and our ability to track what happens to them is really quite unique and we have to make sure that we continue it. In addition, despite having never received any Federal funding for this purpose, the NYPD has screened all 34,000 of its members who worked at the World Trade Center site.

Now all of these programs, along with the World Trade Center Health Registry, are producing valuable research, which has resulted in the publication of clinical guidelines for doctors so that we can best treat the illnesses we see now and what we may see in the future.

Yet all of these programs, also, could be discontinued unless they get sustained Federal support. We estimate that sustaining and expanding these three indispensable programs, providing sufficient mental health services, supporting the NYPD and supporting the research that is critical to understanding what illnesses may emerge in the future, will cost about $150 million a year. So $393 million is our estimate of the total impact but is by a variety of different sources. This $150 million is monies that we have to put into these three particular programs. At the very least, we think the Federal Government needs to cover more of these costs so that the essential needs can be met.

The 9/11 Heroes Health Improvement Act, which was introduced in January by Senators Kennedy and Clinton, would provide nearly $2 billion in monitoring and treatment grants between 2008 and 2012. We believe this bill needs to be passed and passed quickly. Congress can't turn its back on those who responded with courage and suffering through this terrible catastrophe. After all, 9/11 was not just a strike against New York or Washington, it was an attack against all of America. It was an act of war and our government, we think, has a clear responsibility to the casualties of that terrible morning.

Finally, let me turn to the subject of compensation. Persistent efforts were made after the attacks to obtain insurance to cover the rescue and recovery operations, however no one was willing to provide it. In 2003, the Federal Government set up a $1 billion World Trade Center Captive Insurance Company for the city and some 150 contracts was to defend against damage claims. The city and the contractors who heroically rushed to help are currently defending claims for more than 8,000 city employees and other workers arising out of the rescue, recovery and clean-up operations at the World Trade Center site. Plaintiffs allege damages that we estimate may be in the billions of dollars and it is really impossible

to predict how many more lawsuits will be filed against us in the future.

New Yorkers have always been proud of the way that the city came together after 9/11 but this drawn-out and divisive litigation is undermining that unity. What's clear is that the process of determining compensation should be removed from the courts and the best way, we think, to do that is by re-opening the September 11th Victims Compensation Fund. The original fund was administered expertly and compassionately by Ken Feinberg and provided a measure of relief to victims' families while avoiding protracted litigation where there are no winners.

Now we think it is imperative that Congress reopens the fund to take care of those who were not eligible to benefit from it before it closed in December 2003. The mere fact that their injuries and illnesses have been slower to emerge should not disqualify them from getting the help that they need.

It's also crucial that the Federal Government eliminates the potential liability that the city and its contractors continue to face in court. Depending on the mechanism Congress chooses, the $1 billion available to the Captive Insurance Company could then be made available for compensation. And although we are open to other solutions, if the liability of the city and the contractors is eliminated, we could immediately transfer that $1 billion into the re-opened Victims Compensation Fund, making it the fund's first major installment.

Using Federal resources to compensate claims instead of litigating them would mark an important step in healing the rifts that have surfaced since 9/11. What's more, I think it would send a clear message that if, God forbid, America suffers another terrorist attack, the private sector and our first responders could respond with the same sense of urgency and selflessness that we saw on 9/11, knowing that their government will always stand by them.

We saw an incredible demonstration of the American spirit in the wake of 9/11 and I think it is time we recapture that unity and determine for the sake of those who've already sacrificed so much and the place to see that demonstrated is right now and right here in Congress. Thank you for your time and I would like to invite my Deputy Mayor, Ed Skyler, who has co-chaired the 9/11 Health Panel with Deputy Mayor Linda Gibbs to join me for any questions that you may have.

The CHAIRMAN. Thank you very much, Mayor Bloomberg and just to coordinate with the Mayor's schedule, we have time for one round of questions. So we'll follow that procedure.

Thank you very much for a very compelling testimony and also for the excellent report that you've made available to the committee. What I think is enormously impressive is what the city has already done and you've outlined the different kinds of activities and so when you're talking about sort of the shared responsibility, you're coming at this, as I understand it—maybe you want to elaborate on it, that the city has attempted to respond immediately and meet these kinds of needs but what you're talking about—what is a national tragedy. We had 188 families in my own State of Massachusetts but I think that loss level—it's indelibly emblazoned

into all of our minds and our State, as you mentioned and referenced other States, other countries, what they have lost.

But this was Ground Zero—the assault on our country and therefore what you're doing, as I understand it, is reminding us that it has been an attack, an assault on our country and our country has a responsibility to respond, particularly for individuals who went so far and beyond in terms of their personal heroism. We are in a world which is so frequently defined as sort of a me-world and an I-world and this incredible group of men and women that demonstrated such extraordinary personal courage, demonstrated really what was the sense that I think most of us feel and that is the common sense of brotherhood that we all have for each other.

Could you just elaborate for a moment, on your own kind of sense about what this responsibility is, this shared responsibility, speaking as the leader of New York, how the people in that city feel about this shared responsibility?

Mr. BLOOMBERG. Well, we've always felt that first and foremost, the city has to respond and take care of itself and then try to find ways to pay for it later. So we spared no expense, for example, in making sure that we do everything we can to prevent another terrorist attack. We have 1,000 police officers devoted to intelligence and counterterrorism. We have the equipment that we think we need, whether it's radios or a fire apparatus. We first do that and then we worry about how to pay for it in terms of taking care of our citizens. We have public hospitals that are ranked among the best in the country. They are paid for by the city and everybody gets treatment, whether they can afford to or not. We have these three programs, which I outlined, which are terribly important, not just to take care of those who are sick today but to give us the information we need so that we can treat people down the road.

But the fact of the matter is, somebody also has to pay for it and while you can never equate lives with cost, you have to view things in a practical point of view when it comes to who is going to write the checks and this is a cost that we think that the country should help us with. We've done our part. We are proud of everything that New Yorkers have done but, the truth of the matter is, there are very significant costs that will continue for the foreseeable future and if what happens is we go to court on every single issue, the lawyers will make a lot of money. People, however, aren't going to get the kind of compassionate and adequate compensation that somebody like Ken Feinberg administering a program with his knowledge or somebody like him could provide.

And I think that what we don't want to do is to leave the city with an open-ended liability, nor do we want to leave the contractors with an open liability. There's 150 different firms that worked on the World Trade Center's clean up and you could put a lot of them out of business if the liabilities continue on forever. We don't want, in this country, anybody ever to say, "Well, maybe we shouldn't go in because we have an obligation to our shareholders to protect their assets." We want everybody to rush in and do what I think New York City does—try to do what is right first and then figure out how to pay for it.

The CHAIRMAN. Well, I thank you. I welcome your comments about that Victims Compensation Fund. It's really one of the ex-

traordinary success stories of our times and I share the admiration that you have for Ken Feinberg. I think he just did a masterful job and an extraordinarily difficult one.

Mr. BLOOMBERG. And he comes from the Commonwealth of Massachusetts, I would assume.

The CHAIRMAN. That's right. Good college boy. Senator Enzi, thank you.

Senator ENZI. Thank you, Mr. Chairman and Mayor Bloomberg. After reviewing the report, which you briefly outlined here today, I can see that it adds up to quite a bit of money, as the only accountant in the Senate, I will be giving you a request to more carefully delineate or more precisely delineate the dollars that you're talking about.

But can you kind of describe the overall outer limit of the funding request that you're making?

Mr. BLOOMBERG. Ed, do you want to address this? Ed really was the one that supervised all the pulling together of data and writing the report and has been with me since I entered into public service.

Mr. SKYLER. Thank you, Mayor and thank you for allowing me to work on this important issue.

Senator, the report is on two financial questions. One which the Mayor discussed briefly was the gross economic impact of the attacks on the healthcare system and that goes beyond geographic borders. For example, that could be a volunteer that came in from Ohio that is now living in Ohio or somewhere else that is seeking care. We estimate that gross impact to be about $400 million annually.

Of that impact, there are three programs in New York City that we think are vital—that is vitally important to be continued. They are the Centers of Excellence at the Fire Department, which treated about 16,000 firefighters. We estimate that that is about a $35 million annual expense.

Senator ENZI. You're getting into the exact delineation of the details, which I would like in writing.

Mr. SKYLER. Right.

Senator ENZI. But can you give me kind of the overall number of the dollars that you're requesting?

Mr. SKYLER. We are requesting $150 million approximately, annually to support the three existing programs. It would also include an expansion of the Bellevue Program, which is the only program for non-first responders, for non-construction workers. It's for residents and also covers people without health insurance. It also would extend the city's ability to do World Trade Center health monitoring out of the Health Department, which is an enormously valuable tool. It's so far tracking 70,000 people that began after the attacks and also would fund about $8 million a year in mental health services. Post traumatic stress disorder is one of the ailments that the panel identified quickly as the thing that was very widely spread throughout the city and it is a treatment—it is a problem that needs a long-term solution as well.

Senator ENZI. On the mental health services question, since you just brought that up, is there a way that you're going to prioritize the funding for those that need it most, under mental health? And

what evidence-based practices are you going to utilize to provide the follow up care?

Mr. SKYLER. The Department of Health and Mental Hygiene would basically be picking up a program that the Red Cross had run for several years and successfully, in which case there would be a screening to make sure that the ailment that the person is describing is actually linked to the World Trade Center attack. Now, of course, that depends on the honesty of those being interviewed but it is not meant to be a program that just anybody who is complaining of depression or sleep disorders could apply for. It would need to be linked to 9/11.

Mr. BLOOMBERG. Senator, another way to answer it is, we are very mindful that the numbers are large. Given we spend trillions of dollars on healthcare a year in this country and don't seem to be able, at any level within the private sector or the public sector, of finding ways to stop the growth, which just continues.

I think what we have here is the $150 million, we clearly can give you every single penny, where it would be spent. It has been well thought out. These are programs that have been going on for a while so we have experience in terms of the value of the service, of how many people will take advantage of them.

The one thing we really can't know is down the road, whether somebody is going to come down with an illness that was the result of their work at the World Trade Center but so far has not evidenced itself. And that's why we have this liability, this insurance company. We are worried about down the road, what happens if 10 and 20 years from now, there continued to be people showing up that all of a sudden get sick and the doctors say this is clearly because of 9/11.

Mr. SKYLER. And Senator, one final point I'd like to add. We are not suggesting creating $150 million of new programs. There is a certain urgency to the Mayor's testimony today. We have a program at Mount Sinai that treats 19,000 that went down to the World Trade Center site. That program is in jeopardy. We have a program that treats 16,000 firefighters, many of whom lost friends on 9/11. That program is in jeopardy. We have a program that treats those that can't go anywhere else that live in Lower Manhattan. That program, the city has put up the money but we need Federal help to expand.

We are not going to create—we are not coming down here to ask for new programs. What we're saying is we have programs that are working. We have programs that are treating people that are hurt and desperately need your help and assistance to continue those affected programs.

Mr. BLOOMBERG. I would just add one other point, Senator. There is, as has been mentioned, there is a billion dollars that was part of the $20 billion that New York was promised by the President that the Congress actually voted on that is now in this fund. That purpose, because I negotiated these things with President Bush, had two-fold. One was to help compensate those who were hurt and the other was to prevent liability from inuring to the city or to the contractors who came. And that money has largely been untouched. There have been a few lawyer fees but it's been made up for by the interest of the money sitting there and it's a very im-

portant starting point. We'll have to figure out how to deal with these liability issues and everything else but it's an important starting point and it makes the sum seem a little less or significantly less than it might be and I know that will be entering into the deliberations of what we do.

Senator ENZI. I have several other questions but since my time has expired, I'll submit those in writing and I'll appreciate answers. Thank you.

The CHAIRMAN. Thank you very much.

Senator Clinton.

Senator CLINTON. Thank you very much and thank you so much, Mr. Mayor. Thank you very much, Senator Schumer and I also want to commend Ed Skyler and Deputy Mayor Gibbs for the job that they did on this. We really appreciate it.

I think it is important to get into the record the extent of this problem and how many people are affected. I think it is important to note that the city government is trying to track the health of the volunteers and when we talk about volunteers, we're mostly talking about search and rescue teams that were part of the FEMA response as well as those who came independently and then a third category of people who came on their own, to New York to help in the days following 9/11.

Mayor Bloomberg or perhaps Mr. Skyler, could you describe the city government's involvement with the World Trade Center registry and how this helps individuals from around the country and how many people have we registered, because I think that's important to note.

Mr. SKYLER. Right. The World Trade Center registry was set up by the New York City Health Department with Federal support in 2002 and what the World Trade Center Health Registry did was outlined geographic borders in New York City of people that we believe are outside New York City, people we believe could have been exposed on 9/11. It identified 410,000 people that we believe were exposed on that day, including about 45,000 people that live outside New York City and New Jersey. Everybody—out of the 410,000 people, 71,000 signed up and became part of the registry. Those 70,000 people did detailed interviews with Health Department staff and we have a sense now and hard data on their medical history. And now, with funding going into the out years, what we will be able to do is track those people over time and track them and find out whether they become ill or not become ill. If they have become ill, what sort of treatments they have received and to see what the long-term trends are.

One of the issues we keep coming up against is the issue of causation. It is very difficult and I'm not a doctor but I'm assuming this panel—it's very difficult to say any one illness was caused by any one event but when you look at gross populations and you see treatment rates and certain illnesses at a higher rate than the rest of the general population, then you can make conclusions. And that was the attempt of what the panels were and tools like the registry are enormously valuable to complete that goal.

Senator CLINTON. Thank you. And it is a valuable tool not only for what we're trying to do with respect to the victims of 9/11 but this provides us a scientific base to draw a lot of conclusions about

environmental exposures and what happens when people are—either through daily exposure or even limited, if their systems respond a certain way—how they then can be affected.

I think it's also important to take a look at what we know about the long-term health effects. In the aftermath of 9/11, I was fortunate to have a pulmonologist from Bellevue serve as a health aide on my staff and he, in the immediate aftermath of 9/11, was assisting with the medical care for first responders and others and was conducting x rays on a lot of the lungs of many of those who came to Bellevue for immediate relief, emergency intervention, and he reported to me that you could actually see the asbestos fibers in the lungs. So in addition to the pulverized glass and concrete and everything else, we know that there are going to be chronic, long-term health effects and it's something that is not factored into a lot of the numbers that you're giving us but multiple carcinogens including benzene, asbestos, and dioxin, were contained in the dust cloud. I don't think people really perhaps have an understanding of what was in those giant towers and the surrounding buildings. I mean, the huge oil storage tank that was there, for example. There is just so much and it all was evaporated or pulverized.

The diseases that cause permanent lung damage often take years to develop. So Mayor or Mr. Skyler, does either the $150 million estimate or the $3 million estimate take into account these long-term health effects?

Mr. BLOOMBERG. What we think, Senator, is that it will cost roughly $150 million for these three programs in New York going forward for the foreseeable future. This is not you breaking an arm, we can see the injury, we know how to treat it, we know exactly what it is. It is possible for you to smoke a carton of Camel cigarettes every day and drink a fifth of Jack Daniels and live to 125 but I just wouldn't suggest doing it because chances are, you will not have a healthy, long life. But there is never any one disease you can tie in a case like this to one event. You have to look at the statistics and the correlations and we don't have the scientific knowledge to know how long it's going to be when people stop showing up saying, "I had no problems before but all of a sudden, I've been coughing" and the doctor is saying, this is clearly because of the work you did down in the recovery effort at 9/11.

Senator CLINTON. And in addition to the $150 million, I believe based on your report that the $393 million also does not take into account these long-term health effects such as the diagnosis of cancer or mesothelioma in the future.

Mr. BLOOMBERG. It does, but the difference between the two numbers is the $150 million is what we spend on these three Centers of Excellence in New York and in other States. Remember, Mount Sinai has affiliates that are part of the program. The $393 million sort of addresses Senator Enzi's question of what is the total cost, because if the Senator had worked down there, he might very well decide to get treatment in Wyoming and he has his own health care plan that takes care of it. So that is sort of an economic effect but for us to maintain these three centers, which not only treat people—I must reiterate, but give us the science for knowing what to do later on for others. That's the difference between the two numbers.

Mr. SKYLER. Right and it's an annual cost.

Senator CLINTON. Yes, right. Thank you very much.

The CHAIRMAN. Senator Coburn.

STATEMENT OF SENATOR COBURN

Senator COBURN. Thank you, Senator Kennedy, for having this hearing and Senator Bloomberg, it's good to see you. Thanks for your good work. A couple of questions—I did call you Senator instead of Mayor, didn't I? I don't know, maybe it pertains to something.

Of the 150 firms that were down there, were they all insured?

Mr. BLOOMBERG. They basically have no insurance for this. There is this Captive Insurance Fund of $1 billion set up with Federal monies, which is supposed to provide insurance for both the city and for the contractors.

Senator COBURN. But the contractors had no insurance?

Mr. BLOOMBERG. Not for this kind of thing. They may have their own insurance.

Senator COBURN. That's what I mean.

Mr. BLOOMBERG. We expect that there will be billions of dollars of claims if you go through all of the litigation process. The city's liability has been capped in theory, although there are questions as to whether or not it really is, to the tune of $350 million but no cap on the private contractors. The billion dollar insurance fund was set up to provide protection for both the city and the contractors and in order to get monies from the insurance company under the law that set it up, you would have to show damage and negligence on the part of the city or the contractors part and we do not believe, incidentally, that there was any negligence but regardless, the people still need to get compensated and that's why we would urge putting a Victims Compensation Fund in place, we would close the insurance company, move the billion dollars over into it. It would be a start at paying off the claims and with Ken Feinberg, maybe the claims wouldn't be much more than a billion dollars. Nobody really knows but I think Feinberg showed what can be done with somebody that is intelligent and caring and understands and comes up with reasonable solutions and he certainly brought down the potential claims back in 2003 to a much lower level than they might otherwise have been.

Senator COBURN. But the true testimony is that the 150 firms are without liability coverage of their own and without health insurance coverage of their own for their own employees.

Mr. BLOOMBERG. I think that they have the coverage for their own workers generally. This is others suing them and suing the city, arguing that their practices caused damage to other people and it may be some of their employees as well. You could really put out a business, a whole bunch of very large construction companies and if there was another tragedy, how they would respond—I don't think anybody knows and nor do we want to find out.

Senator COBURN. Okay. I want to correct the record a little bit, having worked a lot on the asbestos bill in the Judiciary Committee. Asbestosis is a function of exposure—both the amount and time. So if you get a heavy load of asbestos, that's a problem or if you get a light load for a long period of time, that's a problem. But

the assumption—nobody knows the answer to those questions and that's why I would support a long-term look at that and following it will actually help us in a lot of ways.

Mr. BLOOMBERG. You know, I might point out that people worked down on the pile of rubble for months and so both of your criteria, high concentration and a long period of time come into play.

Senator COBURN. Long-term exposure and we're not going to know that for a period of time. And I don't doubt that there's going to be a lot of pulmonary problems associated with the large particulate intake that they took.

Is there a point at which this stops in terms of a Federal obligation? What do you see in terms of long-term? How do we—actually, my question really goes to the idea that rather than set up something, why don't we endow it? Why don't we endow it rather than have a yearly appropriation for this, why don't we set up an endowed trust to take care of all these problems over the future, where we put the money in and it's earning—much like your billion dollar fund that has not been used yet, so that we endow it so that we don't keep coming back?

Mr. BLOOMBERG. Senator, one of the most difficult things that the city has to deal with is going back every year, whether it is to the State or to the Federal Government for funds to support a program where we have to make big investments and make long-term commitments and if we're never sure of the funding sources, that leaves us with a liability and you see government funding starting and stopping programs rather than having a much more efficient and useful consistency.

Senator COBURN. So you would agree that an endowment is a good idea?

Mr. BLOOMBERG. Sure.

Senator COBURN. As far as the other people that are at your other hospitals in the State, do they have access to other insurance that would cover the problems that they are being treated for?

Mr. SKYLER. Some of them do, some of them don't. One of the panels worked to see what we could do to level the playing field because depending on what city agency you're in, depending what union you're in, you have different health benefits available to you. And one of the things we noticed early on was that members of the uniformed services had certain institutional infrastructure in both the health plans and treatment that their agencies had that other unions would not have, that civilian unions would not have and then if you take outside the city workforce, residents without health insurance had absolutely no where to go, which is why we started the Bellevue program, which is really the only expansion on the treatment side other than mental health, that the report advocates.

Senator COBURN. Well, I understand those without insurance but I'm having trouble. If we have insured populations out there whose health is covered with insurance, why would we want to also come and pay for that as well through this?

Mr. SKYLER. We would obviously not want to see any double dipping but what we've been seeing is that there are gaps and also when you do treatment in one facility, such as the Centers of Excellence that we support extending and continuing, you have the

benefit—and Drs. Kelly, Clineman and the doctors from Mount Sinai who will be here after us can talk about this in greater detail—but you have the benefit of all the medical knowledge based on all the monitoring and treatment that is going on at those facilities and you lose that benefit if people are going to see their own providers. That's not to say that the Centers of Excellence solution precludes a fee for service solution for people living outside that are not on the geographically convenient range or don't feel like going to a Center of Excellence. We need a solution for everybody and a long-term solution. But there are gaps in insurance. There are welfare funds that different unions have to pay for prescription drugs and it is—everybody has their own situation and we need a long-term solution that can address all of their needs.

Senator COBURN. Thank you.

The CHAIRMAN. Thank you very much.

Senator Brown.

STATEMENT OF SENATOR BROWN

Senator BROWN. Thank you, Mr. Chairman. Mayor, welcome. Thank you for joining us. Mr. Skyler, thank you. I want to follow up on Senator Clinton's questions and comments about long-term effects, especially of asbestos and benzene and dioxin. It is my understanding that there are 71,000 enrollees in the health registry.

My State, 195 from Ohio, certainly way more than that number of people who volunteered or otherwise worked around the Trade Center after the tragedy. Are you satisfied and I don't know if either of you answered this, that the registry is—that enough people knew about the registry, and are signed up, particularly those that came from around the country? Whether they were residents in the Trade Center site area, the 60,000 or so, I guess, south of Canal Street and then people from around the country, did we do enough? I know the CDC is a partner in this and probably does pretty decent outreach in conducting the 3-year interviews but, are you satisfied that we're doing that well enough?

Mr. BLOOMBERG. Well, Senator, there are people who just say, "I'm tougher than any bug" and go ahead and live their lives and don't seek preventive treatment, don't want to find out what's happening, or if they are coughing as to why. I think what we would always urge everybody to do is if you think there is a chance that because of your time near or at the World Trade Center site, that you might have a problem, see a doctor. You can see a doctor and as Senator Coburn said, have your own insurance company pay for it.

You can come to our Centers of Excellence, like at Bellevue. In the case of New York City, as Mr. Skyler said, the uniformed services have a lot of their own insurance plans and the agencies themselves do studies, for example, our Fire Department does really exhaustive studies and that's one of the good baselines that we have to note. But the Police Department has looked at all 34,000 people who were down there.

Mr. SKYLER. I would just note that for reasons of analysis and to protect the integrity of the information, this Center—the registry was advertised heavily throughout 2002 and then the registry was closed so that people, although they can seek obviously treatment,

the treatment that the city offers, they can no longer join the registry because they wanted to look at one pool of people that were affected and then track that pool over time. So as I said, there are about 400,000 people that qualified. We did exhaustive outreach and captured about 71,000 people that we'll be staying in touch with as long as we can support the program.

Senator BROWN. My understanding from the Mayor's comments is that the uniformed firefighters, particularly a lot of firefighters from Ohio and around the country volunteered, but a lot of volunteer firefighters or volunteer departments, aren't typically insured through their townships. Particularly rural, suburban, ex-urban, or small town fire departments that are volunteer certainly did come. Certainly, many of these volunteers were without health insurance. What happens with them? How were they notified of the registry? How will they be educated, if you will, the ones who were selected for the registry, about coming in every 3 years? Is there any access for them to come in and have that——

Mr. BLOOMBERG. The registry is really—think of it as a scientific study as opposed to something that provides treatment and that's the reason why we don't want to take any more people into the registry. Seventy-one thousand, the scientists believe, is a big enough number to really have useful data and we'll track that group over a long period of time. Those 71,000 and others who have a health problem can get treatment so it's a separate thing.

Mr. SKYLER. Right and it's an excellent point because we had 26,000 volunteers from 50 States that helped and theoretically, a volunteer firefighter from Ohio—presumably what is happening is he or she is trying to get treatment where they live in Ohio and hopefully they have insurance and they're covered and that person may be experiencing gaps in coverage and that is something that the $393 million estimate—and it's an estimate and people come with different assumptions—would, we believe, encapsulate but it wouldn't be something that this New York City would be directly supporting through the programs we're recommending outside of Mount Sinai for whom does have branches around the country.

Senator BROWN. Maybe you're not the right person to direct this question to Mr. Skyler, but has CDC done the kind of outreach that they generally are very good at, in regard first to the registry and second, to healthcare generally?

Mr. SKYLER. We partnered with a division of CDC, I believe the acronym is ATSDR and I apologize, I can't remember what it stands for but we did partner with them.

Senator BROWN. Agency for Toxic Substances and Disease Registry.

Mr. SKYLER. Thank you, Senator. And we did partner with them. We have had an effective partnership with them. What we're anxiously awaiting now is the results of Secretary Levitt's study from which I believe he asked NIOSH to commission. The Mayor put out his panel's report in the middle of February and we'd like to see what the Federal recommendations from the executive branch are. We've met with the Secretary's staff. The Mayor is going to meet with Secretary Levitt later this afternoon. We shared all the data we have with them and we'd like to see what solution they are recommending.

Senator BROWN. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much. Congressman Nadler, if you want to make a brief comment, we've got a good panel coming up shortly and I know the Mayor is on his way but we know that this is your particular district and we're very much aware of your deep concern.

STATEMENT OF REPRESENTATIVE JERRY NADLER

Representative NADLER. Thank you very much, Senator. As the Mayor or Mr. Skyler—he said that the $393 million estimate includes future diagnosis of diseases or I think he said that.

Mr. BLOOMBERG. It's an annual estimate of what the total medical costs would be. It would include the $150 million that we're spending. It would include what private insurers may very well be paying elsewhere.

That's to try to get a way to answer Senator Enzi's question of what's the cost of this?

Representative NADLER. Yeah, but what I'm getting at is my impression has been and correct me if I'm wrong, that it does not take into account things that we do not know now but that may emerge in the future. For example, we know from the Inspector General's report of EPA that there is a lot of buildings that have never been properly inspected and cleaned and one can expect that 10 to 15 years from now, we'll see a lot of cancers coming out of this and it would not include that. Am I correct in that?

Mr. SKYLER. This is an annual estimate based on the treatment rates we're seeing now.

Representative NADLER. Okay.

Mr. SKYLER. It is a non-economic forecast. The number could go up. It could go down if situations resolve themselves or if they go get treatment and they recover. But it is not a predictive model. It is what we are seeing based on the information that we have right now.

Representative NADLER. So it could increase, based on future contingencies.

Mr. SKYLER. It could and if the cancers, which we can't see now but develop over time, do materialize and I don't know if they will, obviously the cost would increase because those are more expensive to treat.

Representative NADLER. Thank you. I have just one other question. In terms of re-opening the Victims Compensation Fund, which we certainly ought to do. When the Victims Compensation Fund was operated under Mr. Feinberg, and everybody seems agreed that he did an excellent job and that it worked very well, people were given a choice.

They could go to the Victims Compensation Fund and give up their right to sue in court or they could sue in court but 99-something percent chose to go to the Victims Compensation Fund and I don't know if there were any lawsuits or if there were, there were very few. If we were to reopen that, the position that you have stated is that we should bar suits all together. Why wouldn't it be a good idea to do exactly what we did before, tell people if they want to go for compensation to the Victims Compensation Fund, they give up their right to sue but they retain the right to sue if they

don't go there, in the expectation that 99 percent—we have the same experience.

Mr. BLOOMBERG. Well, I think depending on how sure we were that the expectation would be repeated, what happened the last time. What we're concerned about is leaving an open-ended liability for the 150 contractors and for the city and I think that if Congress were to allow us to reopen the fund, move this billion dollars over, we really only can do it if we are sure that we and the contractors don't have any further liability. Otherwise, the only thing keeping us from bankruptcy is that fund. That's why the insurance company was set up by the Federal Government and we have a responsibility to make sure it stands there as the protector of those two groups, the private contractors and the city, as long as they have a liability. So doing hand-in-hand dealing with the liability, and making the Compensation Fund available and you could have a separate process, I suppose, for a handful of people that chose not to.

I think what Ken showed was that if it is run intelligently, most people come to the conclusion that rather than spending a lot of fees for lawyers, no offense to the lawyers in the room, there is a better way to do it and I've always believed that doing something efficiently, rationally, expeditiously leads to better results for everybody.

Representative NADLER. Thank you, Mr. Mayor, thank you, Senator.

The CHAIRMAN. Thank you. Just, Mr. Mayor, to remind all of us, we have what we call the Down Winders. Now, those were the approximately 14,000 Americans that experienced the radiation as the result of nuclear testing before we ever knew the dangers of radiation and I had worked with them and Senator Hatch. They received over $900 million and they receive about $50 million a year, those in that definition was also some of the uranium miners that were mining uranium for our national security. And we've also had the Energy Employee's Occupational Illness Compensation Program, on which I worked with Senator Bunning. These are the factory workers that worked on nuclear and atomic weapons and all experienced—on behalf of the national interest—health challenges. There has been over $2.5 billion that have been expended and we still continue to pay hundreds of millions of dollars in claims each year. Because it was made as a judgment that this was in our national interest. These individuals were experienced in these kinds of health challenges because of our national interest and it seems to me that we're talking about more individuals who have experienced health needs as a result of our national interest, with this kind of disaster as well.

I think the comparison, I find enormously compelling.

Mr. BLOOMBERG. Senator, you can just take it one step further. We ask our young and women repeatedly to go overseas and fight and die and get injured to protect us and to advance our causes and then when they come home, sometimes we are found wanting in terms of providing the care for the illnesses and taking care of the families of those who made the ultimate sacrifice and shame on us. We do have a liability. Some of these things are very expensive, Senator and some of them go on for a long time.

The CHAIRMAN. I want to thank you very much, very helpful and we'll look forward to, I think, probably if we have additional questions, getting to them. We thank you, Mr. Skyler, excellent. Mayor, it's always good to see you.

Mr. BLOOMBERG. Thank you, Senator.

The CHAIRMAN. We have a really extraordinary panel, which we are welcoming here to our committee. Dr. Robin Herbert joins us from Mount Sinai Medical Center. She has been at the forefront of treating first responders and workers, over 60 percent of whom can't even pay for their healthcare.

Dr. Reibman comes to us from Bellevue Hospital, which continues to treat anyone who may have been exposed to dust and toxins from 9/11. The New York City Fire Department has also had a major role in demonstrating a clear link between recovery and clean-up work and illness and Dr. Kerry Kelly joins us on its behalf.

Dr. Melius, from the World Trade Center, medical monitoring and treatment program, speaks to the lack of healthcare coverage available for responders and finally, Jeff Endean, from New Jersey who will share with us some of the personal experience following the September 11 attack with the New York Authority Police Department.

So if you would be good enough to come forward and join us, please. I don't know whether you—your names are on the back ends of those cards. It's always a mystery but they are. Look how wonderful our staff is to have done that. Thank you very, very much.

Dr. Herbert, we'll start with you and I thank all of our guests here this morning and appreciate your willingness to speak to us about this issue. Thank you.

STATEMENT OF ROBIN HERBERT, M.D., CO-DIRECTOR OF THE WORLD TRADE CENTER WORKER AND VOLUNTEER MEDICAL SCREENING PROGRAM, NEW YORK CITY, NY

Dr. HERBERT. Thank you. Chairman Kennedy, Ranking Member Enzi, Senator Clinton and other esteemed members of the HELP Committee, Mr. Nadler, I thank you so much for inviting me to present testimony today. My name is Dr. Robin Herbert. I am an Associate Professor in the Department of Community and Preventive Medicine at the Mount Sinai School of Medicine and I serve as Director of the World Trade Center Medical Monitoring Program Data and Coordination Center at Mount Sinai.

In the days, weeks and months following September 11, 2001, tens of thousands of hardworking Americans from all over this Nation responded selflessly, without concern for their well-being when the Nation and the Federal Government called upon them to serve. Many of these workers and volunteers have become seriously ill as a result and it is therefore imperative to continue to take stock of how we, as a nation, care for World Trade Center responders and others who have fallen ill or may become ill in the future.

It is essential that we continue to provide aid to all those who were there for us, now and in the future and with your strong support, as a nation, I have no doubt that we will.

Well over 50,000 people worked or volunteered in the aftermath of the attacks. I think it is important to note that these included both traditional first responders such as firefighters, paramedics and law enforcement officers as well as a large and very diverse group of heavy machinery operators, laborers, iron workers, workers from utilities, telecommunication workers, sanitation workers and a large number of other public and private sector workers as well as volunteers and again, these responders came from around the Nation.

This group performed extraordinarily grisly work, including sifting through thousands of tons of rubble, searching for survivors and then human remains while others were to restore critical services like electricity and communication systems for America's largest city when it was in shock and on the brink of economic disaster.

For many months, World Trade Center responders were witness to horrors no one should ever have to face and for which there is no training that could have prepared them. Additionally, although it's not the focus of my remarks, a large number of residents, office re-occupants and students were also affected by the disaster.

I think that the medical and mental health effects of the World Trade Center disaster has been very well documented at this point and there certainly can be no longer any doubt that many people are sick and many more may become sick in the future.

In September 2006, we released a paper detailing the findings from federally funded examinations of 9,442 responders, whom we and our consortium partners examined between July 2002 and April 2004. I have appended this study to my written testimony and I won't go through it in great detail. But I would note as the Mayor had noted, that among the responders we examined, 69 percent reported experiencing new or worsened respiratory symptoms while engaged in their efforts at or near Ground Zero.

[Editor's Note: Due to the high cost of printing previously published materials will not be reprinted in the hearing record. The paper indicated above can be found at http://dx.doi.org.]

At the time of their examinations, fully 2½ years after September 11, 2001, 59 percent were still experiencing new or worsening respiratory symptoms. Of particular concern, one third had abnormal breathing tests and one particular breathing test abnormality decreased forced vital capacity was found five times more frequently in World Trade Center responders than in the general non-smoking population of the United States. This was a particularly worrisome finding to us because it can be caused by a variety of conditions including asthma with air trapping or interstitial lung disease, scarring disease of the lungs, of the type that has resulted in known fatalities among some World Trade Center responders.

Earlier findings released in 2004 have revealed the mental health consequences among responders. We have at this point, through the Mount Sinai World Trade Center Treatment Program, served over 3,700 patients and in our treatment program patients, we found that fully 86 percent have upper respiratory conditions such as chronic sinusitis, 51 percent have lower respiratory conditions, including asthma, about a third have persistent gastrointestinal conditions such as GERD, about 30 percent have musculoskeletal conditions from injuries sustained when they were re-

sponding and about 30 percent of our physical health treatment program patients are also receiving mental health treatment for conditions such as post-traumatic stress disorder. Many of the treatment program patients actually have multiple World Trade Center-related illnesses and this really complicates their case management.

Forty percent of our patients in the treatment program have no health insurance whatsoever. An additional 23 percent are underinsured and I know my colleague, Dr. Melius, will be talking about the insurance issues in greater detail. But access to care has been a major problem for our patients.

One of the things that I worry about is that sometimes the human sides of our patient's stories and lives gets lost in all the numbers and statistics. Our typical patient, the typical person we see in our treatment program and in our monitoring programs is a man who was in excellent health, had a family with kids in school, was actively involved in his community, coaching Little League, going to church, typically paying off a mortgage and often working overtime to support his family. This American would have rushed to the site of the World Trade Center disaster and toiled in the weeks and months that followed, for long hours and during unimaginable conditions. All of our patients, all of the responders, despite huge difficulties, took special care to treat the site as the sacred ground it was.

When our patients—when that American came home from long shifts, he tried to shield his family from the horrific sights, sounds and smells that were among his constant companions at the site. Many of our patients ignored the new, hacking cough, the chest pain, the panic attacks and insomnia and tried to forget what they had experienced.

For this American, for our patients, it often had seemed that there was nowhere to go where people understood what they had experienced. For many, their own doctors were too busy and many of our patients felt they shouldn't seek help, anyway. They had survived the attacks. They were the lucky ones.

As time goes by, our patients have found that they have become often too ill to work, to provide the health insurance their families need, to put food on the table or to play or to even lift their children. Our patients become terrified about losing their homes and their marriages and unfortunately, many have done so. Many of our patients have lost not only the ability to work, or health insurance, but a great deal of self respect and they've ended up alienated from their family members and those closest to them.

We are thus very, very lucky that we have federally funded Centers of Excellence where people such as the man I just described, who again, are very typical of our patients, can go for help—the World Trade Center Medical Monitoring and Treatment Programs.

The World Trade Center Centers of Excellence model was developed as an unprecedented response to a disastrous attack on our Nation. This attack has left our Nation faced with unprecedented physical and mental health consequences and we've had to therefore develop service models that could meet needs that we've never experienced before in this Nation. We needed to be able to identify all who might become ill, we needed to set up screening programs

to screen for possible illnesses, develop appropriate treatment responses and link those efforts to scientific programs that could understand the emerging diseases in a setting where we really do not know the long-term health effects of the exposures.

And we are, therefore, very grateful that Congress has provided Federal funding to establish and operate the World Trade Centers of Excellence. Our Centers provide standardized monitoring examinations, comprehensive treatment and they collect and evaluate standardized data so we can detect emerging disease trends, which is especially important because again, we do not know what the long-term health effects of the exposures will be.

Congress provided resources for medical screening in April 2002 and Mount Sinai was able to establish the World Trade Center Worker and Volunteer Medical Screening Program in 2 months, in July 2002. We have operated our program as a regional and national consortium of Centers of Excellence that provided standardized, free, comprehensive physical and mental health examinations and we really view ourselves as a sister partner to the program at the FDNY and more recently, to the program that Dr. Reibman runs.

Since we began the screening program, Congress has helped us establish an ongoing medical monitoring program for responders and this provides regular follow up exams. We're also continuing to take in new responders. We continue to have more than 400 responders per month register and we found them eligible to continue joining our programs.

To date, our program coordinator at Mount Sinai has examined over 20,000 World Trade Center responders and provided almost 7,500 follow up examinations. Again, this work has been done parallel to the work of the New York Fire Department. We examined responders from almost—from throughout the Nation and at the present time, we have about 2,300 responders from every State in the Nation who are registered at one of the World Trade Center monitoring programs.

More recently, your efforts have provided funding for critically needed medical and mental health treatment services and the World Trade Center treatment program—sorry. The World Trade Center Treatment Program coordinated by Mount Sinai has, to date, provided over 19,000 medical and mental health treatment services to 4,700 responders. We've also provided 9,900 social work services, primarily to assist the uninsured and the unemployed.

These World Trade Centers of Excellence bring together specialists from many fields of medicine who work together to provide state-of-the-art care for the complex diseases we're seeing.

Of equal importance, our staff understand the issues facing responders. We offer a safe and compassionate haven for responders to get the medical care they need. Our doctors and others have experience in a wide array of medical specialties and work together closely to diagnose and treat responders.

Just as importantly, our patients can get mental health care from mental health specialists who also understand the unique stresses our patients experience.

The Centers also have the capacity to track patterns of disease and to provide information on new and emerging illnesses. For ex-

ample, we know, as was mentioned earlier, that responders were exposed to a wide range of toxins, including cancer-causing agents such as asbestos, benzenes, dioxins, PCBs and PAHs. Thus, it is critical that the model of health service delivery for these heroes is capable also of scientifically identifying newly emerging disease patterns.

Thus, in summary, needed clinical service provision linked to scientific programs has already been developed and established with successfully operating federally funded initiatives. The participants have been selected through a competitive peer review process. Unfortunately, as you are likely aware, Federal funding for the treatment services is likely to run out by the end of this Federal fiscal year and we also have concerns about the duration of funding for the monitoring program.

We therefore implore you to keep these programs alive, ideally for the lifetime of the responders because they do serve as a lifeline for the 20,000- to 30,000-, or 50,000-plus responders who rushed in to help our Nation in a time of crisis. Thank you very much.

[The prepared statement of Dr. Herbert follow:]

PREPARED STATEMENT OF ROBIN HERBERT, M.D.

Good morning. Chairman Kennedy, Ranking Member Enzi, Senator Clinton and other esteemed members of the HELP Committee, I thank you for having invited me to present testimony before you today on the health consequences of 9/11 and on the urgent need to continue to provide proper medical services for the brave men and women who rose on that day to America's defense, many of whom are now ill as a consequence of their heroism.

My name is Robin Herbert, M.D. I am an Associate Professor in the Department of Community and Preventive Medicine of the Mount Sinai School of Medicine, and I serve as Director of the World Trade Center (WTC) Medical Monitoring Program Data and Coordination Center at Mount Sinai.

In the days, weeks, and months that followed September 11, 2001, thousands of hard-working Americans from all across this Nation responded selflessly—without concern for their well-being—when the Nation and the Federal Government called upon them to serve. Unfortunately, many of these workers and volunteers have become seriously ill as a result of their response work, and we have documented in many that their illness appears to be persistent. It is therefore critical that we take stock of how we, as a nation, are caring for World Trade Center responders, and for others who have fallen ill, or may become ill in the future as a result of 9/11.

It is essential that we continue to provide aid and care for all those who were there for us—now and in the future. With your strong support—as a nation—I have no doubt we will.

DIVERSITY OF THE WTC RESPONDER POPULATION

Well over 50,000 people worked or volunteered in the aftermath of the attacks in and around the World Trade Center, and at the Staten Island landfill. An extraordinarily broad range of skill sets and occupational groups was required to mount an effective response to the terrorist attacks. Those who rushed in to perform rescue, recovery, restoration of services, and essential clean up included both traditional first responders such as firefighters, paramedics, and law enforcement officers, as well as a large and very diverse population of heavy machinery operators, laborers, ironworkers and others from the building and construction trades, telecommunication workers, other utility workers, transportation workers, sanitation workers and other public and private sector workers and volunteers. This extraordinarily diverse group toiled in search and rescue efforts that extended for days, weeks, and months, and engaged in critical service restoration for one of America's largest cities when it was in shock and on the brink of economic disaster. They sorted through the remains of the dead, and were witness, through many months, to horrors no one should ever have to face, or likely had ever faced, even if previously trained as responders. Even those not working directly on the pile—for example, responders who worked in manholes to restore communications, or to shut down gas lines to prevent explosions—sustained exposures both to airborne toxins and to the

unexpected sight of human remains. Thus, when I use the term responders in my testimony, I will be referring to the large and diverse group of responders that performed rescue, recovery, restoration of services, and clean up in the service of our Nation.

In addition to tens of thousands of men and women from New York, New Jersey, and Connecticut, approximately 2,300 responders from every other State in the Nation are currently registered in one of the WTC Medical Monitoring Programs. Particularly large numbers came from the States of Massachusetts, Ohio, California, Illinois, North Carolina, Georgia, and Florida.

THE HEALTH CONSEQUENCES OF 9/11

The medical and mental health effects of the World Trade Center disaster have been well documented. I believe that there can no longer be any doubt that many people are sick, and that more will likely become ill in the future as a result of their work at Ground Zero.

In September 2006, we released a peer-reviewed paper in the medical journal *Environmental Health Perspectives*, detailing the findings from federally funded examinations of 9,442 WTC responders whom we and our partner institutions had examined between July 2002 and April 2004. I have appended this study for your review, and I would like to direct your attention to a few key findings:

- Among these 9,442 responders, 69 percent reported experiencing new or worsened respiratory symptoms while engaged in their efforts in or near Ground Zero.
- At the time of examination, up to 2½ years after the start of the rescue and recovery effort, 59 percent were still experiencing a new or worsened respiratory symptom, a finding which suggests that these conditions may be chronic and require ongoing treatment.
- One third of responders had abnormal breathing test results. One particular breathing test abnormality—decreased forced vital capacity—was found 5 times more frequently in WTC responders than in the general, non-smoking population of the United States. This is a most worrisome finding, that can be caused by a variety of conditions, including asthma with "air trapping," and interstitial lung disease (or scarring disease of the lungs), the condition that has resulted in known fatalities among a few WTC responders.
- Findings from our program released in 2004 have attested to the fact that there also exist significant mental health consequences among WTC responders.

All of these findings are consistent with other independent study findings. They are replicated also in the spectrum of disease that we have seen among patients treated in the Mount Sinai WTC Medical Treatment Program:

- 86 percent of treatment patients suffer from upper respiratory conditions, such as chronic sinusitis;
- 51 percent suffer from lower respiratory conditions, including asthma and WTC cough;
- 32 percent have gastrointestinal conditions;
- 29 percent have musculoskeletal conditions; and
- 38 percent have been diagnosed with mental health conditions, including post-traumatic stress disorder, anxiety or depression, in addition to their physical ailments.

It is important to note that most patients in the treatment program actually suffer from multiple WTC-related illnesses, complicating their case management and their access to benefits.

LACK OF MEDICAL INSURANCE AMONG WTC RESPONDERS

More than 40 percent of the WTC responders in our treatment program are uninsured, and an additional 23 percent are underinsured, a situation that creates major barriers to access to medical services.

When I speak of the uninsured (those with no medical insurance) and the underinsured (those with insurance that may cover only in-patient care, or that may require payments of copays or have deductibles so high that our patients are functionally uninsured), I am talking about a wide range of responders. I am talking about poor workers: folks who cleaned buildings in the World Trade Center disaster area without, in many cases, adequate protection or training or insurance, often for fly-by-night operations that no longer exist. I am also speaking of construction workers, some of whom received insurance coverage for themselves and their families based on a certain number of days worked. But when these patients become too ill to work, or could no longer work as many days as they used to, their coverage often ended along with their paycheck. These difficulties are compounded for those re-

sponders who file for Workers' Compensation for their needed medical care, because filing for Workers' Compensation typically results in prolonged delays in accessing needed care due to case litigation and a complex bureaucratic maze. And there are others, countless tireless heroes, including thousands of volunteers as well, too numerous to detail here today. They put their lives on the line when they were needed, but now many of them find themselves in need. I invite all of you to speak with affected responders in our program, if indeed there is any doubt of their need.

THE MEDICAL RESPONSE TO 9/11—THE CRITICAL NEED FOR CENTERS OF EXCELLENCE

To provide medical services to the men and women who gave of themselves at Ground Zero, this Nation has provided funding to establish and operate Centers of Excellence. These Centers bring together specialists from many fields of medicine who work together to provide state-of-the-art care for the complex diseases that we are seeing in the responders. The Centers also have the capacity to track patterns of disease and to provide information on new and emerging illnesses.

The WTC Centers of Excellence were launched in late 2001 after initial reports were received of health problems in responders and volunteers. At that time the Congress provided resources for medical screening, and those funds became available in 2002. The WTC Worker and Volunteer Medical Screening Program was established as a regional and national consortium of Centers of Excellence that provided standardized, free, comprehensive screening examinations for WTC responders.

In July 2004, based on early findings from the screening programs, Congress authorized additional funding to establish an ongoing medical monitoring program for responders. This program too was organized as a network of Centers of Excellence. These Centers were selected by the National Institute for Occupational Health (NIOSH) through a fully competitive, peer-reviewed award process. This process established the World Trade Center Medical Monitoring Program which is funded through 2009. It provides baseline exams and well as follow up exams to WTC responders at 18 month intervals. NIOSH awarded funding to 2 sister programs of Centers of Excellence: one based at the Fire Department of New York (FDNY), and the other, a consortium of 5 Clinical Centers coordinated by a Data and Coordination Center at Mount Sinai Medical Center that serves all other responders.

Most recently, new Federal funding for Treatment services which became available for the first time in 2006 has made possible a newly combined Medical Monitoring and Treatment Program. This program is again based in Centers of Excellence. It integrates all Monitoring and Treatment services and also supports a long needed expansion of services to provide care to a greater number of responders than ever before. This new Federal funding builds on generous but limited private support that had previously enabled some provision of treatment services to responders.

The Centers of Excellence currently provide the following complex array of services to the WTC responders:

1. Regular, standardized, comprehensive physical and mental health examinations to identify possible WTC-related illness in all responders.

2. Treatment for concurrent WTC-related physical and mental health illnesses. This care requires the close coordination of specialists from many disciplines, including: occupational medicine, pulmonary medicine, psychiatry, thoracic surgery and rehabilitation medicine. This array and coordination of services is to be found only in Centers of Excellence such as those that Congress and NIOSH have established.

3. Social work assistance to responders who have lost their ability to work or sustained other disastrous economic effects because of their WTC response work. Social workers teach responders how to navigate the Workers' Compensation system, access much-needed medical and mental health treatment, and to plan for the long-term security and needs of their families. Our social workers provide essential services to the sickest of responders—those who, unfortunately, are too ill to return to work despite state-of-the-art medical care. For these responders, who typically have lost their jobs, their self-esteem, their income, and their ability to meet their basic expenses (rent, mortgage, food), social workers work directly with them and their families to advocate for vital resources.

4. Outreach to responders to ensure that they are not lost to follow up by regular phone updates, mailings, and educational programs. This sustained outreach will grow in importance as responders retire and relocate throughout the Nation.

5. Linkage of clinical monitoring and treatment findings to public health data analysis for identification of disease trends. This is essential because we remain very concerned about the potential for diseases of longer latency to emerge among WTC responders. We know that responders were at risk of exposures to a wide range of toxic chemicals, including cancer-causing agents—such as asbestos, ben-

zene, dioxins, PCBs, and PAHs—and to substances that can cause ongoing respiratory problems, such as highly alkaline, fine particulate dust that can cause permanent scarring of the lungs. Thus, it is important that the model of health service delivery for these heroes is capable of identifying newly emerging disease patterns that may include interstitial lung diseases such as sarcoidosis and cancers. We have been faced, as a nation, with an unprecedented attack with unprecedented consequences. We therefore need health service models that are capable of meeting the needs created by this unprecedented event: models that can identify and treat the ill, AND that also can identify emerging diseases in a group that unwittingly sustained exposures with unknown effects.

6. Dissemination of information learned from disease surveillance to responders, the public, and health care providers.

Major accomplishments of the Centers are these:

1. The Centers coordinated by Mount Sinai have provided baseline examinations for over 20,000 WTC responders including law enforcement officers, construction workers, communications workers, transit workers, building cleaners, and other public and private sector workers and volunteers. Follow up examinations have been provided to over 7,440 WTC responders through the Mount Sinai Consortium.

2. The Mount Sinai Treatment Program alone has provided more than 14,000 medical and mental health treatment services to 3,700 responders.

3. The Mount Sinai Treatment Program alone has provided more than 7,700 nonmental health Social Work services primarily to assist the uninsured and the unemployed. They have successfully treated thousands of responders and returned many to active duty and productive lives.

4. The Centers have documented a very high incidence of both upper and lower respiratory disease in responders, much of which is persistent. They have documented a five-fold increase of certain abnormalities in pulmonary function testing.

5. They have documented high rates of mental health problems in responders, a proportion of which are persistent.

6. They are tracking the occurrence of rare diseases in responders such as pulmonary fibrosis and sarcoidosis. They have put into place an active surveillance system to monitor the appearance of cancer.

The two absolutely unique features of the Centers of Excellence are:

1. They have assembled a critical mass of medical expertise from many specialties—internal medicine, occupational medicine, pulmonary medicine, gastroenterology, and psychiatry, coupled with highly skilled social work units. This concentration of expertise enables the Centers to effectively treat the complex and multifactorial disorders of World Trade Center responders. Such sophisticated treatment is not possible in a private practice setting. Indeed, responders who have been seen outside the Centers have in some cases not been well managed medically and their medical care has not addressed the complexity of their problems.

2. The Centers of Excellence are linked to two Data and Coordination Centers (one at Mount Sinai and one at FDNY), which are staffed by public health specialists who are constantly monitoring patterns of disease and seeking new trends in illness. This highly sensitive system enables us to mount rapid responses to newly emerging problems, rapid responses that would not otherwise be possible. Additionally, the Data and Coordination Centers have developed unique expertise in conducting outreach and retention activities to ensure that no responder's needs go untended, that contact with the most ill responders is not lost, and that public health and medical information learned from the activities of the Data and Coordination Centers are rapidly disseminated to the responders, the public, and other health care providers.

CONCLUDING COMMENT

Our program of Centers of Excellence—the one that we, the legislative leaders, occupational medicine and other specialized medical experts, affected workers and their representatives, and health and safety experts have built together—has been designed and implemented to provide the greatest benefits and meet the demonstrated needs of our patient population. And our existing program of Centers of Excellence, and the lessons we have learned in the wake of September 11, not only help to guide our ongoing response, but should be instrumental in helping guide future disaster response as well. By utilizing a Center-based approach, the program ensures quality, experienced and standardized care across the country. We ensure that responders receive the best medical services on an ongoing basis, regardless of where they live now or may live in the future. We ensure the ongoing critical update of clinical monitoring and treatment services, because of the program's ability to

identify disease trends by pooling information gleaned from almost 27,000 examinations and continually analyze that information. We ensure an ongoing public health response and education benefit, beyond the benefits to responders, health care providers, government agencies and policymakers by informing future disaster preparedness and response.

As you are likely aware, Federal funding for WTC-related treatment services is due to run out, likely before the end of this fiscal year. Federal support for the medical monitoring arm of our efforts, provided for the first 5 years of a 20- to 30-year needed initiative, may run out sooner than expected, because we are able to help more people now than we had initially anticipated.

Today, you can choose to continue to help thousands of those affected by 9/11 as we are best able: through a coordinated, experienced, expanded model of Centers of Excellence. We can help prevent death and disability, and improve life for many of those who gave so much. By providing responders with expert medical and mental health services, we can help them to stay in their jobs or begin to work again. We can help give them back their lives. We can provide them with some hope for the future.

Five years following the attacks on the World Trade Center, thousands of the brave men and women who worked on the rescue, recovery, and clean up efforts are still suffering. Respiratory illness, psychological distress, and financial devastation have become a new way of life for many. Also suffering, of course, are many WTC area residents, office re-occupant employees and students, for whom no appropriate systematic response is yet in place. I hope that my comments today will serve as a reminder of the long-term and widespread impact of this disaster, and of the need to continue to build on the successful model which gives these men and women the care they deserve.

Thank you.

Senator CLINTON [presiding]. Thank you very much, Dr. Herbert. Dr. Kelly.

STATEMENT OF KERRY KELLY, M.D., CHIEF MEDICAL OFFICER, NEW YORK CITY FIRE DEPARTMENT, NEW YORK, NY

Dr. KELLY. Good morning, Senator Clinton and the other members of the committee. I'd like to thank you for the opportunity to speak today. I am Dr. Kerry Kelly, the Chief Medical Officer for the New York City Fire Department. I serve with my colleague, Dr. David Presont, as the Co-Director of the Fire Department's World Trade Center Medical Monitoring and Treatment Program. I'm also joined today by my colleague, Dr. Klineman, who is here from the NYPD, who represents that group of our uniformed forces.

I'd like to speak to you today about the health of our FDNY first responders, particularly following their exposures at the World Trade Center site. On September 11, our FDNY first responders answered the call for help. Within a matter of minutes with the collapse of the two towers, 343 of our members perished, hundreds suffered acute traumatic injuries and since then, thousands have required long-term care for both respiratory and mental health problems that have developed from that event.

In the hours, days and months that followed, our members continued in rescue, recovery and fire suppression efforts with a virtual job-wide exposure at that site, working among the debris and dust from the collapse. More than 11,000 of our firefighters and fire officers, as well as the over 3,000 EMTs and paramedics, worked at that site in the months after that event.

During that time, our first responders experienced more exposure to the physical and emotional hazards at the World Trade Center site than any other group working there. Attached to the written copy of my testimony is a document that provides more details about our findings and the health of our first responders.

Our World Trade Center Medical Monitoring and Treatment Program is one of the three Centers of Excellence for World Trade Center health that has been identified in Mayor Bloomberg's just published report on the health impacts of 9/11. The FDNY Center of Excellence was the first to provide monitoring and treatment for first responders. Since we have pre-9/11 data for all our members, it is the only Center of Excellence that can perform large-scale pre- and post-9/11 comparisons for any exposed group. It is the only Center of Excellence with more than 90 percent participation rate. Our Center was the first to recognize and treat members with World Trade Center health effects and provide published, scientific data so that others could recognize the role of World Trade Center exposure.

For those working at the site, respiratory issues surfaced quickly and in recognition of those symptoms, FDNY initiated our screening program in October 2001, just 4 weeks after 9/11. From October 2001 through February 2002, we evaluated more than 10,000 of our FDNY first responders and since that time, we have continued to screen and monitor both active and retired members, now totaling over 14,000 personnel who have been screened to date. This program has been federally funded through the CDC and NIOSH, who have partnered with us as well as with a Joint Labor Management Initiative in managing this program. Our program is dedicated to monitoring the health of our members while the other programs work to address the health issues of our non-FDNY responders.

Working collaboratively with NIOSH, our members have been followed at our Center so that now over 9,000 of our members have participated in a second round of follow up medicals and more than 1,300 have recently started a third round. We've noted that over 3,000 of our members have sought respiratory treatment since 9/11. Although many have been able to return to work because of treatment, over 700 have developed permanent, disabling respiratory illnesses that have led to earlier than anticipated retirements among members of an otherwise generally healthy workforce. In the first 5 years after 9/11, we have experienced a three- to five-fold increase in the number of members retiring with lung problems annually.

Our pre-9/11 data has provided us with objective information so that we can observe patterns and changes among our members. A significantly higher number of firefighters were found to be suffering from pulmonary disorders when we looked at the numbers pre-9/11 for a 5-year period before that. We noticed a marked drop in lung function in our members, particularly in those people who were working at the very day at the time of the collapse. On average, for both our symptomatic and our asymptomatic responders, we found a 375 milliliter decline in pulmonary function for all of our responders, with an additional 75 milliliter decline if the member were present when the towers collapsed. This is a 12-times greater decline in pulmonary function that would be expected and were seen in the 5 years pre-9/11.

We continue to monitor our members to see whether these numbers continue or whether we see improvement. Unfortunately, many still have symptoms. Twenty-five percent still show positive evidence of persistent airway hyperactivity as well as 25 percent

are still continuing to complain of respiratory symptoms. Although we have seen no clear increase in the number of cancers since 9/11, we continue to see occasional, unusual cancers that require continued careful monitoring. Monitoring for future illnesses that may develop and treatment for existing conditions is imperative and I will discuss with you how funding is essential from the Federal programs.

Mental health issues were, of course, a concern for us in the very beginning. Our need for mental health treatment needed to be met quickly, to help our members. Past disasters have shown us that many times, first responders are the last to seek help and often put the needs of others before their own, which is why we are continuing to see a need for treatment 5 years after this event, as we note that members continue to seek our help for mental health problems. The numbers of people suffering from PTSD, grief disorder, and anxiety continue. We again have a pre-existing counseling service unit. Pre-9/11, we saw approximately 50 clients a month. We are now seeing over 250 a month at six sites for a total of about 3,000 patients per year who continue in active treatment seeking assistance. And the good news is that that assistance allows people to continue to work as they cope with a marked change in their medical care and as far as dealing with the situations of alienation that we've noted before.

Through the efforts of our Mayor and the New York City Congressional Delegation and the continued support of our labor partners, we have secured funding to start monitoring and treatment of our members. This funding has been critical to our mission and we appreciate the committee's efforts to bring the needed attention to these issues and our funding needs. Additional funding is required, though, to continue our long-term monitoring because we know that in the environmental and occupational medicine field, there is often a significant lag time between exposures and emerging diseases.

For example, the latency periods for most cancers are often greater than 10 years. The actual effects of the dust and debris that rained down on our workforce on 9/11 may not be evident for years to come. Additional funding is required to continue or enhance diagnostic testing and focused treatment of our FDNY first responders, addressing both the physical and mental health problems, which are related to the World Trade Center site exposures. Both our active members and our retirees face significant gaps in their medical coverage. Mention has been made of medical insurance being in place but many of our members have significant problems finding mental health treatment without our program and there are often significant gaps. Treatments such as prescription drugs are required for long term. Many are on multiple medications and these medication costs are very significant. Treatment dollars are really essential to cover these.

The 343 who perished at the World Trade Center are tragic reminders of the known risks that our first responders take on each and every call for help. For those who responded and survived, very real concerns for the unknown, long-term health consequences remain. For members of this athletic and healthy workforce who face the loss of lung function, chronic sinus problems, gastric distress

and mental health consequences, the exposures at the World Trade Center site have changed lives, shortened careers and forever changed the future of those who survived that tragedy. The commitment to long-term funding for both monitoring and treatment must be made to allow the FDNY World Trade Center Health of Excellence plan for the future in order to protect and improve the health of our workforce, both active and retired and to inform lesser exposed groups and their providers of the illnesses seen and the treatments that are most effective.

Continued funding for the operation of this Center of Excellence, the FDNY World Trade Center Medical Monitoring and Treatment Program is the most effective way to do this. Alternative fee-for-service plans will fail to provide effective treatment to large numbers of affected FDNY members, will not be cost-effective and cannot provide the standardized and comprehensive data analysis we need to inform the public, doctors, scientists and government officials, all of whom need this information.

FDNY rescue workers, firefighters and EMS personnel answered the call for help on 9/11 and continue to do so every day. Now we need your continued help to maintain this Center of Excellence so that our members can be best served. Thank you for your past efforts and your continued support of the FDNY and our members.

[The prepared statement of Dr. Kelly follows:]

PREPARED STATEMENT OF KERRY KELLY, M.D.

Good morning Senators Kennedy, Enzi and Clinton, and other committee members. I am Dr. Kerry Kelly, the Chief Medical Officer for the New York City Fire Department (FDNY) Bureau of Health Services. Dr. David Prezant and I serve as Co-Directors of the FDNY's World Trade Center Medical Monitoring and Treatment Program. Thank you for the opportunity to speak with you today about the health of our FDNY first responders following their exposures at the World Trade Center (WTC) site.

On September 11, 2001, FDNY first responders answered the call for help. Within a matter of minutes, with the collapse of the towers, 343 of our members perished, hundreds suffered acute traumatic injuries and thousands have required long-term treatment for respiratory and mental health conditions.

In the hours, days and months that followed, our members continued in rescue, recovery and fire suppression efforts, with a virtual job-wide exposure to the site, working amid the debris and dust from the collapse of the towers. More than 11,500 Firefighters and Fire Officers as well as 3,000 Emergency Medical Technicians (EMTs) and Paramedics participated in this work.

During that time, FDNY first responders experienced more exposure to the physical and emotional hazards at the WTC disaster site than any other group of workers. Attached to the written copies of my testimony, is a document that provides more detail about our findings and the health of our FDNY members and their exposures.

FDNY MEDICAL MONITORING AND TREATMENT PROGRAM

The FDNY's WTC Medical Monitoring and Treatment Program is one of three Centers of Excellence for WTC Health that is identified in Mayor Bloomberg's just-published report on the health impacts of 9/11. The FDNY Center of Excellence was the first to provide monitoring and treatment for first responders. Since we have pre-9/11 data for all our members, it is the only Center of Excellence that can perform large-scale pre- and post-9/11 comparisons for any exposed group. It is the only Center of Excellence with a more than 90 percent participation rate. Our Center was the first to recognize and treat members with WTC health effects and provide published scientific data so that others could recognize the role of WTC exposure.

PHYSICAL HEALTH ISSUES

For those working at the site, respiratory issues surfaced quickly. In recognition of these symptoms, FDNY initiated the WTC Medical Screening and Treatment Pro-

gram in October 2001, just 4 weeks after 9/11. From October 2001 through February 2002, we evaluated more than 10,000 of our FDNY first responders. Since that time, we have continued to screen both our active and retired members for a total of 14,250 FDNY personnel screened to date. This WTC Medical Monitoring Program has been federally funded through the CDC and NIOSH, and has been a joint, labor-management initiative. This FDNY program is dedicated to monitoring the health of our members, while the Mount Sinai Consortium and the Bellevue Center address the health issues of non-FDNY responders.

Our monitoring program works collaboratively, partnering with NIOSH. At this point, nearly 9,000 of our FDNY members have participated in a second round of FDNY-administered medical and mental health monitoring evaluations, and more than 1,300 have recently started a third round.

More than 3,000 of our members have sought respiratory treatment since 9/11. Most have been able to return to work, but more than 700 have developed permanent, disabling respiratory illnesses that have led to earlier-than-anticipated retirements among members of an otherwise generally healthy workforce. In the first 5 years after 9/11, we experienced a three- to five-fold increase in the number of members retiring with lung problems annually.

Since our Bureau of Health Services performs both pre-employment and annual medical examinations of all of our members, the WTC Medical Monitoring program has used the results of these exams to compare pre- and post-9/11 medical data. This objective information enables us to observe patterns and changes among members. A significantly higher number of Firefighters were found to be suffering from pulmonary disorders during the year after 9/11 than those suffering pulmonary disorders during the 5-year period prior to 9/11. Furthermore, we have found that the drop in lung function is directly correlated to the person's initial arrival time at the WTC site. On average, for symptomatic and asymptomatic FDNY responders, we found a 375 ml decline in pulmonary function for all of the 13,700 FDNY WTC first responders, and an additional 75 ml decline if the member was present when the towers collapsed. This pulmonary function decline was 12 times greater than the average annual decline experienced in the 5 years pre-9/11. However, over the past 4 years, pulmonary functions of many of our members have either leveled off or improved. For some, unfortunately, pulmonary functions have declined. More than 25 percent of those we tested with the highest exposure to WTC irritants showed persistent airway hyperactivity consistent with asthma or Reactive Airway Dysfunction (RADS). In addition, more than 25 percent of our full-duty members participating in their follow up medical monitoring evaluation continue to report respiratory symptoms.

The FDNY's preliminary analysis has shown no clear increase in cancers since 9/11. Pre- and post-9/11, the Fire Department continues to see occasional, unusual cancers that require continued careful monitoring. Monitoring for future illnesses that may develop, and treatment for existing conditions, is imperative and, as I will discuss shortly, should be funded through Federal assistance.

MENTAL HEALTH ISSUES

As our doctors and mental health professionals can attest, the need for mental health treatment was also apparent in the initial days after 9/11, as virtually our entire workforce faced the loss of colleagues, friends and family. Past disasters have taught us that first responders are often reluctant to seek out counseling services, frequently putting the needs of others first. Many times, recognition that they themselves need help may not happen for years after an event. Our goal was to reduce or eliminate any barrier to treatment so that members could easily be evaluated and treated in the communities where they live and firehouses and EMS stations where they work. We also developed enhanced educational programs for our members to address coping strategies and help identify early symptoms of stress, depression and substance abuse.

Nearly 14,000 FDNY members have sought mental health services through the FDNY Counseling Services Unit (CSU) since 9/11 for WTC-related conditions such as Post Traumatic Stress Disorder (PTSD), depression, grief, anxiety and substance abuse. Prior to 9/11, the CSU treated approximately 50 new cases a month. Since 9/11 and continuing to this date, CSU sees more than 260 cases at its six sites each month—more than 3,500 clients annually. The continued stream of clients into CSU indicates that the need for mental health services remains strong.

FUNDING

Through the efforts of our Mayor and New York City's Congressional delegation, and the continued support of our labor partners, we have secured funding to con-

tinue monitoring and treatment of our members. This funding is crucial to our monitoring and treatment programs, and we appreciate this committee's efforts to bring the needed attention to these issues and our funding needs. Additional funding is needed to provide for long-term monitoring because, in environmental-occupational medicine, there is often a significant time lag between exposures and emerging diseases. For example, the latency periods for most cancers are often at least 10 years or more. The actual effect of the dust and debris that rained down on our workforce on 9/11 may not be evident for years to come.

Additional funding is also required to continue enhanced diagnostic testing and focused treatment of FDNY first responders, addressing both physical and mental health problems related to World Trade Center exposures. Both our active FDNY members and our retirees face gaps in their medical coverage. Early diagnosis and aggressive treatment improves outcomes. This is only possible if burdensome out-of-pocket costs (co-payments, deductibles, caps, etc.) for treatment and medications are eliminated. For example, long-term medication needs for aerodigestive (upper and lower respiratory disease with or without gastroesophageal reflux dysfunction) and mental health illnesses require significant co-payments, taxing the resources of our members. In addition, most insurance plans do not adequately cover mental health treatment.

CONCLUSION

The 343 who perished at the World Trade Center are tragic reminders of the known risks that our first responders take on each and every call for help. For those who responded and survive, very real concerns for the unknown long-term health consequences remain. For members of this athletic and healthy workforce—who face the loss of lung function, chronic sinus problems, gastric distress and mental health consequences—the exposures at the WTC site have changed lives, shortened careers and forever changed the future of those who survived that tragedy. The commitment to long-term funding, for both monitoring and treatment, must be made now to allow the FDNY WTC Health Center of Excellence to plan for the future in order to protect and improve the health of our workforce (both active and retired) and to inform lesser exposed groups (and their healthcare providers) of the illnesses seen and the treatments that are most effective.

Continued funding for and operation of this Center of Excellence—the FDNY WTC Medical Monitoring and Treatment Program—is the most effective way to do this. Alternative fee-for-service plans will fail to provide effective treatment to large numbers of affected FDNY members, will not be cost-effective and cannot provide the standardized and comprehensive data analysis we need to inform the public, doctors, scientists and government officials, all of whom need this information.

FDNY rescue workers (Firefighters and EMS personnel) answered the call for help on 9/11 and continue to do so every day. Now we need your continued help to maintain this Center of Excellence so that our members can best be served. Thank you for your past efforts, and your continued support of the FDNY and our members.

F D N Y

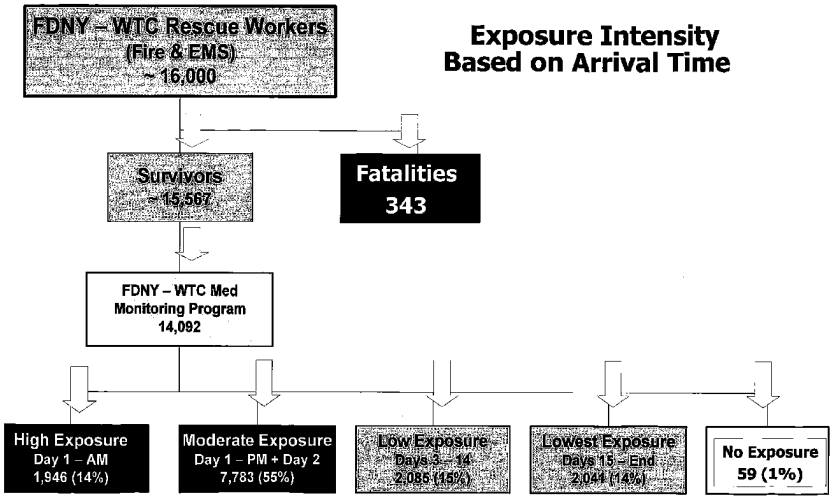
14,000 Fire & EMS Workers
Proudly Serving New York and the USA

Kerry Kelly, MD

- **Chief Medical Officer, Bureau Health Services, FDNY**
- **Co-Director FDNY WTC Monitoring & Treatment Programs**

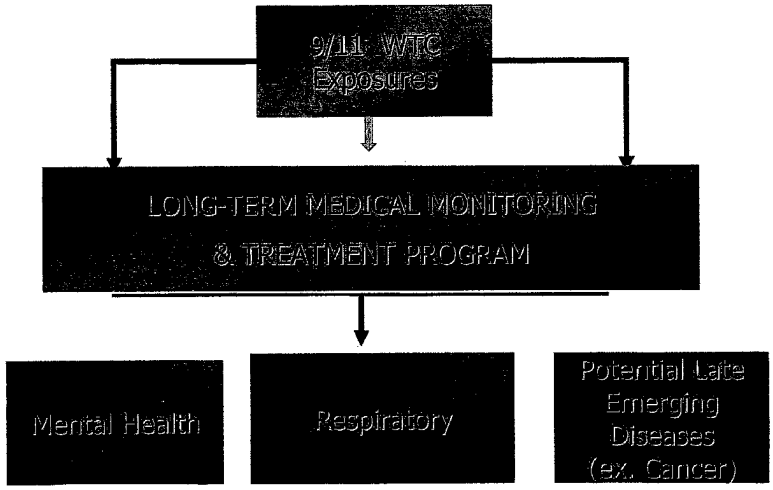
David Prezant, MD

- **Chief Medical Officer, Office of Medical Affairs, FDNY**
- **Co-Director FDNY WTC Monitoring & Treatment Programs**



Prezant, Kelly et al.
NEJM 2002

FDNY WTC Monitoring & Treatment Program



- Questionnaires
  - Exposure, Medical & Stress
- Physician Evaluation
- PFT – Spirometry for everyone
  - Methacholine Challenge for selected groups
- Chest Radiographs for everyone
  - Chest CT for selected groups
- Bloods/Urine Bio-Monitoring
- ECG & Audiometry

- Oct. 2001 to Mar. 2002:

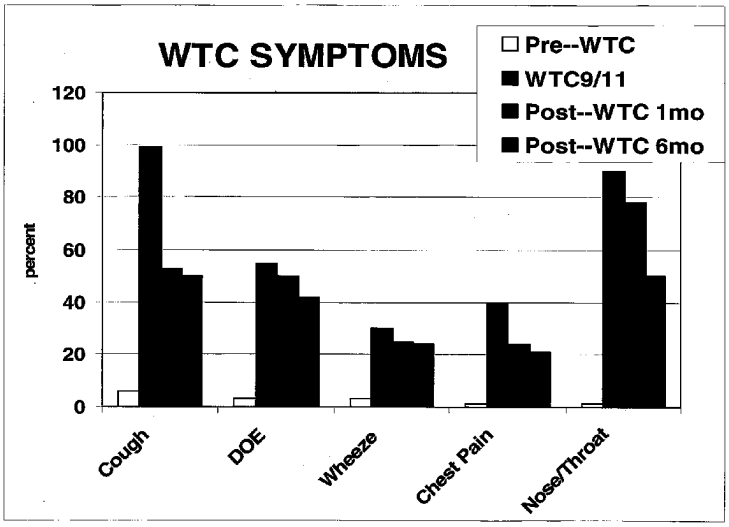
  10,000 medicals done

  FDNY:
  Firefighters
  Officers
  EMS

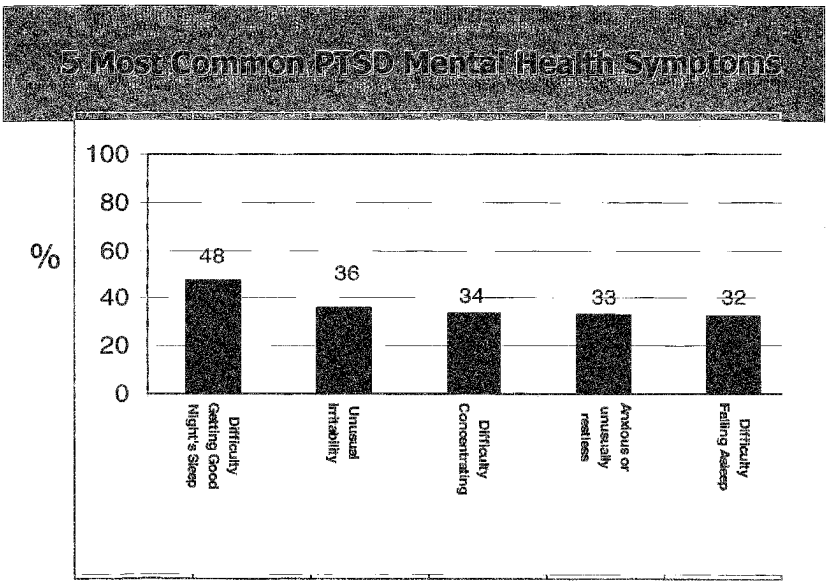
  By Sept. 2006 = 14,092

  Coupled with Aggressive Medical & Mental Health Treatment Programs

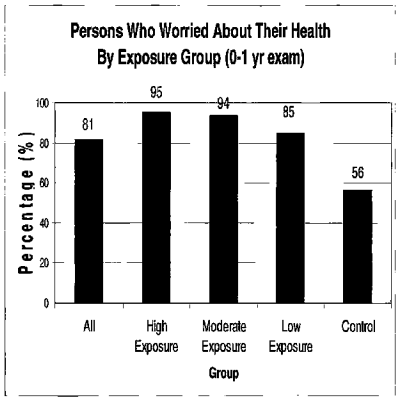
- Accurate Analysis Of Monitoring Data Requires Pre-Exposure Comparisons
- Symptoms & Chest X-ray since Hire
- Breathing Tests (PFTs) since 1997

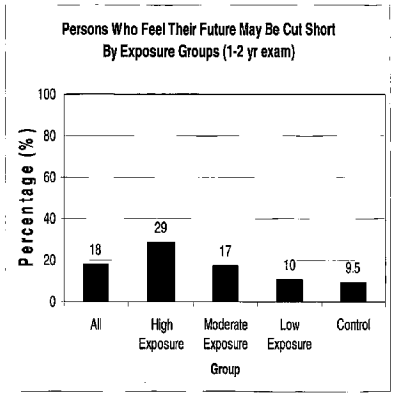


This was a carefully selected healthy workforce pre-WTC with new, persistent symptoms post-WTC



WTC-Related Health Concerns: Exposure Response Gradient





Symptoms exist but is there a causal relationship between WTC exposure & disease ?

1. **Biologic Plausibility**
2. **Exposure-Response Gradient**
3. **Temporal Sequence between Exposure & Disease**
4. **Replication in Other Groups or Cohorts**

Source: Portney LG, Watkins MP. Foundations of clinical research. Upper Saddle River: Prentice-Hall, 2000

WTC DUST: Particulate Matter

- **Small & Large particles**
- **Alkaline pH (ex. Lye)**
- **Larger the size, the more alkaline the pH**
- **Large Particles reached lower airways in Highly Exposed FDNY Rescue Workers**
  - **High concentrations**
  - **Mouth breathing**

Particle Size (MMAD μm) 2.5 10 53

pH ~8.1 >10.0

Sources: Chen et al; Lancet 2002;360:S37-8.
Gavett et al; Environ Health Perspect 2003;111:981-91

WTC Exposures Have Known Health Effects Based On Prior Studies:

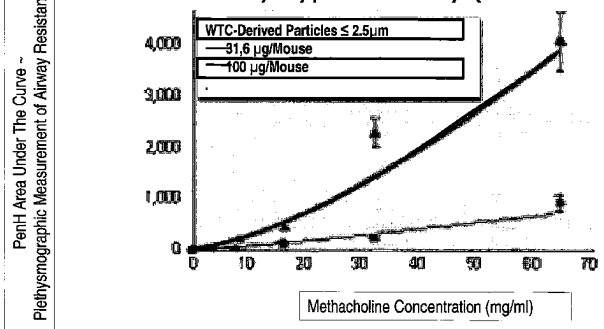
Source	Constituents	Health Effects
Structural Collapse		
Cement, ceiling tiles, drywall	Calcium carbonate / Gypsum / Vitreous Fibers	Airway and pulmonary irritation
	Calcium sulfate	
Windows	Glass fibers, Silicates	
Fire retardant	Asbestos	Cancer
Combustion		
Incomplete combustion - plastics	Organic hydrocarbons	Cancer
Diesel-powered rescue equipment	Diesel exhaust	Airway irritation, cancer

Risk Increases as Dose Increases

Source: Banauch et al; Curr Opin Pulm Med 2005;11:160-8.

WTC-Derived Small Particles – Animal Models

- Marked airway hyperreactivity (resistance)



Source: Gavett S et al; Environ Health Perspect 2003;111:981-91

Causal Relationship Between WTC Exposure & Disease

√ **1. Biologic Plausibility**

2. Exposure-Response Gradient

3. Temporal Sequence between Exposure & Disease

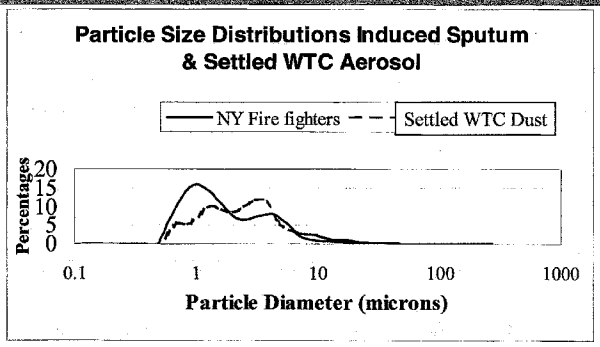
4. Replication in Other Groups or Cohorts

Source: Portney LG, Watkins MP. Foundations of clinical research. Upper Saddle River: Prentice-Hall, 2000

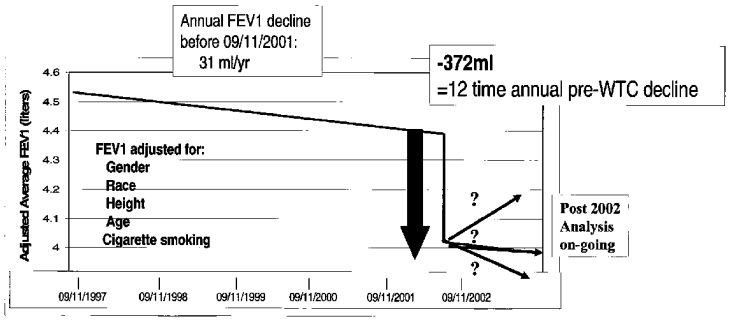
FDNY Firefighter Dust-Induced Inflammation

Induced Sputum – 10 months later

Fireman, Kelly, Prezant, et al; Environmental Health Perspectives; 2004



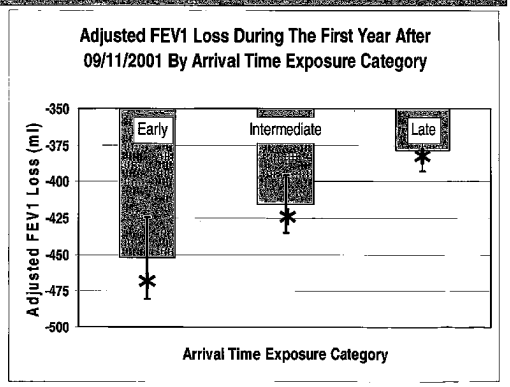
FDNY PFT from MEDICALS Pre-WTC vs. 1- year Post-WTC Longitudinal FEV1 Decline



Source: Banauch, Kelly, Prezant et al; Am J Respir Crit Care Med 2006

FDNY PFT from MEDICALS Pre-WTC vs. 1- year Post-WTC Exposure Related Decline

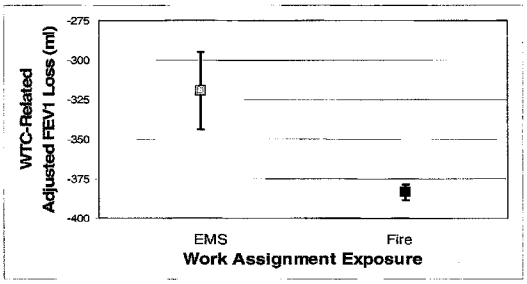
WTC Exposure – Response Gradient:,
FDNY Cohort
With or Without Symptoms,
- **Arrival Time:**
  - **Early (High Exp.)**
    - **AM of Collapse**
  - **Intermediate**
    - **Next 44 hrs**
  - **Late (Low Exp)**
    - **After First 48 hrs**



Source: Banauch, Kelly, Prezant et al; Am J Respir Crit Care Med 2006

FDNY PFT from MEDICALS Pre-WTC vs. 1- year Post-WTC Exposure Related Declines

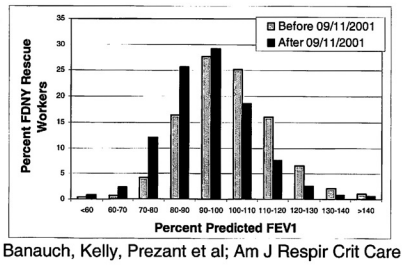
- **WTC Exposure-Response Gradient**
  - **Work assignment**



Source: Banauch, Kelly, Prezant et al; Am J Respir Crit Care Med 2006

FDNY PFT from MEDICALS Pre-WTC vs. 1- year Post-WTC Longitudinal FEV1 Decline

- **Decreased Pulmonary Function Seen in Entire Cohort:**
  - **Those with and without reduced pulmonary function pre-WTC**
    - **1-yr Post-WTC: More people with below normal function; Less with above normal function**



FEV1 adjusted for:
Gender
Race
Height
Age
Cigarette smoking

Source: Banauch, Kelly, Prezant et al; Am J Respir Crit Care Med 2006

Causal Relationship Between WTC Exposure & Disease

√ **1. Biologic Plausibility**

√ **2. Exposure-Response Gradient**

3. Temporal Sequence between Exposure & Disease

4. Replication in Other Groups or Cohorts

Source: Portney LG, Watkins MP. Foundations of clinical research. Upper Saddle River: Prentice-Hall, 2000

WTC Related Diseases

1. "WTC Cough"
   - RADS or Asthma
   - RUDS or Chronic Rhinosinusitis
   - GERD
   - Interstitial Lung Diseases
2. Mental Health
   - PTSD
   - Depression,
   - Anxiety &/or Panic Disorders
   - Substance Abuse

GROUND ZERO

Firefighters battl
'Trade Center cough'

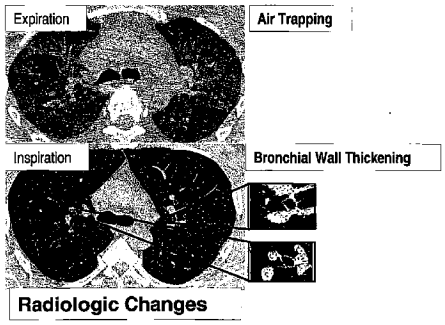
"WTC COUGH"

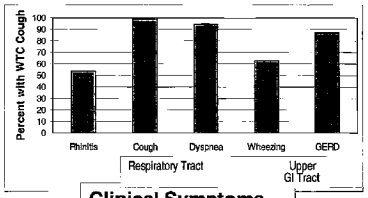
- The Most Symptomatic Required:
- Medical Leave $\geq$4 wk
- Over 2,000 needed major Rx
- Over 1,000 filed for disability
  - To date, over 700 (6.2% workforce) granted permanent disability based on strict objective criteria

Prezant, Kelly et al. NEJM 2002

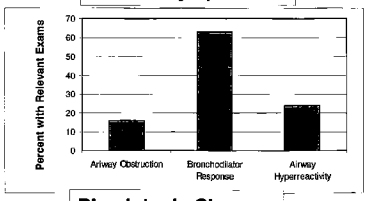
'WTC Cough' – Findings

- **Mucosal inflammation**
  - **Upper & Lower Respiratory tract**
  - **Upper GI tract**





Clinical Symptoms



Physiologic Changes

Source: Prezant, Kelly et al; NEJM 2002;347:806-15.

Reactive Airway Dysfunction Syndrome (RADS) or Irritant Induced Asthma:

- **High intensity exposure to inhaled irritants**
- **Persistent**
  - **Clinical symptoms (Wheeze, Cough, Dyspnea)**
  - **Airway hyperreactivity**
- **Persists at least 3 months post-exposure**

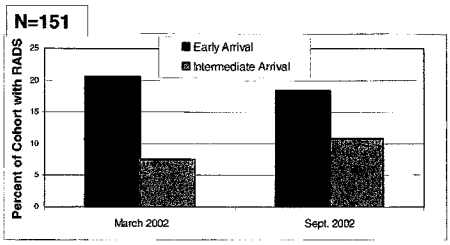
WTC-Related Reactive Airways Dysfunction Syndrome (RADS) FDNY Rescue Workers

- **Exposure Response Gradient:**

  RADS incidence

  &

  WTC Arrival Time



Sources: Banauch, Kelly, Prezant et al; Am J Respir Crit Care Med 2003;168:54-62; Banauch, Kelly, Prezant et al; Crit Care Med 2005;33:S102-6.

Reactive Upper Airway Dysfunction Syndrome (RUDS) or Chronic Rhinosinusitis:

- **High intensity exposure to inhaled irritants**
- **Persistent rhinitis/sinusitis/laryngitis**
- **At least 3 months post-exposure**
  - **Note: No confirmatory physiologic testing**

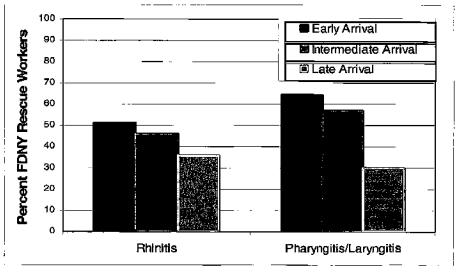
WTC-Related Reactive Upper Airway Dysfunction Syndrome (RUDS) FDNY Rescue Workers

Exposure Response Gradient:

RUDS incidence

&

WTC Arrival Time



Sources: Banauch, Kelly, Prezant et al; Crit Care Med 2005;33:S102-6.

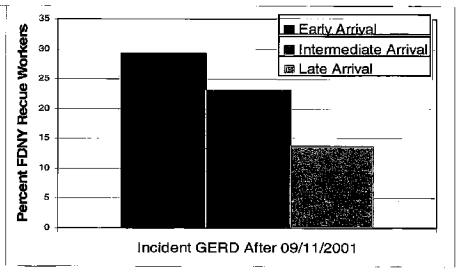
WTC-Related GERD – FDNY Rescue Workers

Exposure Response Gradient:

GERD incidence

&

WTC Arrival Time



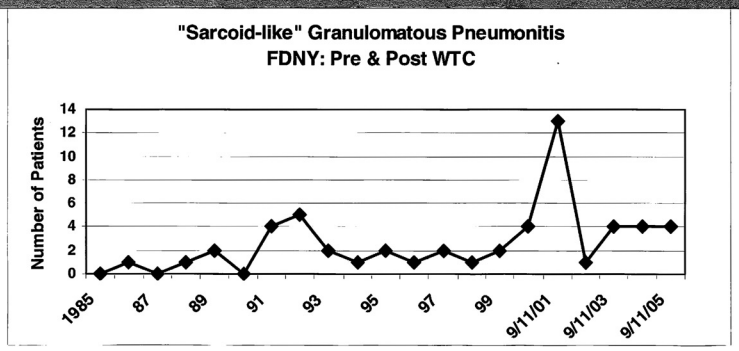
Sources: Banauch, Kelly, Prezant et al; Crit Care Med 2005;33:S102-6.

WTC-Related Interstitial Lung Diseases FDNY Rescue Workers

In this 14,000 FDNY Cohort, Too Rare For Exposure Intensity Response Gradient

- 2 with new onset Eosinophilic Pneumonitis
  - Completely reversed with treatment
- 3 with new onset Progressive Pulmonary Fibrosis
  - 1 Fatality
- 26 with new onset Sarcoidosis
  - 13 in first 12 months post-WTC (a 3-5 fold increased incidence rate for FDNY in year 1)
  - Returned to near baseline levels in the next 4 yr.
  - Asthma symptoms very common

WTC – Related Sarcoid Like Granulomatous Pulmonary Disease: Interstitial Lung Disease in FDNY Rescue Workers



- Pre-WTC = 13-15 / 100,000 in FDNY rescue workers
- Post-FDNY = 86 / 100,000 in first 12 months
- Post FDNY = 22 / 100,000 over next 4 years

WTC-Related Cancers FDNY Rescue Workers

In this 14,000 FDNY Cohort, Too Rare & Too Early to Define an Exposure Intensity Response Gradient

- **Need Long-term Monitoring**
- **Already Increased Rate Pre-WTC**
- **Post-WTC Analysis In Progress**

Causal Relationship Between WTC Exposure & Disease

√ **1. Biologic Plausibility**

√ **2. Exposure-Response Gradient**

√ **3. Temporal Sequence between Exposure & Disease For WTC Cough Including RADS/Asthma, RUDS, GERD**

4. Replication in Other Groups or Cohorts

Source: Portney LG, Watkins MP. Foundations of clinical research. Upper Saddle River: Prentice-Hall, 2000

Other WTC Exposed Groups:

- ~Lower Average Exposure Intensity
- Pre-WTC Data NOT Available
- Non-FDNY Rescue Workers & Volunteers:
  - Police
  - Construction workers
  - Communication & Cleanup workers
- Residents
- Similar findings: Symptoms & Physiology

Causal Relationship Between WTC Exposure & Disease

√ 1. Biologic Plausibility

√ 2. Exposure-Response Gradient

√ 3. Temporal Sequence between Exposure & Disease

√ 4. Replication in Other Groups or Cohorts

WTC Exposure Did Cause
Aerodigestive Respiratory Syndrome:

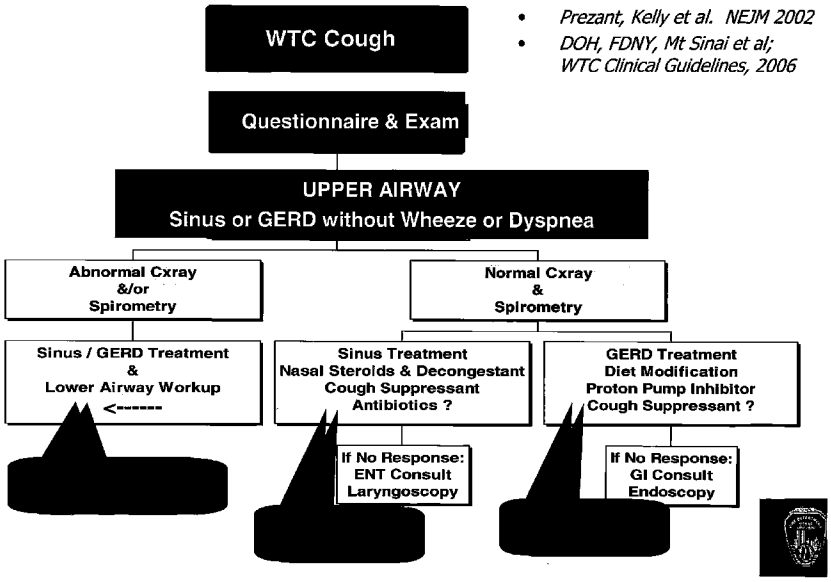
[redacted] & TREATMENT

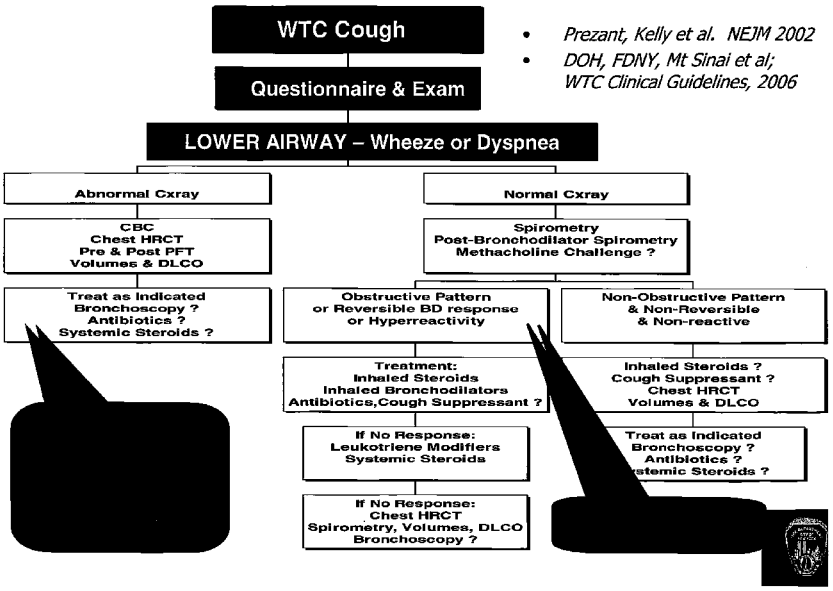
Early Diagnosis

Aggressive Treatment

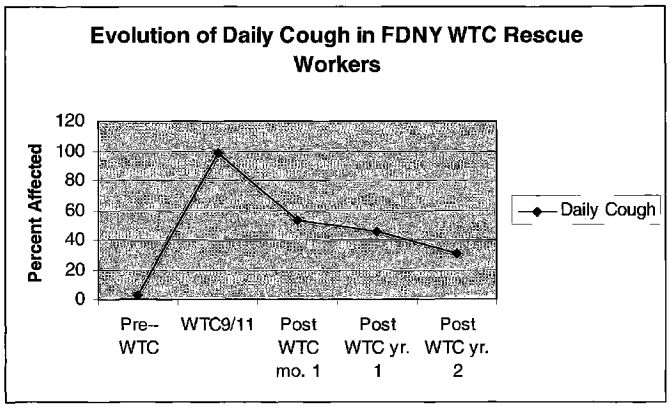
Improved Outcomes

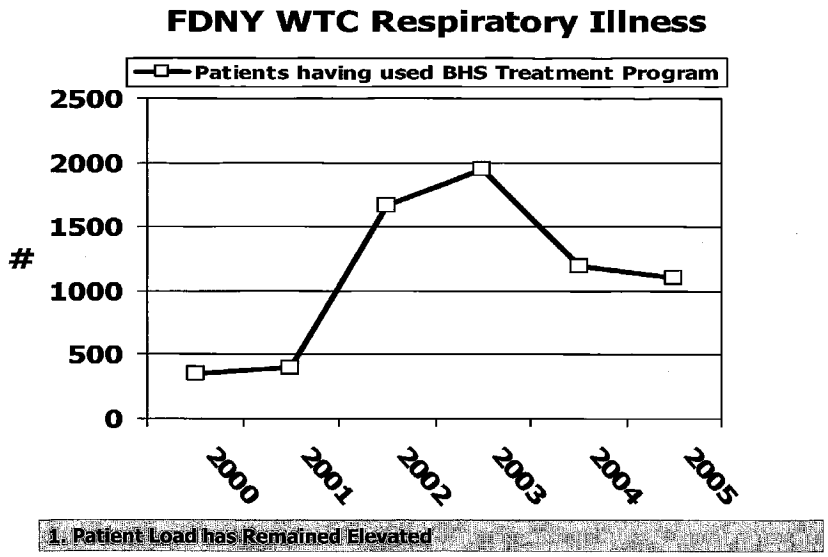
- *Prezant, Kelly et al. NEJM 2002*
- *DOH, FDNY, Mt Sinai et al; WTC Clinical Guidelines, 2006*

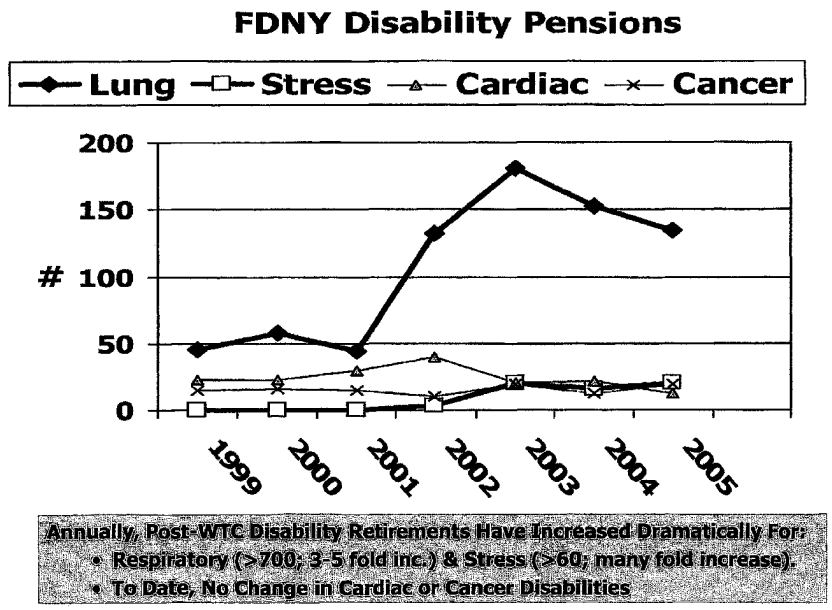




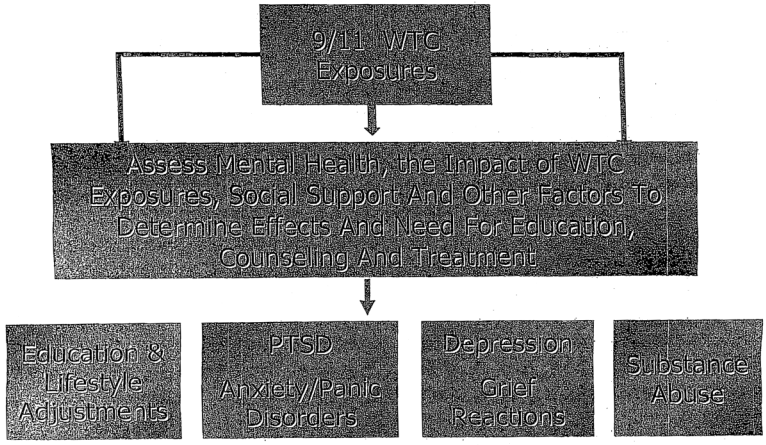
- *Prezant, Kelly et al. NEJM 2002*
- *DOH, FDNY, Mt Sinai et al; WTC Clinical Guidelines, 2006*



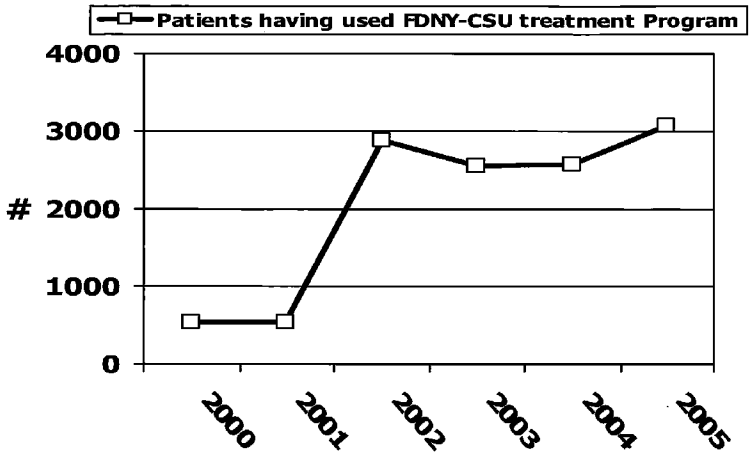

FDNY WTC Respiratory Illness
Patients having used BHS Treatment Program
2500
2000
1500
1000
500
0
#
2000
2001
2002
2003
2004
2005
1. Patient Load has Remained Elevated


FDNY Disability Pensions
Lung
Stress
Cardiac
Cancer
200
150
100
50
0
#
1999
2000
2001
2002
2003
2004
2005
Annually, Post-WTC Disability Retirements Have Increased Dramatically For:
• Respiratory (>700; 3-5 fold inc.) & Stress (>60; many fold increase).
• To Date, No Change in Cardiac or Cancer Disabilities

FDNY WTC Mental Health Treatment Program



FDNY WTC Mental Health Illness



1. Patient Load has Remained Elevated

FDNY WTC MONITORING & TREATMENT FUNDING NEEDS

FDNY WTC Health Programs – Activity

1. Monitoring Program
2. Respiratory Illness
3. Mental Health Illness
4. Disability Retirements
5. Insurance Coverage
6. External Funding
7. The Future

FDNY WTC Medical Monitoring Program

FDNY WTC Monitoring Program

- **Visit 1 Exams**
  - N = 14,092 (as of 9/1/06)
  - >95% Compliance rate
- **Visit 2 Exams**
  - N = 8,322 (as of 9/1/06)
  - 60% retention rate & growing
- **Visit 3 Exams have started 12/06**

FDNY WTC MMTP Cost Projections Do NOT Include:

1. Orthopedic Issues
   - Workers Comp pays for exacerbations of prior disease
2. Late Emerging Diseases
   - Interstitial Pulmonary Fibrosis (Medications, Lung Transplant)
   - Cancer (Medications, Surgery, Chemo/Radiation Therapy)
   - Rheum Autoimmune (Medications, Physical Therapy)
3. Transportability to other Populations and to those with Special Needs
   - Non-FDNY populations may need Social Workers & Translators
   - Exposures in Other Populations may be Less or Different but:
     - Exacerbations of Prior Respiratory & Mental health Issues
     - Co-morbidity Cost-Shifts
4. ED Visits & Hospitalization
5. Infrastructure Costs: Can account for additional 25 to 70%

FDNY WTC Rescue Workers Insurance Coverage: Not the Answer

FDNY	Workers Comp. (WC)	Line of Duty (LOD)	Union/ Patient Drug Plan	City/Private Health Insurance	Mental Health Coverage
Fire Active	0	+	70% / 30%	+	? / LOD
Fire Retiree	0	0	70% / 30%	+	?
EMS Active	+	0	70% / 30% or WC	+	? / WC
EMS Retiree	+	0	70% / 30% or WC	+	? / WC

- ? = caps, co-pays and limits on visits (ex. 26 or 32 lifetime)
- Few mental health professionals accept GHI
- Disability pensions are not meant to pay for healthcare costs

FDNY WTC Programs External Funding – 7/06 Forward

START DATE	END DATE	SOURCE	PURPOSE	AMOUNT
7/06	6/09	NIOSH	WTC Medical Monitoring (Visits 2 - 4)	$12,000,000
7/06	7/10	NIOSH	WTC Medical Data Coordination & Analysis	$4,000,000
7/06	6/07	Red Cross	WTC Medical Treatment	$5,200,000
8/06	6/07	NIOSH	WTC Mental Health Treatment	$1,500,000
11/06	7/07	NIOSH	WTC Medical & Mental Health Treatment	$18,900,000
7/07	?	?	TREATMENT DOLLARS AFTER JULY 2007 ?	0 ?
			TOTAL	$41,400,000

FDNY WTC MMTP – The Future

- **Without Continued External Funding This Program will Fail as Our Workforce is Dramatically Underinsured for Work Related Illnesses**
- **Philanthropic Support is OVER**
- **Individual Health Insurance does NOT address:**
  - **Work related issues**
  - **Patient Acuity**
  - **Continuity of Care**
  - **Deductibles, Co-pays, Caps or Medications**
  - **Programmatic Goals Of Maintaining This Cohort To Understand WTC Health Impacts For This and Future Disasters**
    - **FDNY Had Minimal Co-existing Disease Pre-9/11/01**
    - **FDNY Is The Only Group With Pre-existing 9/11/01 Data For Complete Longitudinal Analysis.**

Senator CLINTON. Thank you very much, Dr. Kelly.

Dr. Reibman.

STATEMENT OF JOAN REIBMAN, M.D., DIRECTOR OF THE BELLEVUE HOSPITAL WORLD TRADE CENTER ENVIRONMENTAL HEALTH CENTER, NEW YORK, NY

Dr. REIBMAN. Thank you, Chairman Clinton, members of the committee. My name is Joan Reibman and I am an Associate Professor of Medicine and Environmental Medicine at New York University School of Medicine and I'm an attending physician at Bellevue Hospital, a public hospital on 27th Street in New York City.

I'm a specialist in pulmonary medicine and for the past 15 years, I directed the Bellevue Hospital Asthma Program. Since most of our patients came from Lower Manhattan, which was replete with office towers, was also and is a major residential community with almost 60,000 residents of diverse race and ethnicity backgrounds, living south of Canal Street.

We were very concerned when the towers collapsed, about the health of this population. These residents are economically diverse, some living in large, public housing complexes and others in newly minted co-ops. The destruction of the World Trade Center towers resulted in the dissemination of dust throughout Lower Manhattan. These dusts settled on streets, playgrounds, cars, and buildings and entered office buildings through windows, building cracks and ventilation systems.

The World Trade Center buildings continued to burn through December. Some residents hired professional cleaners to remove the dusts; others cleaned their own apartments. Individuals living in the communities of Lower Manhattan had potential for prolonged exposure to the initial dusts, to re-suspended dusts and to the fumes from the fires.

As pulmonologists in a public hospital, we naturally asked whether the collapse of the buildings posed a health hazard to these residents and although levels of dust particles and particle components were being measured, it seemed to us that the only way to measure the true impact was to monitor the residents.

Initially with funds from the Centers for Disease Control, we collaborated with the New York State Department of Health to examine whether there was an increase in the rate of new respiratory symptoms in the residential population. We designed and implemented the study and completed the study 16 months after 9/11 and these results have been reported in two publications and a third to come out.

Because we did not have the information that the FDNY had about pre-existing information, we surveyed residents in buildings within 1 mile of Ground Zero and therefore, needed control and surveyed individuals who lived a distance away, approximately 5 miles from Ground Zero. We surveyed almost 3,000 individuals and were able to document that 60 percent of the individuals in the exposed area compared to 20 percent in the control area, reported new onset respiratory symptoms such as cough, wheezing or shortness of breath at any time following 9/11.

The more important question to us, however, was whether these symptoms were going to persist and we were able to ask whether they persisted approximately a year after the event. We documented new onset and persistent symptoms such as eye irritation, nasal irritation, sinus congestion, nosebleed or headache in 43 percent of exposed residents, more than three times the number of exposed compared to control residents.

Exposed residents also had a three-fold increase in respiratory symptoms of any kind compared to control. This included an increase in new onset versus the cough, day time shortness of breath and a six-and-a-half-fold increase in wheezing. These reported symptoms were also associated with objective measures of illness—that is, unexplained medical visits and medications used for asthma.

This study was one of the first studies and particularly one of the few with a control population, to describe the incidence—that is, the development of new and of persistent symptoms among residents of Lower Manhattan after 9/11.

Do these symptoms persist today? Over 5 years, almost 6 years after the attack and some almost 4 years after our study. When it comes to residents and local office workers, to date, we still have little information. The New York City Department of Health and Mental Hygiene World Trade Center Registry, which was implemented after our study was completed and closed in 2004, has reported a similar pattern of symptoms in office workers but has not addressed the issue of persistence. This question is now being addressed with a second study implemented by the New York City Department of Health and Mental Hygiene Registry and we look forward to the results, which will help shed light on this question.

While we await more survey information, we are looking, however, at what we are seeing in our clinics. After 9/11, we began to treat residents who felt they had World Trade Center-related illness in our Bellevue Hospital Asthma Clinic. We were then ap-

proached by community groups such as the Beyond Ground Zero Network, a coalition of community organizations and together with these groups, began an unfunded program to treat residents.

We were awarded an American Red Cross Liberty Disaster Relief Grant to set up a medical treatment program for World Trade Center-related illness in residents and responders, which began functioning in September 2005. In September 2006, Mayor Bloomberg announced the new initiative to provide for evaluation and treatment of individuals with suspected World Trade Center-related illness and this city funding of $16 million over 5 years has allowed us to expand the program.

With this funding, we have evaluated and are currently treating over 1,000 individuals. In the past month alone, with minimal outreach, we received over 400 calls to enter the program. We have a wait list of hundreds. These requests are from local residents of diverse socio-economic status, some of whom were evacuated but others who were left in their apartments with no place to go. We also receive calls from office workers, many of whom were caught in the initial dust cloud as the towers disintegrated and many of whom, responding to the need to keep the city going, returned to work 1 week later. And we have a large contingency of cleanup workers, the individuals who removed the layers of dust that had infiltrated the surrounding commercial and office spaces in order to allow the city to function. Sixty percent of our population is uninsured and many are non-English speaking.

An individual has to have a physical symptom to enter our program. We are not a screening program for asymptomatic individuals. Most of our patients have symptoms that began after 9/11 and as you have heard over and over today, consist of upper respiratory symptoms such as sinus congestion, lower respiratory symptoms such as cough, shortness of breath or wheezing. They are seeking care for these symptoms over 5 years after 9/11.

We have individuals—a gentleman we just recently saw, a former broker in government securities, who was working at 80 Pine Street, just east of the towers and was caught in the dust cloud on 9/11. He returned to work 1 week later and soon developed a persistent, unremitting cough. Over the next few years, he sought care by a variety of physicians and was told it was recurrent bronchitis, pneumonia and finally 1 year ago was told that he had reactive airways dysfunction. Last year alone, he required five courses of Prednisone, a steroid medication. Now, no longer working and on chronic inhaled medications, on a good day, he can walk five blocks.

Although he has medical insurance and was able to receive medical care, you could ask why does he need our program? He needs a Center with expertise and a familiarity with World Trade Center health effects that can understand what his symptoms are and attribute his symptoms to a cause.

Or we have another gentleman, a 37-year-old resident of Beekman Street, again just east of the towers, who before 9/11 had not had a sick day in 10 years. He was training to run the marathon. He stayed in Lower Manhattan, having no place to go, cleaned his dust-covered apartment and 1 year later, noted the onset of shortness of breath and wheezing. He now requires daily

high-dose inhale steroids and bronchodilators to control his symptoms. Why does he need a program like ours? He has no insurance.

Whereas many of these individuals have symptoms that can be treated like asthma, others have a process in their lungs that we do not fully understand and may consist of a granulomatous disease of the lung, like sarcoid or fibrosis, which is a scarring in the lungs.

And although we call ourselves a treatment program, many questions remain. We do not know how best to evaluate and monitor the symptoms. We do not know who may need lung biopsies. We do not know which medications work best. We do not know how long we will need to treat these individuals and if the symptoms will completely resolve. We do not understand the underlying mechanism or pathology of the symptoms.

Finally, we do not know whether other diseases will emerge. The threat of cancers, particularly those of the blood or lymph nodes, remains a concern. We know that many residents and workers of Downtown Manhattan were subjected to environmental insults on a large scale and many will require continued screening and treatment for years to come. We can only answer these questions when we have Centers that see clusters of patients and identify patterns and perform epidemiological, clinical and translational research studies.

These illnesses are contained to those exposed to the dusts and fumes. They are not contagious and will not spread. So why is funding of these programs a national need? Clearly, this was a national disaster and we have a population to care for. But I would also argue that there has been much talk of preparedness. We hope that there will never be an environmental disaster of this magnitude but these programs developed as community, labor, medical and government collaborations serve as models for environmental disaster responses. The need to fund these models is ongoing.

Finally, I would argue that these Centers, which allow for the study and understanding of this environmental disaster, will generate information on the detection and treatment of environmental diseases that will benefit the Nation as a whole.

I thank Mayor Bloomberg for funding our program and Members of Congress for their efforts to provide funding for monitoring treatment and members for having this important hearing. We need continued support for treatment programs for residents, local workers and individuals involved in rescue, recovery and debris removal.

[The prepared statement of Dr. Reibman follows:]

PREPARED STATEMENT OF JOAN REIBMAN, M.D.

Thank you Chairman Kennedy, Ranking Member Enzi, and members of the Health, Education, Labor, and Pensions Committee.

My name is Joan Reibman, and I am an Associate Professor of Medicine and Environmental Medicine at New York University School of Medicine, and an Attending Physician at Bellevue Hospital, a public hospital on 27th Street in NYC. I am a specialist in pulmonary medicine, and for the past 15 years, I have directed the Bellevue Hospital Asthma Program. Most of my patients come from Lower Manhattan, which, though replete with office towers, is also a major residential community; almost 60,000 residents of diverse race and ethnicity backgrounds live south of Canal St. alone (U.S. census data). The residents are economically diverse, some living in large public housing complexes, others in newly minted coops.

The destruction of the WTC towers resulted in the dissemination of dusts throughout Lower Manhattan. These dusts settled on streets, playgrounds, cars, and buildings. Dusts entered apartments through windows, building cracks, and ventilation systems.

The WTC buildings continued to burn through December. Some residents hired professional cleaners to remove the dusts; many cleaned their own apartments. Thus individuals living in the communities of Lower Manhattan had potential for prolonged exposure to the initial dusts, to re-suspended dusts and to the fumes from the fires. As pulmonologists in a public hospital, we naturally asked whether the collapse of the buildings posed a health hazard for these residents. Although levels of dust particles and particle components were being measured, it seemed to us that the only way to measure the true impact was to monitor the residents.

With funds from the Centers from Disease Control, we collaborated with the New York State Department of Health to examine whether there was an increase in the rate of new respiratory symptoms. The study was designed, implemented and completed 16 months after 9/11/01 and the results have been reported in two publications (Reibman et al. The World Trade Center residents' respiratory health study; new-onset respiratory symptoms and pulmonary function, Environ. Health Perspect. 2005; 113:40–411. Lin et al. Upper respiratory symptoms and other health effects among residents living near the world trade center site after September 11, 2001, Am. J. Epidemiol. 2005; 162:499–507). We surveyed residents in buildings within 1 mile of Ground Zero, and, for purposes of control, other lower-risk buildings approximately 5 miles from Ground Zero. Lung function testing, consisting of screening spirometry, was performed in a subgroup of individuals in the field. Analysis of the 2,812 residents in the exposed area revealed that approximately 60 percent of individuals in the exposed area compared to 20 percent in the control area reported new onset respiratory symptoms such as cough, wheezing, or shortness of breath, at any time following 9/11. The more important question, however, was whether these symptoms resolved over time, or persisted. To address this question, we examined whether symptoms persisted in the month preceding completion of the survey (8–16 months after 9/11) with a frequency of at least twice/week. Such new-onset and persistent symptoms as eye irritation, nasal irritation, sinus congestion, nose bleed, or headaches were present in 43 percent of the exposed residents, more than three times the number of exposed compared to control residents. New-onset persistent lower respiratory symptoms of any kind were present in 26.4 percent versus 7.5 percent of exposed and control residents respectively; a more than three-fold increase in symptoms. This included an increase in new onset, persistent cough, daytime shortness of breath, and a 6.5-fold increase in wheeze (10.5 percent of exposed residents versus 1.6 percent of control residents respectively). These respiratory symptoms resulted in an almost two-fold increase in unplanned medical visits and use of medications prescribed for asthma (controller and fast relief medications) in the exposed population compared to the control population.

There were some potential limitations to our studies. Because of the unexpected nature of the disaster, we had to rely on self-reported health information. One must keep in mind that during the time of the study, the postal service was not functioning in Lower Manhattan and often mail did not reach residents—we resorted to hand delivery. Residents were moving in and out of the buildings, were emotionally distraught, and were being bombarded with a variety of forms for housing services, clean-up services, etc. Our response rate, though low, is comparable to that of the U.S. Census and we confirmed our data, by targeting a few buildings in the exposed and control areas with more intense outreach that resulted in a better response rate (44 percent). The data from this group was similar to that from the overall study.

This study was one of the few studies, and particularly one of the few with a control population, to describe the incidence of respiratory symptoms among residents of Lower Manhattan after 9/11/01. It suggested that many residents had new onset symptoms in the immediate aftermath, with persistence of symptoms in the year after the event. Our findings are similar to those now described through the NYCDOHMH WTC Registry.

Do these symptoms persist today, over 5 years after the attack and some 3½ years after our study? When it comes to residents and local office workers, we have little information. The NYCDOHMH WTC Registry, which was implemented after our study was completed, and closed in 2004, found a similar pattern of symptoms in residents and office workers, but did not address the issue of persistence. This question is now being addressed with a second study implemented by the NYCDOHMH WTC Registry and we look forward to the results, which will help shed light on this question.

While we await more survey information, we are cognizant of what we are seeing in our clinics. After 9/11, we began to treat residents who felt they had WTC-related illness in our Bellevue Hospital Asthma Clinic. We were then approached by the Beyond Ground Zero Network, a coalition of community organizations, and together began an unfunded program to treat residents. We were awarded an American Red Cross Liberty Disaster Relief Grant to set up a medical treatment program for WTC-related illness in residents and responders, which began functioning in September 2005. In September 2006, Mayor Bloomberg announced new initiatives to provide for evaluation and treatment of individuals with suspected World Trade Center-related illnesses and this city funding of $16 million over 5 years has allowed us to expand the program.

To date, we have evaluated and are treating over 1,000 individuals. In the past month alone, with minimal outreach, we received over 400 calls to enter the program. We have a wait list of hundreds. These requests are from local residents of diverse socioeconomic status, some of whom were evacuated, but others who were left in their apartments, with no place to go. We also receive calls from office workers, many of whom were caught in the initial dust cloud as the towers disintegrated and then later returned to work. And we have a large contingency of clean-up workers, the individuals who removed the layers of dusts that had infiltrated the surrounding commercial and office spaces in order to allow the city to function.

An individual has to have a physical symptom to enter our program; we are not a screening program for asymptomatic individuals. Most of our patients have symptoms that began after 9/11 and consist of upper respiratory symptoms such as sinus congestion (45 percent), or lower respiratory symptoms, such as cough (52 percent), shortness of breath (65 percent) or wheezing (36 percent), for which they are still seeking care, 5 years after 9/11. We have individuals like J.K., a former broker in government securities, who was working at 80 Pine Street, just east of the towers, and was caught in the dust cloud on 9/11. He returned to work 1 week later and soon after developed a persistent unremitting cough. He sought care by a variety of physicians and was told of recurrent bronchitis, pneumonia, and finally 1 year ago, was told that he had reactive airways dysfunction. Last year alone, he required 5 courses of prednisone—a steroid medication. Now, no longer working, and on chronic inhaled medications, on a good day, he can walk 5 blocks.

Or M.R. a 37-year-old resident of Beekman Street, just east of the towers, who went 10 years without a sick day and trained for the marathon. He stayed in Lower Manhattan, having no place else to go, cleaned his dust-covered apartment and 1 year later, noted the onset of shortness of breath and wheezing. He now requires daily high dose inhaled steroids to control his symptoms.

Or J.F. a healthy man, a carpenter at the NY Stock exchange, caught in the dust cloud, who helped clean up the exchange, now with lung function that is 60 percent of normal.

Whereas many of these individuals have symptoms that can be treated like asthma, others have a process in their lungs that we do not fully understand and may consist of a granulomatous disease of the lung like sarcoid, or fibrosis, which is a scarring in the lungs. And although we call ourselves a "treatment" program, many questions remain. We do not know how best to evaluate and monitor the symptoms. We do not know which medications work best. We do not know how long we will need to treat these individuals and if the symptoms will completely resolve. We do not understand the underlying mechanism or pathology of the symptoms. Only rare individuals, those with atypical presentations or a failure to respond to treatment, have had invasive tests, which may help reveal the underlying pathology. Finally, we do not know whether other diseases will emerge, the threat of cancers, particularly those of the blood or lymph nodes, remains a concern. We know that many residents and workers of Downtown Manhattan were subjected to environmental insults on a large scale and many will require continued screening and treatment for years to come. Our unanswered questions suggest the continued need for epidemiologic, clinical and translational research studies to help answer these questions.

I thank Mayor Bloomberg and Members of Congress for their efforts to provide funding for monitoring and treatment and members present for having this important hearing. We need continued support for treatment programs for residents, local workers, and individuals involved in rescue, recovery, and debris removal.

Pertinent funding to Joan Reibman, MD.:

2001–2002: CDC, World Trade Center Residents Respiratory Survey (Institutional P.I, Lin P.I.).

2001–2003: NIH, NIEHS, World Trade Center Residents Respiratory Impact Study: Physiologic/Pathologic characterization of residents with respiratory complaints (P.I.).

2004–2005: CDC, NIOSH WTC Worker and Volunteer Medical Monitoring Program (P.I.).
2005–2007: American Red Cross Liberty Disaster Relief Fund (P.I.).
2006–2011: New York City funding for Bellevue WTC Environmental Health Center.

Senator CLINTON. Thank you very much, Doctor.

Dr. Melius.

STATEMENT OF JAMES MELIUS, M.D., Ph.D., CHAIR, ADVISORY BOARD OF THE WORLD TRADE CENTER MEDICAL MONITORING AND TREATMENT PROGRAM, ALBANY, NY

Dr. MELIUS. Thank you, Senator Clinton, Congressman Nadler. I'm Dr. James Melius. I'm an occupational physician and epidemiologist. I currently work as the Administrator for the New York State Laborers' Health and Safety Trust Fund, which is a labor management organization.

I've been involved in health issues for World Trade Center responders since shortly after September 11. Over 3,000 of our union members were involved in response and cleanup activities at the site and in fact, I have with me here today in the audience, two of our union members, Daniel Arriga and Vladmir Lomek, both of whom worked at the site, both of whom have developed significant respiratory and other health problems due to their work down at the World Trade Center. They are among the many different people that—the type of groups that have been—developed significant illness.

Dr. Herbert, I believe, has already sort of described the diversity of the groups that worked at the World Trade Center and I was asked in my testimony to focus on some of the issues related to health insurance and workers' compensation and regarding potential sources that could help to pay for the costs of the monitoring and treatment for these workers.

Now, in my written testimony, I've outlined a number of the issues that have come up with the use of health insurance for this type of coverage. It includes the fact that many of the people were uninsured, many have lost coverage because of their health problems and disabilities, many also faced very high deductibles or copays and significant out-of-pocket expenses for them that can limit their abilities to pay for medications and other necessary medical care.

Also, one basic problem with health insurance is that it's not supposed to pay for—it's excluded from paying for work-related illnesses. So even the Medicare system has a program in place to try to recognize that something being asked for reimbursement may be work-related and to question that or to stop payment for that is common with other health insurance. So there may be sort of a period of time where there is uncertainty about the work-relatedness of the illness that health insurance will cover but at some point, it stops paying for work-related health conditions. So this is going to be a significant problem and one can't expect health insurance to provide the overall coverage for this program.

It also is a problem because it shifts the burden of paying for all these illnesses or much of the burden, over to our health insurance funds. As many of the other union leaders who are here in the audience can tell you, our union health insurance funds have seen the

financial burdens of this. We are paying—our costs have gone up in all our funds due to the large numbers of people with World Trade Center-related illnesses that we are providing some reimbursement and healthcare for.

So it's very hard to see health insurance as paying for a significant portion of the medical monitoring and treatment needs for this population.

Now one would also expect that the workers' compensation system would provide coverage in some way for this. However again, as I outlined in my testimony, there are many problems with the health—the workers' compensation coverage that is available for these responders. Basically two systems, one is sort of the line-of-duty disability and pension, retirement system for the uniformed services in New York and finally, the other is the regular workers' compensation insurance system run through the State of New York but usually paid for either through self-insurance or through private insurance companies.

Unfortunately, these systems have long bureaucratic delays built into them, particularly the State Workers' Compensation System. It can take months or years for a claim to be processed and even while that is being processed, the insurance company or person handling the claim will often contest almost every step of that process, including diagnostic testing, including even routine medications for the chronic condition, even after a claim has been accepted. So although many of the people involved in seeking treatment for their World Trade Center-related condition have applied for workers' compensation, it may be months or years before their claims may be recognized and even then, there is a great amount of uncertainty to this.

The city of New York outlined in their report that even the city of New York routinely contests every claim that is related to World Trade Center-related conditions. So I think it is unfair to expect the workers' compensation system, certainly in the short term, to be able to provide for the health coverage, the medical monitoring and treatment program costs.

New York State has taken some steps to try to improve that situation, to improve the processing claims for World Trade Center-related illnesses. Most of those changes have just gone into place or are going into place but even with these changes, I don't think we can expect the workers' compensation system to provide a full cost for this treatment program. And it also is a problem because it shifts the burden over again to either the city, in the case of someone that is self-insured or to the private companies and their insurers, to pay for these costs.

We believe that a comprehensive solution is needed to address these healthcare needs for the 9/11 responders. We cannot rely on a fragmented, patchwork system utilizing private philanthropy, limited health insurance, line-of-duty disability retirement and workers' compensation to support the necessary medical monitoring and treatment for the thousands of people that need it. This approach will inevitably leave many of the ill and disabled rescue and recovery workers without needed medical treatment, which can only worsen their conditions and certainly over the shorter term, this is a critical period. As we are recognizing, Dr. Kelly, Dr. Her-

bert, and Dr. Reibman have pointed out through the programs that they are leading, we have in place a good monitoring, good diagnostic centers. They need to be in place to also provide treatment and we don't want to delay that treatment or unnecessarily disrupt that treatment due to issues over who is going to pay for this cost or to drive people away from that treatment because they cannot afford it.

So we would recommend in the shorter term that you take immediate steps. We need funding for the treatment program. That's the one that is most immediately in jeopardy that I think the city has pointed out in their testimony, some of the estimated costs. There are other cost estimates out there that are on that order, $400 million or more for the overall program.

I would also urge you to—we need to expand the current programs to fund Dr. Riebman's program and other programs for the residents and other affected workers in the downtown area.

And finally, I think we also need a program, a long-term program in place to cover not only the medical costs but also the wage loss and other disability costs to the many people who become very seriously ill related to the World Trade Center-related work. Something like Victims Compensation Fund, which has already been discussed here, would be one solution. There may be other approaches that can be looked at but we need to provide that type of care and certainly it's something where the Federal Government needs to play a lead role in providing the funding and the structure for that program.

Thank you. I'd be glad to answer questions at the appropriate time.

[The prepared statement of Dr. Melius follows:]

PREPARED STATEMENT OF JAMES MELIUS M.D., PH.D.

Honorable Chairman Kennedy, Ranking Member Enzi, Senator Clinton and other members of the Health, Education, Labor, and Pensions Committee. I greatly appreciate the opportunity to appear before you at this hearing.

I am James Melius, an occupational health physician and epidemiologist, who currently works as Administrator for the New York State Laborers' Health and Safety Trust Fund, a labor-management organization focusing on health and safety issues for union construction laborers in New York State. During my career, I spent over 7 years working for the National Institute for Occupational Safety and Health (NIOSH) where I directed groups conducting epidemiological and medical studies. After that, I worked for 7 years for the New York State Department of Health where, among other duties, I directed the development of a network of occupational health clinics around the State. I currently serve on the Federal Advisory Board on Radiation and Worker Health which oversees part of the Federal compensation program for former Department of Energy nuclear weapons production workers.

I have been involved in health issues for World Trade Center responders since shortly after September 11. Over 3,000 of our union members were involved in response and clean-up activities at the site. One of my staff spent nearly every day at the site for the first few months helping to coordinate health and safety issues for our members who were working there. When the initial concerns were raised about potential health problems among responders at the site, I became involved in ensuring that our members participated in the various medical and mental health services that were being offered. For the past 3 years, I have served as the chair of the Steering Committee for the World Trade Center Medical Monitoring and Treatment Program. This committee includes representatives of responder groups and the involved medical centers (including the NYC Fire Department) who meet monthly to oversee the program and to ensure that the program is providing the necessary services to the many people in need of medical follow up and treatment. I also serve as co-chair of the Labor Advisory Committee for the WTC Registry operated by the New York City Department of Health. These activities provide me with

a good overview of the benefits of the current programs and the difficulties encountered by responders seeking to address their medical problems and other needs.

I believe that Dr. Kelly and Dr. Herbert have already presented the medical findings from their respective medical program for these responders. The pulmonary disease and other health problems among both firefighters and other responders are quite striking and quite worrisome. Both programs have done an outstanding job in establishing their respective monitoring programs and in providing high quality medical examinations for many thousands of rescue workers and responders. These programs also recognized the problems that many of their participants were having paying for medical care for the conditions diagnosed in the medical monitoring programs and have made efforts to help the participants in obtaining necessary assistance. Given that one of the purposes of this hearing is to examine the need for more funding for treatment for people in this program, I believe that it may be helpful to examine the reasons why so many of the participants need assistance for paying for their medical treatment.

HEALTH INSURANCE COVERAGE

The people who worked in the initial response to the September 11 disaster and the later recovery activities represented many different types of workers. On the public safety side, there were firefighters, police, and emergency medical services workers. The response and recovery activities also included construction trades workers, utility workers, sanitation workers, transit workers, cleaning workers, and NYC municipal workers from many agencies. Many other people just volunteered to work at the site especially in the first few days after September 11. Despite the diversity of backgrounds and job duties, these different groups are showing very similar patterns of illness. The pulmonary changes found in firefighters have also been demonstrated in the rescue and recovery workers being monitored in the Mount Sinai medical program. Most recently, an independent study conducted by medical researchers at Penn State University of NYC police officers responding to the WTC disaster reported similar respiratory findings among the group that they examined. The other types of medical and mental health problems documented among WTC responders also appear to be similar across all groups of responders.

However, given the diversity of this workforce, it is not surprising that their health insurance coverage might be quite variable. We are currently surveying the major union groups in New York whose members worked in the WTC response to evaluate their health insurance and disability coverage. We would be glad to provide that information to the committee when it is complete. However, I can provide a general overview.

All city workers are covered through the city's general health insurance plan which provides basic coverage including retirement coverage for long time workers. However, pharmaceutical coverage is provided through a different plan administered through each separate union. Construction trade workers are usually covered through their labor-management health insurance fund which provides basic health insurance coverage and some pharmaceutical coverage. The pharmaceutical coverage is often quite limited with high deductibles and copays. These health plans require that the participant work a substantial number of days each quarter or year in order to maintain eligibility. An ill construction worker can easily lose their coverage by missing too many work days. Utility workers have general medical coverage including some pharmaceutical benefits. Cleaning workers (people who cleaned the residential and commercial buildings around the WTC) often worked for contractors who offered no health benefits at all. The majority of the people in the Mt. Sinai treatment program up to now have had no health insurance coverage or very limited coverage.

All health insurance plans exclude coverage for work-related injuries and illnesses. Even Medicare has an active program to identify and recover payments for work-related services. While it is recognized that there may be uncertainty about whether a condition being diagnosed is work-related or not, this consideration could easily lead to the denial of health insurance coverage for many people with WTC-related health conditions. New York State does have in place mechanisms for health insurance providers to be reimbursed for medical expense payments incurred for conditions that are ultimately determined to be eligible for workers' compensation coverage. However, these mechanisms are administratively complicated and do not necessarily prevent the health insurer from denying reimbursement for WTC-related health expense.

Another problem with health insurance is the limitations on coverage of many of the health insurance plans that cover the participants. This is especially critical for pharmaceutical coverage. Treatment for many of the WTC-related conditions (asth-

ma, mental health problems, etc.) requires substantial medication costs. These costs commonly range from $5,000 to nearly $15,000 per year for participants. Many of the plans covering WTC participants have high deductibles or copays. Copays and deductibles can easily cost the participants with high medication costs several thousand dollars per year. These costs can severely strain the finances of a person with a moderate income especially if they have other health care costs and are missing significant time from their work due to illness. For those without any health insurance, the financial impact is even greater. Another potential problem is that many of these insurance programs have lifetime caps for each participant. Although these caps seem high ($500,000 to $1 million or more), they can easily be exceeded with a long-term serious illness.

The medical and pharmaceutical costs for WTC-responders have also severely strained the health insurance plans for many of the responder groups, especially those providing pharmaceutical coverage. These funds are already stressed by the rapidly rising costs of health care. Those plans with a significant number of members who worked at the WTC response and clean-up have found that the overall medical and pharmaceutical costs for their plans have significantly increased due to the large number of participants with WTC-related medical costs. This has even led some to consider cutting back on their benefits for all members in order to absorb the costs for the WTC group.

WORKERS' COMPENSATION COVERAGE

One alternative to health insurance coverage for WTC-related conditions is workers' compensation insurance. Workers' compensation is supposed to be a no fault insurance system to provide workers who are injured or become ill due to job-related factors with compensation for their wage loss as well as full coverage for the medical costs associated with the monitoring and treatment of their condition.

Similar to health insurance, the WTC program participants are covered by a variety of State, Federal, and local programs with different eligibility requirements, benefits, and other provisions. Most private and city workers are covered under the New York State Workers' Compensation system. New York City is self insured while most of the private employers obtain coverage through an outside insurance company. Uniformed services workers are, for the most part, not covered by the New York State Workers' Compensation system but rather have a line of duty disability retirement system managed by New York City. A firefighter, police officer, or other uniformed worker who can no longer perform their duties because of an injury or illness incurred while on duty can apply for a disability retirement which allows them to leave with significant retirement benefits. However, should a work-related illness first become apparent after retirement, no additional benefits (including medical care) are provided, and the medical benefits for even a recognized line of duty medical problem end when the person retires. Federal workers are covered under the compensation program for Federal workers. Coverage for workers who came from out-of-state will depend on their employment arrangements with their private employer or agency. However, volunteers from New York or from out-of-State are all covered under a special program established by the New York Workers Compensation Board after 9/11.

The major difficulty with these compensation systems is the long delays in obtaining coverage. For example, the NYS Workers' Compensation system is very bureaucratic. The insurer may challenge every step of the compensation process including even diagnostic medical testing. This challenge usually requires a hearing before a Workers' Compensation Board (WCB) administrative judge to evaluate the case, and this hearing may often be delayed for months. Even once the case is established, the insurer can still challenge treatments recommended for that individual even for a medication that the individual may have been taking for many months for a chronic work-related condition. Thus, it may be many years before the case of a person with a WTC-related condition is fully recognized and adjudicated by the compensation system. Meanwhile, the claimant may not be receiving any medical or compensation benefits or may have had their benefits disrupted many times.

In order to alleviate some of the problems for WTC claimants, last year New York State implemented some new programs that were designed to improve coverage for WTC responders by providing medical coverage and salary compensation for responders while their WCB cases were being evaluated. However, these provisions must be initiated by the insurer carrier, and there is uncertainty as to who would be responsible for reimbursing these costs if the claims are ultimately denied. To date, these provisions do not appear to be widely used. There was also legislation passed last year that allows more New York City workers to obtain disability retirement benefits for WTC-related conditions. Currently, there is an advisory task force

in place that is examining how best to implement this legislation. Finally, there was a bill passed allowing people who worked at the WTC site to register for Workers' Compensation benefits. Potential claimants were given a year to submit a registration form to the Board that makes them eligible to apply for benefits should they later develop a WTC-related health condition. Prior to that, claimants who later developed a WTC-related medical condition were not eligible to file claims because they were judged to have missed the filing deadline required by law. In addition, New York State has just passed broad workers' compensation reform legislation that makes many changes in the current system. Once implemented, this legislation could help to alleviate some of the delays in the current system. However, it will be some time before all of these changes assist WTC claimants. Meanwhile, claimants continue to face long delays and many hurdles in obtaining workers' compensation coverage for any conditions resulting from their WTC exposures. It is not clear that the recent changes in the system will adequately address these problems.

I would also add that depending on workers' compensation and disability retirement systems to cover the medical costs for the monitoring and treatment program places the financial burden on the employers and insurance companies. New York City is self insured and thus would pay directly for all claims. The private employers involved will also have greater costs either by directly paying for claims if they are self insured or through higher premiums due to an increase in their experience rating.

COMPREHENSIVE SOLUTION

A comprehensive solution is needed to address the health needs of the 9/11 rescue and recovery workers. We cannot rely on a fragmented system utilizing private philanthropy, health insurance, line of duty disability retirement, and workers' compensation to support the necessary medical monitoring and treatment for the thousands of people whose health may have been impacted by their WTC exposures. This fragmented approach will inevitably leave many of the ill and disabled rescue and recovery workers without needed medical treatment and will only worsen their health conditions. The delays and uncertainty about payments would discourage many of the ill rescue and recovery workers from seeking necessary care and discourage medical institutions from providing that care.

This is a critical time for the federally funded treatment programs. Their funding will soon run out, and Federal officials are already proposing sending letters informing the participants that they must seek alternative arrangements for their care. Attempting to provide this care through some sort of voucher system as is currently being considered by the Department of Health and Human Services would also be disruptive. Discontinuing or disrupting this high quality, coordinated medical treatment would only exacerbate the health consequences of the 9/11 disaster. Most of the participants in the monitoring and treatment program have medical conditions (asthma, mental health problems, etc.) that should be responsive to medication and other treatments. Hopefully, many of these people will gradually recover and not become disabled due to their WTC-related medical conditions. To the extent, that we can prevent worsening of the medical conditions and prevent many of these people from becoming too disabled to work, we can not only help these individuals, but we can also lower the long-term costs of providing care and assistance to this population.

Continued funding is also needed for the medical monitoring portion of this program. You have already heard about the benefits of the Centers of Excellence approach for providing and coordinating the medical monitoring and treatment of the 9/11 rescue and recover workers. We must be able to follow the health status of these participants, not only to provide better medical care but also to evaluate the possible occurrence of new WTC-related conditions. Neither workers' compensation nor health insurance will support this type of comprehensive service. This program should also be extended to the residents and workers in the area around the WTC who were also exposed to the dust and smoke from the site. Too often in the past, we have neglected to properly monitor the health of groups exposed in extraordinary situations only to later spend millions of dollars trying to determine the extent to which their health has been impacted. Agent Orange exposure in Vietnam and the current compensation program for nuclear weapons workers are only two examples of this problem. We should learn the lessons from these past mistakes and make sure that we provide comprehensive medical monitoring for those potentially impacted by the WTC disaster.

Finally, we need to address the longer term compensation issues for the 9/11 rescue and recovery workers. This is a difficult issue due to the fragmented and adversarial nature of the current compensation systems and the potential costs for such

a program. One proposal has been to restart the September 11th Victim Compensation Fund. This fund worked well for those immediately affected by the 9/11 disasters and would have the flexibility to take into account the differing benefits programs already available for anyone applying for compensation. However, other approaches to long-term compensation should also be considered.

In summary, the current health insurance and workers' compensation programs do not provide an adequate basis to ensure access to sufficient medical monitoring and treatment for 9/11 rescue and recovery workers. I would strongly urge you to take immediate steps to ensure that there is adequate Federal funding for the current medical monitoring and treatment programs and to open up these programs or similar programs to the affected residents and to other affected workers. I would also urge you to develop legislation to provide individuals access to long-term medical treatment for their WTC-related medical conditions and compensation for their losses.

I would be glad to answer any questions.

Senator CLINTON. Thank you very much.

Dr. Stellman.

STATEMENT OF JEANNE MAGER STELLMAN, PH.D., MAILMAN SCHOOL OF PUBLIC HEALTH, COLUMBIA UNIVERSITY, NEW YORK, NY

Dr. STELLMAN. Thank you very much for inviting me to present. I'm a Professor of Public Health at the Mailman's School at Columbia University and I'm going to try to give you a very brief, more general perspective on the exposure and on the need to continue the monitoring of the responders. Just today, Esquire Magazine published an exposé on the monitoring that came out of—one of the editors of Esquire had a messenger bag that he carried with him on 9/11 and they took it out to Cahill out at UC–Davis and he did his analysis on one of the few pristine samples available and the New York Post apparently screamed a headline that the World Trade Center residue was less toxic than we thought. All of that is pretty meaningless and if you read the article, Cahill says that himself because there are no representative samples. We don't know what the overall exposure was. The exposure changed from moment to moment, from day to day, from site to site. Even if anybody had bothered trying to take representative samples, chances are that their filters would have been completely clogged because this was the largest environmental conflagration of a site that we have ever experienced in this country. Technologically, there may be some natural ones and it is unnecessary to actually know the complete characterization. It's undoable and unneeded because that is not the measure that we have ever used for any other experimental exposure.

We do know that we had a six-story high rubble of cement dust, highly alkaloid, man-made mineral fibers, asbestos, the remains, the pulverized and volatilized remains of thousands of video display terminals, electric lights, plastics. We had smoldering and open fires, which daily would be generating polycyclic, polychlorinated biphenyls, dioxins, furans, other chloridates, benzenes, and metals. This was then followed, once the rubble was cleared enough, by a battalion of construction equipment that was admitting diesel emissions, which themselves are probable carcinogens and was re-aerosolizing everything so that we had what I think can only be characterized as a toxic chemical soup and maybe a chemical stew because we had large particles there but we had enough small particles and it doesn't matter whether it was .1 percent or

2 percent, we had enough small particles that were of a small enough size that they could be inhaled, causing damage in and of themselves and also serving as an absorbent, a carrier for bringing these chemicals deep inside the lungs. We also have extensive possibility for skin absorption.

I think the important point is that that chemical soup was comprised of the very chemicals that we as environment scientists have been studying intensively for years, that you as legislators and the policymakers have considered conducting research on and dealing with for years, one at a time. And here we have them all together.

Why is it so important that this monitoring program not be abandoned? It can't be abandoned because as you heard over and over again, we know pretty much what the acute effects were. We have no idea what the long-term, chronic effects are. To some people who've developed some exotic diseases now, we would like to say and we do say they are related to the World Trade Center but there is always a big question mark and we won't be able to answer that question mark and establish the relative risk, the likelihood that it was related and the whole panorama of diseases unless we study the group as a whole.

And Senator Clinton, if this cohort is abandoned, you're going to put the responders exactly into the same position that the Vietnam veterans are in. I've spent most of my adult life now, it seems, studying Agent Orange. Once you take apart a cohort, you cannot put it together. You can't identify them. We don't know who those responders actually were. We've heard about the registry. The registry has many helpful, useful qualities to it but the registry doesn't contain most of the workers and the qualifications for being a worker in the registry is very different from the ones in the monitoring program. The monitoring program has already obtained permission. The legislation—the Congress of the United States has now, in its wisdom, placed such onerous burdens on getting informed consent that you spend most of your time in epidemiology just trying to find people and getting them to sign a piece of paper so that you can begin to study. If that group is taken apart, we will never know what the true health effects are and it would be a gross, gross, gross disservice.

The other reality is, I'm at the Columbia University Medical Center. We have one of the finest medical schools in the world. We train our doctors not—we get them a half an hour training on occupational health and occupational history. If you send these guys out to the world of medicine, there are no people out there, outside of these specialized clinics who actually treat them and we only give people 30 seconds of interview time with the physician, so even if they knew how to take an occupational history, they wouldn't be able to. So if you take apart this cohort, not only will you have abandoned the possibility of knowing the true effects, you will also have abandoned the possibility of people getting appropriate care and of us recognizing early what interventions might be necessary to prevent and help them.

Finally, as a Professor of Public Health, I can say that if we abandon this program, we will have yet again have lost our ability to understand how to respond to these disasters. Just take a look at Katrina, at yet another group of first responders who are not

identified, not being treated properly and because of the kind of lack of political momentum that we had in New York are just out there on their own. Thank you.

[The prepared statement of Dr. Stellman follows:]

PREPARED STATEMENT OF JEANNE MAGER STELLMAN, PH.D.

My name is Jeanne Mager Stellman and I am a professor at the Mailman School of Public Health, Columbia University in New York City and director of the General Public Health program. My formal training is in physical chemistry, in which I hold a doctorate. I have spent the majority of my career in occupational and environmental health studies. I have recently been the principal investigator of a multi-million dollar contract with National Academy of Sciences to develop methodologies for evaluating exposure of veterans to herbicides in Vietnam. That work has resulted in a number of scientific publications, including an article and the cover in *Nature*, as well as an exhibit in the London Science Museum. Our methodology was strongly endorsed by the Institute of Medicine. The Institute of Medicine has recently convened a committee for recommending ways in which to implement our methodology. Our long-term work on the health of American Legionnaires has been widely recognized and in 2005 Dr. Steven Stellman and I were awarded the Legion's Distinguished Service Medal, its highest honor.

I have been a Guggenheim Fellow and a recipient of one of the first Preventive Oncology Academic Awards given by the National Cancer Institute. I have been the principal investigator of many federally funded grants and have served on numerous peer review committees in both the United States and Canada. I am Editor-in-Chief of the 4th edition of the 4-volume Encyclopaedia of Occupational Health and Safety (ILO, Geneva 1998), an internationally recognized reference. I was Editor of the journal Women and Health from 1986–2004. I have written three books which have been translated into many languages, dozens of monographs, chapters and peer-reviewed articles.

With regard to the World Trade Center, I served on the EPA World Trade Center Expert Technical Review Panel, 2004–2006, that studied the environmental issues surrounding the destruction of the towers and the subsequent cleanup activities. Our task was to make recommendations with regard to community cleanup programs. During the past year, I have been working on analysis of various aspects of the health data gathered by the clinical examinations in the WTC Medical Monitoring and Treatment Program and am the first author of a forthcoming paper on the mental health of the responders. I am thus intimately familiar with the scientific background and with the current health status of the responders.

I believe that my background and, in particular, my work with Vietnam veterans' exposures and health, and the related science policy issues, provides both expertise and perspective for understanding the complex psychological and chemical exposures of the World Trade Center responders.

The environmental effects of the 9/11 terrorist attack on the World Trade Center were cataclysmic. When the towers collapsed and were pulverized, thousands of tons of highly toxic and corrosive dust (particulate matter) were released into the atmosphere in a toxic plume that spread contaminants over Lower Manhattan and neighboring areas. The fiery crashes of two fully fueled jetliners added some 90,000 liters of jet fuel at extremely high temperatures to the conflagration, creating a toxic plume containing a mixture of volatile organic compounds, acids, soot and metals. Pulverized dust was all that remained of the Twin Towers and it created a toxic mound six stories high. The rubble continued to smolder and burn for several months. A third building in the complex, WTC 7, also collapsed, thereby adding to the toxic mess and to the intense psychological trauma of the event.

The actual chemical nature of Ground Zero and the surrounding environs is very poorly characterized. An insufficient number of representative samples were drawn so that we only have an incomplete picture of the exposures. Yet some facts are clear. The rubble was highly alkaline and contained tons of corrosive cement dust. The rubble also contained tons of man-made mineral fibers, asbestos, and other building materials. Toxic chemicals, like polycyclic aromatic hydrocarbons (PAHs), polychlorinated biphenyls (PCBs) and polychlorinated furans and dioxins, were present and their composition varied from time to time and from place to place. Several excellent overviews of the devastation and conflagration exist and a few are listed in the rear of this testimony. (1–5)

The compounds and minerals that made up the WTC toxic plume were not benign. They have been the subject of much scientific inquiry and regulatory activity over the years. The toxic plume and the fumes emanating from the rubble contained

a host of known and suspected carcinogens like dioxin, asbestos, the polycyclic aromatics and benzene. As the cleanup continued, diesel fuel emissions from the many construction vehicles added another toxic component and potential human carcinogen to the mix. The nature of the exposures changed with time, depending on whether or not there was rain, and the extent to which the fires were smoldering. Concentrations, of course, diminished as the cleanup progressed. Exposures were not limited to Ground Zero. Workers were involved in transporting the rubble and in adding it to the Staten Island landfill. Others were employed at the Office of the Chief Medical Examiner, and, of course, the Fire Department of New York, FDNY, contributed enormously and selflessly to the rescue and recovery effort.

From an environmental perspective, it is important to emphasize that many of the components of the WTC rescue, recovery and cleanup operations would individually have been considered serious occupational health hazards. The combination of so many toxic substances in such large quantities, and in the presence of so much particulate matter, will very likely exacerbate any individual chemical effects, making the sum of the components far more toxic. Although most of the dust was too coarse to be inhaled deep into the lungs, given the enormous mass of rubble, even the very small percentage of dust particles that were present and small enough to enter the small airways (respirable dust) represents a serious toxic load. Such small particles not only have the potential to damage the lungs themselves, but they also serve as excellent vehicles for transporting adsorbed chemicals into the lung and bloodstream. The larger particles that were breathed into the upper airways were highly alkaline. Exposure to the alkaline dust appears to have caused serious upper airways and throat problems, as well as gastrointestinal reflux, in a significant number of rescue workers.

In addition to the dust and chemical exposures, workers were exposed to extraordinarily stressful working conditions. Among the group of workers who have been monitored by the WTC Medical Monitoring and Treatment Program (non-FDNY), more than 65 percent arrived at Ground Zero within the first 48 hours following the attack. By the end of the first week, about 70 percent of the overall workforce had arrived and by September 24, 2001, 90 percent of the rescue, recovery and cleanup crew was on the job. The great majority of them worked at Ground Zero operations for 3 months or more. Thus these workers were present for the extraordinarily traumatic—and frightening—early post-attack days and then they remained for the arduous and stressful working conditions that followed, with hours that were longer and work that was more intense than almost any other job in the United States.

The initial days at the site were fraught with danger and emotion. Workers handled nearly 20,000 human body parts. They discovered and transported bodies. They served in long bucket brigades to clear enough debris for construction vehicles to enter. Many worked around-the-clock, and then on workdays with extremely long shifts. They accomplished their tasks in a breathtakingly short period of time. Many of the rescue, recovery and cleanup workers also suffered the personal loss of friends, family or co-workers in the attack. Conditions such are these are an excellent breeding ground for a variety of stress-related psychological problems, like post-traumatic stress disorder, depression, panic disorder, generalized anxiety and other manifestations of a substantial stress response. These disorders can affect not only the workers themselves but also their spouses, children and other loved ones.

The average age of the non-FDNY responders was about 43 years. In the group currently being monitored, about one-third were in law enforcement and about the same percentage were construction workers. Utility workers and New York City employees drawn from a variety of agencies make up the remaining rescue, recovery and cleanup team now under surveillance in the monitoring and treatment. Many of these men and women had no training in rescue/recovery operations and we know that there were serious problems in providing workers with adequate protective gear or training for using it. Many of the workers had occupations that had already subjected them to almost two decades of exposures to toxic and dangerous conditions, thereby possibly putting them at even greater risk by exacerbating existing disease potential.

The demographic makeup of the workforce is relevant to any consideration of both long- and short-term health effects. The rescue, recovery and cleanup workers were not an army of young recruits fresh from basic training, but were more mature, with some not in optimal physical condition. It is possible that a workforce with these characteristics may be placed at even greater risk for both short- and long-term health effects.

Studies of the WTC rescue, recovery and cleanup workers and of the FDNY firefighters are already showing widespread pulmonary symptomatology. New studies on the mental health of the rescue, recovery and cleanup workers that are currently

under scientific review, likewise, indicate an excess of psychological distress and an extraordinary amount of social and physical disability.

The current studies, however, cannot possibly provide us with insight into the overall burden of disease and disability because the diseases associated with WTC-like exposures are chronic and take many years to manifest themselves. Thus it is too early to know the full extent to which exposure to carcinogens and other toxic and stressful working conditions will lead to elevated rates of cancer or whether the rescue, recovery and cleanup workers will suffer from more cardiovascular disease or other chronic diseases.

WHY CONTINUE MONITORING AND TREATING

It is now more than 5 years after the terrorist attack and the question has been raised of whether or not to continue funding a monitoring and treatment program for the rescue, recovery and cleanup workers, FDNY and other governmental employees. Let us set aside moral and ethical considerations about whether our Nation has an obligation to care for those who selflessly come forward to serve us during our time of need, and instead consider some scientific and health policy issues.

• If monitoring the rescue, recovery and cleanup worker and FDNY cohorts were to be abandoned, we might NEVER know the full extent of health effects caused by responding to the emergency and working at the site. Systematic appraisal and follow up of the health of a sufficiently large number of responders is needed for meaningful epidemiological research. The cohort currently enrolled in the monitoring and treatment program provides us with the opportunity to understand both the short- and the long-term health consequences of exposure to the conditions caused by the attack. Environmental epidemiology studies generally require a long period of follow up both in order to have sufficient "statistical power" to be able to observe an elevated risk and also to allow time for the chronic diseases to develop. Unfortunately, despite its many strengths, the WTC Health Registry is far from complete with respect to the worker population and no governmental or private agency has identified all the workers who participated in the operations. Thus the responders in the program provide the best study population and possibly the only feasible opportunity for identifying both long- and short-term health effects.

• If the monitoring and treatment program were to be abandoned, the rescue, recovery and cleanup workers and firefighters will probably not be adequately treated for any WTC-related maladies. Most physicians have little or no formal training in environmental and occupational medicine. They are, by and large, not equipped to take an adequate exposure history and, given the constraints on medical care today, would not have sufficient time to take such a history in any case. The exposures were complex and it is likely that the combination of psychological, physical and chemical stresses may lead to unexpected health outcomes. The symptoms that a responder presents with may be related to underlying causes not easily recognized by an untrained physician seeing isolated patients. Treatment by trained physicians and surveillance by scientists, and in groups larger enough for patterns to be observed, is essential to our understanding the full range of health effects.

• If the monitoring and treatment program were to be abandoned, the rescue, recovery and cleanup workers and firefighters may be deprived of early treatment interventions that are much more likely to be developed in a specialized program dedicated *specifically* to this group.

• If the monitoring and treatment program were to be abandoned, the rescue, recovery and cleanup workers, and firefighters may not have the financial means to seek and pay for needed tests, examinations and treatments. Social stigma, particularly for psychological distress and disorders, may also make them reluctant to seek help. The established relationships and vigorous outreach activities of the monitoring and treatment program can help overcome those barriers.

• If the monitoring and treatment program were to be abandoned, we will have lost a great opportunity to learn from this unique and tragic event and to put into place public health policies and practices that will lessen the impact of future natural or technological disasters. Experience and knowledge will be dispersed as the scientists and physicians involved will, of necessity, turn to other activities.

In conclusion, I think it is illustrative to look at another example in which men and women were called upon to serve their Nation: the Vietnam War. For more than 25 years I have been engaged in studying the use and effects of military herbicides in Vietnam. To date, some 30 years after the end of the Vietnam War and more than 35 years after the last Agent Orange was sprayed, we still cannot tell our veterans and their loved ones what the effects of exposures to the herbicides are. We base our veteran compensation and treatment policies on occupational studies of others—forestry and farm workers—not Vietnam veterans. Just this month an Insti-

tute of Medicine Committee met for the first time to begin formulating recommendations for implementing the exposure model I and my collaborators developed in order to carry out definitive studies on the effects of herbicides on Vietnam veterans. If and when those studies are undertaken, a major roadblock will be identifying large enough groups of veterans and reconstructing their Vietnam activities. For many veterans it will be too little, too late. Abandoning the monitoring and treatment program will put the WTC responders into precisely the same position.

Or consider the difficulties that Vietnam veterans so often encounter in receiving appropriate diagnoses and treatment. For example, in one study we carried out on American Legionnaires we learned that Vietnam veterans seeking treatment at VA facilities were only occasionally queried about their combat exposures, a pivotal consideration for recognizing and treating PTSD. Abandoning the medical monitoring and treatment program will inevitably lead to similar results: the particular symptoms and diseases they may develop will simply be lost in the general population and few practitioners will know the right questions to ask.

And just as with Vietnam, if the Nation were to try to finally make it a priority to put together studies of the health effects of working on the World Trade Center rescue, recovery and cleanup, it is doubtful that identifying and re-assembling the group now under surveillance could be easily done at a later date.

Finally, we can wonder whether the next cohort of volunteers and responders may be less willing to put their own lives on the line if those men and women who rose to the challenge of recovering from the WTC attacks were ultimately ill-treated by their country.

SELECTED REFERENCE

1. Landrigan PJ, Lioy PJ, Thurston G, Berkowitz G, Chen LC, Chillrud SN, Gavett SH, Georgopoulos PG, Geyh AS, Levin S, Perera F, Rappaport SM, Small C, Group NWTCW. Health and environmental consequences of the world trade center disaster. [see comment]. Environmental Health Perspectives 112:731–9 (2004).

2. Offenberg JH, Eisenreich SJ, Gigliotti CL, Chen LC, Xiong JQ, Quan C, Lou X, Zhong M, Gorczynski J, Yiin LM, Illacqua V, Lioy PJ. Persistent organic pollutants in dusts that settled indoors in Lower Manhattan after September 11, 2001. Journal of Exposure Analysis and Environmental Epidemiology 14:164–72 (2004).

3. Offenberg JH, Eisenreich SJ, Chen LC, Cohen MD, Chee G, Prophete C, Weisel C, Lioy PJ. Persistent organic pollutants in the dusts that settled across Lower Manhattan after September 11, 2001. [see comment]. Environmental Science & Technology 37:502–8 (2003).

4. Lioy PJ, Weisel CP, Millette JR, Eisenreich S, Vallero D, Offenberg J, Buckley B, Turpin B, Zhong M, Cohen MD, Prophete C, Yang I, Stiles R, Chee G, Johnson W, Porcja R, Alimokhtari S, Hale RC, Weschler C, Chen LC. Characterization of the dust/smoke aerosol that settled east of the World Trade Center (WTC) in Lower Manhattan after the collapse of the WTC 11 September 2001. Environmental Health Perspectives 110:703–14 (2002).

5. Lioy PJ, Georgopoulos P. The anatomy of the exposures that occurred around the World Trade Center site: 9/11 and beyond. Ann NY Acad Sci 1076:54–79 (2006).

Senator CLINTON. Thank you very much, Doctor.

Mr. Endean.

STATEMENT OF JEFFREY L. ENDEAN, GROUND ZERO VOLUNTEER AND FORMER DIVISION COMMANDER, MORRIS COUNTY NEW JERSEY SHERIFF'S OFFICE, SUCCASUNNA, NJ

Mr. ENDEAN. Thank you. I would like to thank Senator Clinton and the members of the HELP Committee for the opportunity to testify today regarding the health and care of 9/11 responders. There are many responders who would have liked to have had this opportunity and I wish to recognize them and do my best to represent them honorably.

I am Jeffrey L. Endean. I am a former Division Commander in the Morris County Sheriff's Office Emergency Services Division. On the morning of September 11, 2001, I responded with personnel under my command to carry out mutual aid to the New Jersey/New

York Port Authority Police Department at the site of the attacks against America at the World Trade Center site.

The scene was very sad, to see my country ripped open and just imagining the body count. The smoke was acrid and irritating and it was hard to see your hand in front of your face. The sound of the firefighters mayday alarms sounded like a million crickets. After the 11th, I was assigned to the Port Authority as I am certified in Critical Instance Stress Management. My assignment was at the pile.

The pile looked like a war zone or a peak into hell. The fire, smoke and smell of burning flesh, devastation and the parts of a skeleton of what was the World Trade Center was surreal at best and terrifying at worst. Only someone who has seen such devastation can understand how this affects one. The faces of the responders told many sad stories.

I could not be left there by my agency so what I did was, very creative scheduling that allowed me to respond daily and volunteer my time because it was much more important. I kept up as a volunteer responding after my shifts in Morris County until November 22, 2001. I retired August 1, 2002 after using sick time from November 2001.

During October 2001, I developed a chronic cough and was wheezing and just not feeling well. The coughing would be violent with my eyes bulging and not getting a breath. I was having difficulties breathing, wheezing, trouble sleeping. I was developing upper and lower respiratory infections on a regular basis.

I received a letter from the PBA to contact Mount Sinai Hospital for screening. I did so post haste and on January 2003, had my first screening. The initial screening revealed scarring on my lungs, pleural thickening of my lungs, wheezing, asthma and a chronic cough and rhinitis. But there was no treatment program available so I went to what doctors I could.

I would later find that I had been misdiagnosed and that's a key point. The average doctor in the average town are not these doctors. I was treated for colds and I was treated for allergies. I was called for a second screening in 2005, which revealed the same issues. I was placed into the new treatment program at Mount Sinai. I was then, in addition, diagnosed with RADS, GERD, asthma, chronic headaches, joint aches. I was having trouble sleeping and PTSD.

I was assigned to Dr. Laura Bienenfeld, who became my primary doctor there, who made diagnoses and started initial treatment. But she did not stop there. Each and everything that I was diagnosed with, I was sent to a specialist within Mount Sinai Hospital to corroborate it. So there was no guessing. Everything was what it truly was.

In fact, I was examined by a Dr. Genden, an ENT, who told me I was the seven-thousandth person that he had seen. To me, that was amazing in the fact that the knowledge that this man must have is unbelievable. What doctor in the world has seen 7,000 of something that nobody else has ever seen? This just—it made me feel good. It didn't make me feel good what he had to say but it made me feel very good with that. I had a camera placed up into my sinuses and then down my throat and what have you and he

explained to me that my sinuses—there was particulate encapsulated throughout my sinuses, within the cells of my sinuses and that they were basically like bloody sponges and that I had vocal-cord larynx damage. That's as far as he could go. After that, I saw Dr. Christie, who did an endoscopy. I had been taking a drug called Nexium for the GERD, the acid reflux for the 12 months prior. After Dr. Christie's examination, with the endoscopy, she found that the esophageal erosion was still there and it went down my esophagus into my small intestine. So the Nexium had not stopped it or touched it. So the dose was doubled and time will tell.

I had PET scans for possible tumors. I awake now, to take three inhalers, one breathing pill and a host of other meds. I use a nebulizer treatment three times a day. I still wheeze and cough and get severe headaches. I'm 57-years old and hope to live to be 87 but I do have my definite doubts.

I'm now getting the proper treatment from those who know the illnesses best and let me say that I'm not saying that the people from the Fire Department and the other doctors here don't know as well as Mount Sinai but Mount Sinai is where I have been taken care of so I can only speak for them. Their care has made the quality of life better. The World Trade Center Treatment Program at Mount Sinai is the most knowledgeable group of doctors in the world regarding the toxins and illnesses from a disaster like 9/11. No other doctors have ever seen and documented the symptoms and designed treatments and continue to innovate and adapt to the worsening illnesses. To move this treatment away from Mount Sinai would be a disaster equal to 9/11 itself and continue the casualties of September 11.

We could not stop the attacks and death on September 11 but you, as the Senate and the Congress, you have the ability to stop the next human disaster. Creating a department or a program run by the government will be costly and cumbersome and is not necessary. The Mount Sinai program exists today and runs just fine. To change it would result in the aforementioned human disaster. I ask the committee to take a long, hard look at the success of the existing program and to continue to subsidize it. This would save dollars and lives. This legacy of illnesses and suffering will continue for my lifetime and way beyond. The responders need to be taken care of. They were running down West Street towards the towers, not away from them.

This was an attack on America. President Bush termed it an act of war. Those who responded deserve nothing less than the best care. FDR said, "Any man who sheds his blood for his country deserves a fair deal." This applies now in 2007 as it did then. I cannot believe that every Senator and Congressperson does not champion this cause. America's sons and daughters came to her aid as it was their duty. Now it is the duty of the Federal Government to care for those who served.

Thank you. God Bless America.

[The prepared statement of Mr. Endean follows:]

PREPARED STATEMENT OF D/CDR. JEFFREY L. ENDEAN, RET.

Chairman Kennedy, Ranking Member Enzi, Senator Clinton, and other members of the HELP Committee, I am Jeffrey L. Endean of Sucasunna, New Jersey. Former

Division Commander with the Morris County Sheriff's Office with 20 years assigned to the Special (Emergency) Services Division.

I would like to thank Senator Clinton and the members of the HELP Committee for the opportunity to testify today regarding the health care of 911 responders. There are many responders who would like to have had this opportunity and I wish to recognize them, and do my best to represent them honorably.

On the morning of September 11, 2001 I responded with personnel under my command to carry out mutual aid to the New Jersey, New York Port Authority Police Deptartment at the site of the attacks against America at the World Trade Center site.

The scene was very sad, to see my country ripped open, and just imagining the body count. The smoke was acrid and irritating, it was hard to see your hand in front of your face. The sound of the firefighters' "mayday" alarms sounded like a million crickets. After the 11th I was assigned to the Port Authority as I am certified in Critical Incident Stress Management. My assignment was at the pile. The pile as it was called looked like a war zone or a peek into hell. The fire, smoke, smell of burning flesh. The devastation and parts of the skeleton of what was the WTC was surreal at best and terrifying at worst. Only someone who has seen such devastation and death can understand how this affects one. The faces of the responders told many sad stories. I worked along and watched out for personnel experiencing emotional issues. I would speak to them about their fears and feelings and guide them to a mental health professional if necessary. I kept this up as a volunteer responding after my shifts in Morris County until November 22, 2001. I retired August 1, 2002 after using sick time from November 22, 2001. During October 2001, I developed a chronic cough and was wheezing and just not feeling well. The coughing would be violent with my eyes bulging and not getting a breath. I was having difficulties breathing, wheezing and trouble sleeping. I was developing upper and lower respiratory infections on a regular basis. I received a letter from the PBA to contact Mt. Sinai Hospital for a screening. I did so post haste and in January 2003 had my first screening. The initial screening revealed scarring on my lungs, plural thickening of my lungs, wheezing, asthma and the chronic cough, and rhinitis. There was no treatment program available and I would later find that I had been misdiagnosed and treated for colds and allergies. My health continued to deteriorate, and the medical bills were mounting even though I had 80-20 medical insurance. They paid a set amount for services and I was stuck with ill health and mounting medical and prescription bills. I was called for a second screening in 2005 which revealed the same issues. I was placed into the new treatment program at Mt. Sinai. I was then in addition diagnosed with rad's, gerd, asthma, chronic headaches, joint aches, and trouble sleeping and PTSD. I was assigned to Dr. Laura Bienenfeld who made diagnoses and initial treatment. She then referred me to specialists.

I was seen by the specialists at Mt. Sinai who corroborated the initial diagnosis with MRI, x ray, camera up sinuses, down the throat, Endoscopy and visual. Dr. Genden ETN told me I was the seven-thousandth person he had seen and that particulate was encapsulated in the cells of my sinuses and my sinuses were like bloody sponges.

Specialist Dr. Christie learned from endoscopy that after a year of Nexium my esophageal erosion was not healing so the dose was doubled. I also had a PET scan as it was believed a mass in my lung may have been cancerous. I awake to take three inhalers, one breathing pill, and other meds. I now need a nebulizer treatment three times per day and I still wheeze and cough and get severe headaches. My worker responders claim was accepted and all mentioned illnesses accepted in court. I am receiving good care, but will it remain? I am not getting well, just holding ground and will I lose ground? I am 57 and hope to live to 87 but I don't know how long I will live.

I am now getting the proper treatment from those who know the illnesses best. Their care has made the quality of life better. The WTC treatment program at Mt. Sinai is the most knowledgeable group of doctors in the world regarding the toxins and illnesses from a disaster like 911. No other doctors have ever seen and documented the symptoms and designed treatments and continue to innovate and adapt to the worsening illneses. To move this treatment away from Mt. Sinai would be a human disaster equal to 911 itself. The misdiagnoses and poor treatment would start all over again. We could not stop the attacks, death and continued casualties of September 11. You have the ability to stop the human disaster. Creating a department or program by the government would be costly and cumbersome and it is not necessary. The Mt. Sinai program exists and to change it would result in the aforementioned human disaster. I ask the committee to take a long hard look at the

success of the existing program and to subsidize it. This will save dollars and lives. This legacy of illness and suffering will continue for my lifetime and way beyond.

The responders need to be taken care of. They ran down West Street not away from the attack. This was an attack on America. President Bush termed it an act of War. Those who responded deserve nothing less than the best of care. FDR said "Any man who sheds his blood for his country deserves a fair deal." This applies now in 2007 as it did then. I cannot believe that every Senator and Congress person does not champion this cause. America's sons and daughters came to her aid as it is our duty. Now it's the duty of our Federal Government to care for those who served.

Thank You. God Bless America.

Senator CLINTON. Thank you very much, Mr. Endean and you've spoken so eloquently for many others who are here in this audience and many thousands more who could not be here. Thank you very much.

I want to thank each of the witnesses for your testimony. It is extremely important to build this record and to make this case. As Chairman Kennedy said before he had to go to another important engagement in his responsibilities, there are precedents in our country for taking care of people who have been exposed to environmental toxins and have been made ill over a long period of time. Certainly the Down Winders, the uranium workers, miners who acquired Black Lung and Dr. Stellman, I wanted to ask you about Agent Orange. Do you see any analogies with what we eventually did on behalf of the many thousands of our veterans who were affected by Agent Orange.

Dr. STELLMAN. Well, yes and no. I hope one analogy is one we can avoid and that is, to this date, we still do not have a major epidemiological study of Vietnam veterans. Every disease that is compensated is the result of looking at other groups, like farmers or forestry workers and not at Vietnam veterans. My husband and I are currently doing a study on ALS, Lou Gehrig's Disease. We think it is going to show positive. That's not something they are compensated for now.

Senator CLINTON. In other words, people who were exposed to Agent Orange are at a higher risk of developing ALS?

Dr. STELLMAN. We have never in our country done this study and I just see looming in my brain that the same thing is going to happen to 9/11 responders. We just set up a committee at the Institute of Medicine now, 35 years later, to try to implement a model that I developed for the Academy on doing the first major epidemiological study and stopped spraying 30 years ago in Vietnam. And what we're facing is the huge problem of finding the vets and getting permissions. It's a very onerous job and here you have a cohort that's been assembled and it would be the greatest public health tragedy to let it go.

Senator CLINTON. I wanted to underscore that point because obviously, I am most acutely concerned about making sure we keep the treatment going, that Mount Sinai and the Fire Department have engaged in and provided support for Bellevue and then create the mechanism and program to continue to provide funding for treatment, going into the future. But I think it is important to underscore this public health perspective because there may be some who would argue that we don't have a continuing obligation, which I heartily disagree with, to care for our first responders, our other workers and volunteers and residents but perhaps we can persuade

them that on public health grounds, this kind of information that can only be obtained by tracking and treating the people who were affected will help us with so many other of the issues that we confront. So thank you for making that point.

I wanted to go and ask our expert witnesses, starting with Dr. Herbert, if you would provide for the record, where you are in the money that you have to continue the treatment at Mount Sinai? When will you run out of money, the Federal money that we finally have received and what would that mean for the patients who you are currently treating, one of whom is Mr. Endean?

Dr. HERBERT. The financial experts with whom we work at Mount Sinai have told me that we expect the Mount Sinai Treatment Program funding to end or to run out right around the end of this current Federal fiscal year, so this fall. It's been somewhat difficult to project because we only receive the Federal funding in November and there is always a ramp-up period. We thankfully have been able to add staff and rapidly increase the number of patients that we can serve. But we're finding our expenses are going up monthly so if anything, that's a conservative estimate. I don't know if it is conservative but we worry that it could be even sooner. The demand for the specialized care we provide is growing. The demand for the medications, which are very costly, is growing.

I don't have a good answer for what we will do when that funding runs out. It's the kind of thing I lose sleep over at night. You know, I was one of the team at Sinai who worked very hard to get private funding, initially, to set up our treatment programs. It was very difficult in 2002 and 2003 to get private funding. It's going to be much harder now. So I literally—I wish I had an answer as to what will happen. We will beg, borrow and pray. I really don't know what we'll do if we run out of money but we will run out of money.

Senator CLINTON. How many patients are you currently treating?

Dr. HERBERT. The group—at Mount Sinai, we have 3,700 patients that are in our treatment program.

Senator CLINTON. Do you have a waiting list?

Dr. HERBERT. We do have a waiting—we don't have a waiting list. What we do is we schedule people in so the waiting period can vary from 2 weeks up to about 2 months. I don't know what it currently is but it has ranged, with the Federal funding, we've been able to cut down the waiting period and anybody who is potentially seriously ill is always seen right away. We rearrange our schedule. But we know that if we are continuing to enroll new responders into the monitoring program at a rate of 400 per month, the treatment program populations will grow simultaneously as we continue to see new responders and screening.

Senator CLINTON. Dr. Herbert, would you describe how the Mount Sinai Consortium works? Because I know that you're working with clinics across the country and it would be useful to have that also in the record.

Dr. HERBERT. I'd be delighted to. The consortium consists of five different programs in the New York/New Jersey area. Each is called a Clinical Center. Each Clinical Center provides diagnostic screening and monitoring exams and treatment and the consortium partners are located at Bellevue and YU, at Suny Stoneybrook,

which has two sites on Long Island, at the University of Medicine and Dentistry in New Jersey in Piscataway, at Queens College and at Mount Sinai.

We also have a national network—when we begin the screening program, we had partnered with the Association of Occupational and Environmental Clinics, which is an organization of experts in occupational medicine from throughout the Nation. We've conducted through our program, over 800 examinations of responders. We're presently struggling with the issue of how to expand geographic accessibility. That's been a real challenge. There are very few occupational medicine physicians in the country and so we're right now looking at a model where ideally you'd have access to occupational and environmental medicine specialists and if that was not geographically convenient, we would also have a network to broaden the geographic coverage.

But we know that we have responders who live at least—in over 1,000 zip codes. So meeting their health needs has been quite difficult. The other piece that we're just putting in place now is—or that we're building on—to have more centralized coordination of the national program so that we'll always have physicians at Mount Sinai and other healthcare providers who can answer questions for any physician or other healthcare provider in the Nation who wants to use our expertise in diagnosing and treating World Trade Center health problems.

Senator CLINTON. Well, of course, that's important as we heard from Mr. Endean. Many of the victims have been misdiagnosed. We have a lot of evidence of that and in your written testimony, you described a breathing test abnormality known as decreased forced vital capacity, which can be caused by a variety of conditions, including interstitial lung disease, which we know has been the cause of death for several people who were involved at Ground Zero and if we don't have the expertise to know what tests to be given, diagnosis can both be wrong or delayed, which then in turn causes unfortunately, the chances of recovery or complete treatment to diminish. So I want to underscore and connect what Mr. Endean said with what you're doing at Mount Sinai.

Dr. HERBERT. Thank you.

Senator CLINTON. I want to next turn to Dr. Kelly and I appreciate everything you've done, Dr. Kelly. You were here in the Congress shortly after 9/11 and gave incredibly emotional and gripping testimony about your own experience on 9/11 and you have been a champion of the healthcare needs of the firefighters ever since.

I'd like you to describe the impact of Federal funding on the care and treatment services you're able to provide because I think there may be some misunderstanding as to what the Federal funding has made possible for you to do with respect to taking care of people within the jurisdiction of the Fire Department.

Dr. KELLY. I'd like to thank you for your continued support since 9/11. You've been an early champion also and consistent in your message, letting people know how important these issues are.

Federal funding has been critical to our mission, allowing us to continue and expand programs that were so essential to the well being of our Fire Department. In the area of mental health, our single site CSU was expanded to six sites. That allowed us to re-

duce the barriers to treatment. We've talked about how first responders are often reluctant to seek help. This allowed people to be seen in their communities by professionals so that they could seek assistance and get help that was essential to their well being.

These sites continue through Federal funding. Initially, we had FEMA money, which has now again, through the treatment money that was recently released in the fall of 2006, allowed us to continue at these sites and maintain that professional group of people for mental health care. Currently, over 3,000 of our members, both active and retired, continue to be seen at these sites.

For our respiratory care patients, we are seeing, at one point, as high as 2,000. We're now at about a little over 1,000 patients, who are being seen by our respiratory experts, our physicians, including Dr. David Presont, have been critical in identifying problems, identifying treatments that were successful and taking care of our members.

Again, if you think of our members, they were athletic individuals who were so active in their communities and prided themselves on their physical well-being. So it is extremely hard for a group of people who do see themselves in that light, suddenly to face a loss of lung function. Even for people who have changes that on many other levels, would appear not to be significant, the fact that they can't do what they did before is of critical importance.

The monies that we're now getting for treatment have been used for prescription drugs. Although our members do have insurance, they do not have—they have areas of gaps, areas of caps that lead to problems when we start running out of money for the individuals. A lot of that money has been borne by our unions who are supporting these programs for prescriptions.

So with the treatment dollars we've put into place prescription plans to allow for treatment to continue. Many of our members, again active and retired, are on multiple medications. These are chronic medicines that go on for months and years. It allows them to remain functional and not have as many symptoms but we're not getting rid of the underlying problem. For many of our people, this is permanent. As we've said, over 700 members have had to retire prematurely before their careers would normally have ended because of their ongoing respiratory problems.

Mental health problems, too—some have been of a permanent basis. Many are on four, five, six medications that they require on a chronic basis. So the treatment dollars have been critical in helping us provide the care that we need for our members and it's an ongoing need.

Senator CLINTON. I know, Dr. Kelly, that you can't at this point, based on the evidence you have, predict whether the future will perhaps mean that some of the first responders will be coming down with cancers and other acute illnesses. But do you have a professional opinion as to what you fear for the future with respect to the ongoing health challenges that firefighters and others will be facing?

Dr. KELLY. It's a very real fear that I think I have and many of the members of the Department have. When I came on this job and I've been with the Fire Department for 26 years, there was talk of a telephone fire that took place prior to my coming on, in which

many of our members responded and we've had, over the years, this concern that people who responded to that fire had a greater incidence of long-term problems, including cancer but just like you mentioned with Agent Orange, we had no way to follow people and no mechanism of knowing what happens. Because once a member of our service retires, they are essentially lost to follow up. So the critical need that we saw after the World Trade Center was to continue to capture this cohort and not lose people because they retired.

We had unprecedented numbers of retirements and we need to continue to see how people are doing in the long haul. So the Centers of Excellence are important for monitoring as well as treatment so that we know outcomes. You want to gather correct, scientific and accurate information so that you can reassure people when there isn't a problem but also point out problems as they develop and approach them in an aggressive manner so that you can treat them and get good outcomes. Those are important parts of our mission to do that.

Senator CLINTON. Thank you.

Congressman Nadler.

Representative NADLER. Thank you, Senator and thank you, Senator, for your leadership in this ever since shortly after 9/11 and most of the members of the panel, the same.

I have a number of questions. For Dr. Melius, the Mayor stated his estimate of the cost of continuing the Mount Sinai and Fire Department programs at $150 million a year. Do you concur in that estimate?

Dr. MELIUS. No, I do not. I believe that what he was referring to was sort of the administrative overhead costs of running those programs. It did not include the costs of medical treatment, pharmaceuticals and other medical care costs that would be included, lab tests and so forth. So it's simply sort of the administrative overhead for those three programs.

Representative NADLER. That would be the city's administrative role?

Dr. MELIUS. The city's Administration and I'm not sure to what extent that includes the Mount Sinai and I don't believe it did either.

Representative NADLER. The real cost is closer to——

Dr. MELIUS. Well, $400 million at least, I think and could very well be more. I mean, some of the estimates that have been done for the medical treatment costs alone—not necessarily including the medical monitoring, have gone up to over $400 million.

Representative NADLER. Well, in December of last year, the Fire Department and Mount Sinai prepared an estimate of the cost of providing monitoring and treatments for the 32,000 workers who have thus far registered in the two programs is about 257 million a year. You're saying it would exceed that?

Dr. MELIUS. It would exceed that. I believe that was a range of estimates—costs that they estimated at the time and one of—part of that estimate was up to over $400 million.

Representative NADLER. And your $400 million figure is not the same as the Mayor's $393 million figure, which included things you're not talking about.

Dr. MELIUS. Correct. He includes the registry, some of the other sort of administrative costs that are involved there.

Representative NADLER. So if we want to keep these programs going and provide the services that we're now providing for the populations that we expect, we would need about $400 million a year, is your testimony?

Dr. MELIUS. Yes.

Representative NADLER. Thank you very much. Dr. Kelly, we talked about the exposure of Fire Department personnel and obviously, we have a lot of health problems with Fire Department personnel. Were all the firehouses properly and professionally cleaned after 9/11 so we are confident that Fire Department personnel are not continuing to be exposed to contaminants?

Dr. KELLY. As the physician in charge of the Bureau of Health Services, I'm involved with the medical monitoring and treatment. The question you're asking relates to another area of our Department. I would be happy to have you speak to the person in the Department who is involved in that. I'm not part of that work.

Representative NADLER. Well, I'd appreciate that. The reason I ask the question is that my information is the answer is no and that a number of the firehouses downtown are still highly contaminated and that the Department has been totally insensitive to this problem up until this point and that this, of course, would lead to continued exposure and probably more health problems in the future.

Dr. Reibman, I think you testified that—I'm sorry. We have a large contingency of cleanup workers—is this Dr. Reibman that testified this? The individuals who removed the layers of dust that had infiltrated the surrounding commercial and office spaces in order to allow the city to function. And we were expecting that many of these people will come down with—or have you already seen a lot of these people come down with health problems?

Dr. REIBMAN. Yes, we have a large contingency of individuals who helped clean up Lower Manhattan, many of whom have very similar complaints to what you're hearing in everyone else, shortness of breath——

Representative NADLER. Who knows, with these people, when they cleaned up surrounding buildings, were they wearing proper respiratory protective gear?

Dr. REIBMAN. Most of them were not. Many were given paper masks. Some of them were not given anything. Many were told that there was no asbestos therefore it was safe to not wear anything. There was an assortment of gear.

Representative NADLER. They were told that it was safe? And they were told this by?

Dr. REIBMAN. This is what they tell us and I don't know exactly who told them but that there was no asbestos therefore it was safe is one of the stories that we have been told.

Representative NADLER. Let me ask either—I'm not sure who could answer this question. It's my last question and the vote is on the floor anyway. Dr. Reibman, Dr. Kelly, Dr. Herbert, one of you, maybe Dr. Stellman, we have this huge problem now, obviously with all these people getting sick and we expect more people to come down with it. Was much of this preventable, had people been

wearing proper respiratory equipment? In the several months after 9/11?

Dr. KELLY. The day of the event, our group went in with excellent protective gear of SCB mask but they don't last. That air will run out within 15 to 20 minutes. After that, people who worked at that site certainly for days on end, as a mission to recover and rescue people, certainly it would be very difficult within that first few hours or days to provide that kind of protection and if you look at our results, it clearly shows that that group is the group who are showing the most physical difficulties.

Dr. STELLMAN. You know, the Pentagon handled it very differently. They exercised—they are very good at occupational safety and health in these situations and they exercised rotation, they trained people. They had the proper equipment. You can't work 12 hours a day in one of these heavy-duty masks. You have to get people time off the job and you have to apply basic industrial hygiene.

Representative NADLER. But they did it properly at the Pentagon?

Dr. STELLMAN. They did it very differently and I think they did it properly.

Representative NADLER. Would they have done it if they had—been of a mind to, could they have done it similarly in New York?

Dr. STELLMAN. I suppose. I think in retrospect, there are many things that could have been done differently. It's very hard to finger point. It was——

Representative NADLER. I'm not interested in finger pointing. I'm interested in learning the lessons for God forbid, the next time.

Dr. STELLMAN. Well, I'm worried about our emergency rooms in New York. We have medical students in that class and we talked about—these surgeons were talking about how people were on the table and they were sewn up without being completed because people didn't know whether or not the emergency rooms were going to be needed. And then they had to be reopened. There's been no change in that, in how do you inform the medical—the hospitals in New York don't have safety equipment for people to go out and go to a site, should this happen again. Students went out in flip flops. Why don't we have steel-toed shoes? Why don't we have a set of helmets? The hospitals can't possibly bear this cost by themselves. Why don't we have such a program in place? I don't see that we have learned all that much in terms of doing something about it the next time.

Representative NADLER. Well, thank you very much and let me in particular, thank Senator Clinton and in his absence, Senator Kennedy, for the extraordinary courtesy of allowing a member of the other body to ask questions here.

Senator CLINTON. Well, I want to follow up on what Congressman Nadler was just asking you. I visited the Pentagon site and it wasn't, obviously, anywhere near as overwhelming as what we faced in New York. There was, however, as you pointed out, Dr. Stellman, a system set up for everyone I saw who was going into the Pentagon, which was a part of the building that had been hit by the plane. It was burning. People had obviously died there, on a smaller scale but very lethal. They were in full gear. This was mostly, as I recall, responders from Virginia. They had set up a de-

contamination center so that people were required, when they came out of the building on this rotation that was determined, they were required to go through the decontamination and I think of the immediate aftermath. You know, Dr. Kelly is absolutely right. It would have been very difficult to do that quickly. We could have, perhaps, done more over time. But I think the important question is what do we do to prepare for the future? What are the lessons that we have learned and how, if at all, can we better implement them? And who is responsible for doing that?

Dr. Melius, I would love your thoughts on this because you're an expert in this area and given everything we now know, what could we have done differently and what should we be trying to plan to do differently in the future?

Dr. MELIUS. I think actually you expressed it very well. We could have done better. However, under the immediate aftermath, given those circumstances, it would have been difficult to provide absolute or perfect protection.

I have two comments. One is, we sort of assume that what protective equipment you have is what is available. Well, one of the problems is, most firefighters and other people have to wear respirators. Well, what they'll tell you is that equipment is heavy, uncomfortable, and difficult to wear for long periods of time. And we really need to invest in the kind of research and technology that would try to improve that equipment and make better, lighter, more comfortable equipment available to firefighters, construction workers, other people who would be in these circumstances.

Secondly, I think we also need to go through the efforts of doing the planning and getting prepared for these kinds of circumstances. A number of years ago, I participated in an exercise in Seattle that Homeland Security funded to try to do planning for a similar event, should it occur in the Seattle area. And that effort is ongoing. They've actually developed plans on how to get the right mix of personnel that would be needed to deal with a World Trade Center type of disaster, construction equipment and emergency rescue and so forth. In the initial planning of these, one of the biggest issues we had was how do we get people prepared to wear respirators? You can't put everybody in a respirator. You need to have some sort of screening process in place and the emergency planners were very reluctant to try to address that issue.

We've even had discussions in New York City with our contractors, how do we set up sort of an emergency response force that would have better training as well as have the proper equipment to be able to respond to these kinds of disasters, should they occur in the future. So it's going to take investment and the research to develop the better equipment and also the investment in training as well as getting prepared and making sure that a plan is in place and that is all appropriately coordinated. I think some of that is going on, how well it is being done, I just don't think we know right now.

Senator CLINTON. I think it would also be useful to identify where such equipment is. I know the operating engineers came forward and said they had a supply of respirators. Other unions came and said they did. The military has them but we need to have a

better inventory control, if you will, to figure out what we have now.

Finally, I want to ask Dr. Reibman about the forgotten populations that you are serving at Bellevue. What do you foresee as the financial need and the requirement for Federal funding to keep these programs going for the people you're caring for, Doctor?

Dr. REIBMAN. This is, I think to date, we don't know the size of this population. All of us remember the images of the office worker shuffling out, covered with dust and we don't know what happened to those people but they're coming back now and many of them are coming back sick. We don't know how many of them there are. We don't know the extent of the problem, really, within the residents in the community. We think there is clearly a spectrum of disease with many people being well but a number of people being quite sick.

So we really do need the funds to understand the extent of the problem and also to be able to provide treatment for this assortment of people with a variety of exposure scenarios and with a spectrum of illness. To date, we have not received Federal funding for residents or office workers and we have really relied on philanthropy and on the Mayor's office.

Senator CLINTON. I want to thank all of our witnesses. I just can't express strongly enough how much I appreciate each and every one of you being here. One of our concerns is that HHS has discussed a voucher program that would in effect, dismantle the Centers of Excellence, which I think today, we have demonstrated would be a very serious mistake. It would dismantle the expertise, the experience, the repository of this information, the public health benefits and we will certainly take what each of these witnesses has said and make it very clear in our conversations with our counterparts in the Administration, how important it is that we not undo the good work that has been done by all of you to this date.

What we need to do is supplement it, keep it going, provide additional assistance. There are unmet needs for treatment and monitoring. There is need for long-term Federal funding for continuing treatment and monitoring and I will work with my colleagues here on the HELP Committee to address these needs and we will, I'm sure, be coming back to you as we try to craft both the short-term, emergency needs to keep the programs going and then the longer term need for Federal funding to back up what is being done. You have provided extraordinary service to thousands of people and I am very grateful to you.

Again, I want to thank all of the people who have come today to be part of this important hearing and the work that we have done so far could not have been possible without the strong support of everybody represented here. So thank you so much for being part of this and we'll continue to work together and we will get a program in place that will serve the needs of the people who took care of us. Thank you very much.

[Additional material follows.]

ADDITIONAL MATERIAL

PREPARED STATEMENT OF ALISON S. GEYH, PH.D., ASSISTANT PROFESSOR, DIVISION OF ENVIRONMENTAL HEALTH ENGINEERING, DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES, JOHN HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH (JHSPH)

Thank you for the opportunity to present a summary of our findings to date regarding exposure and health effects of workers who participated in the clean up effort at the World Trade Center (WTC) disaster site. My name is Alison S. Geyh, Ph.D. and I am from Baltimore, MD. I am presently an assistant professor in the Division of Environmental Health Engineering in the Department of Environmental Health Sciences at the Johns Hopkins Bloomberg School of Public Health (JHSPH). I am trained as a physical organic chemist. I began working in the area of environmental health at the Harvard School of Public Health. Since joining the faculty at the JHSPH in 2000, the health effects of exposure to ambient air pollutants and the chemical composition of the air pollution mixture has been the major focus of my research. My current research also includes examining issues related to occupational exposure to hazardous air pollutants. This testimony represents my own views and is not intended to represent the views of the Johns Hopkins University.

WHAT WE DID IN RESPONSE TO THE DESTRUCTION OF THE WTC ON SEPTEMBER 11, 2001

The Division of Environmental Health Engineering has a long history examining hazardous exposures in the workplace. Members of the Division have long standing relationships with labor organizations including the International Brotherhood of Teamster and the Laborers International Union of North America. For this reason, the work we conducted in response to the events of September 11, 2001 have focused solely on exposure and health effects of workers involved in the clean up and recovery effort at the WTC. The week following the disaster we contacted the International Brotherhood of Teamsters (IBT), Washington, DC. to learn what we could do to assist in assessing exposure and health effect of IBT members who would be participating in the clean up operation at the WTC disaster site. In addition, the chair of the Department of Environmental Health Sciences contacted the National Institute of Environmental Health Science (NIEHS) to discuss potential funding for any disaster response that might be conducted by members of the JHSPH. Between 2001–2004, the NIEHS provide approximately $1.2 million in support of work conducted by the JHSPH in response to the events of September 11, 2001. Approval for all work described below was obtained from the JHSPH Institutional Review Board.

ASSESSMENT OF EXPOSURE TO AIRBORNE CONTAMINANTS OF WORKERS INVOLVED IN THE CLEAN UP AND RECOVER EFFORT: OCTOBER 1–31, 2001 AND APRIL 12–24, 2002

The purpose of the study was to quantify exposure of some workers at the site to airborne contaminants of concern. The exposure assessment was organized in cooperation with the IBT and a project plan was developed for contacting and monitoring truck drivers at the disaster site. On September 30, 2001, investigators from Johns Hopkins met with local IBT union representatives in New York City (NYC). Local unions included Local 282, which represents the majority of drivers in the NYC area and Local 831, which represents some NYC Department of Sanitation (NYC DOS) workers who are NYC employees. In October, 54 truck drivers hauling debris away from the disaster site were monitored for exposure to airborne contaminants. Monitoring was conducted across a work shift so that drivers were either sampled from 6 a.m.–6 p.m. or 6 p.m.–6 a.m. In addition, we conducted area monitoring at four locations around the disaster site including the cross streets of Church and Dey, Park Place and Greenwich, Liberty and Greenwich, and Albany and West. We also monitored directly in the debris pile on several days.

Follow up personal exposure monitoring and area sampling was conducted April 12–24, 2002. Personal monitoring was conducted for the last 15 truck drivers at the site. Area sampling was conducted on site within the restricted zone at approximately the cross streets of Church and Dey, Barclay and Greenwich, and Liberty and West. We also monitored directly in the Pit. We monitored both during the day and at night with the sampling period carried out across a work shift. Contaminants monitored for during both studies included area measurements for asbestos, size fractionated particulate matter (Total Dust (TD), PM_{10}, $PM_{2.5}$), and volatile organic compounds. Personal exposure was measured for TD, asbestos, and volatile organic compounds. TD refers to all particles in the air. PM_{10} refers to all particles 10 mi-

crometers (μm) or less in aerodynamic diameter. $PM_{2.5}$ refers to all particles 2.5 μm or less in aerodynamic diameter.

Results

We report concentrations of particles in the air in units of microgram per cubic meter (μg/m^3). During October perimeter concentrations for TD, PM_{10}, and $PM_{2.5}$ concentrations ranged from 43 to 331 μg/m^3, 41 to 392 μg/m^3, and 21 to 321 μg/m, respectively. The median personal exposure to Total Dust was 346 μg/m^3. The maximum TD area concentration, 1742 μg/m^3 was found in the middle of the debris (the Pile) implying a strong concentration gradient from the middle of debris outward. $PM_{2.5}/PM_{10}$ ratios ranged from 23 percent to 100 percent suggesting significant fire activity during some of the sampled shifts. During April, area TD concentrations ranged from 14 to 195 μg/m^3, PM_{10} from 13 to 144 μg/m^3, and $PM_{2.5}$ from 4 to 102 μg/m^3. The median personal exposure to TD was 144 μg/m^3. During both months, volatile organic compounds concentrations were low. For both months personal airborne asbestos concentrations ranged from ⩽0.004–0.1 structures per cubic centimeter (s/cm^3). Area concentration ranged from 0.005–0.12 s/cm^3. In general, area asbestos measurements were less than the personal results (except for the sample collected on top of the rubble pile) and decreased over the course of the cleanup. All personal exposure results were sent to the IBT. We provided particle concentration data to the New York City Department of Health.

Interpretation of Findings

Particle concentrations were significantly elevated at the disaster site above background concentrations even several weeks after the attacks. Concentrations were still elevated near the end of the clean up operation, but were significantly lower. Given the elevation in particles of all sizes over the course of the clean up operation it was likely that impacts on the respiratory impacts would be reported. In fact during this study workers at the site reported to us that they were experiencing irritation of both upper and lower airways. Airborne asbestos concentrations were low and dominated by short fibers. Given these low concentrations, evidence of short fibers, and the short duration of the exposure (less than 10 months to complete the cleanup), it is likely that truck drivers working at the site would not be at an increased risk for asbestos-related disease.

RESPIRATORY HEALTH SURVEY OF CLEAN UP WORKERS AT THE WTC DISASTER SITE: DECEMBER 11–19, 2001

While we were conducting the study, described above to assess exposure of WTC workers to airborne contaminants, a number of the workers expressed concern about problems they were having with breathing. To address this concern, we conducted a study which was designed to assess respiratory health effects of workers actively involved in the clean up operation at the disaster site. The objectives of this study were to collect respiratory health information by personal interview and lung function measurements by spirometry of WTC workers. This effort was coordinated through the IBT and the International Union of Operating Engineers (IUOE). Chesapeake Occupational Health Services, Baltimore MD was hired to conduct the lung function testing. Questionnaire development was conducted at JHSPH under the guidance of Dr. Jonathan Samet. The questionnaire included demographic information, questions about first day at the disaster site, the number of work days at the site, respiratory symptoms experienced before and since working at the site, previous illnesses related to the lungs, tobacco use, and respirator use. The study was conducted on site from December 11–19, 2001. Respiratory health information was obtained for 183 individuals and pulmonary function testing was conducted for 175 individuals. Trades monitored included: Teamsters (drivers hauling debris from site), Operating Engineers (operators of heavy lifting equipment such as crane operators, grapplers, front loaders, and back hoes), Dock Builders (in charge of barge operation), Carpenters (responsible for on-site construction of any necessary structures), Laborers (involved in tasks such as directing truck traffic in and out of the pit, and fixing roads).

Results

Sixty-five percent of the workers surveyed arrived at the site without lower respiratory symptoms. Of this group, 34 percent developed cough, 24 percent developed phlegm, and 19 percent developed wheeze. Prevalence rates of these symptoms were related to the number of days spent working at the WTC, but not job category. The mean percentage predicted FEV_1 and FVC were 6 percent and 5 percent lower, respectively, for workers who developed new lower respiratory symptoms compared to those who remained symptom-free. While the development of new wheeze suggested

the presence of airway obstruction, the near-normal distribution of age-adjusted FEV_1/FVC ratios suggested that the degree of obstruction was mild. The prevalence rates of upper airway symptoms (nasal congestion, sore throat, hoarse throat) exceeded those of lower respiratory symptoms, however, it was not determined whether symptoms pre-dated arrival at the WTC site.

Interpretation of Findings

Over the course of approximately 3 months a significant number of workers who came to the site free of respiratory symptoms developed signature symptoms of lower respiratory distress. This early indication of health effects strongly suggested the need for further follow up.

The World Trade Center Clean up and Recovery Worker Cohort Study: 2002 to Present

This study, which began summer 2002, was designed to address concerns that workers involved in the clean up operation could be at risk for respiratory and mental health effects that persisted after completing work at the WTC. The goal of this study was to test the hypothesis that workers involved with the clean up operation at the WTC are at elevated risk for persistent respiratory and mental health effects, and that the risk is related to the duration of work at the site, and the location of work. Three local New York unions affiliated with the IBT, the IUOE, and the Laborers International Union of North America (LIUNA), as well as the NYC DOS, agreed to participate is this study. Each organization was asked to identify members who had participated in the clean up and recovery effort at the WTC disaster site, as well as a group of workers who were never at the WTC. The local IBT and IUOE unions agreed to both requests; the local LIUNA union and the NYC DOS agreed to identify only workers who had been involved at the WTC. Workers contacted to participate in this study included truck drivers, heavy equipment operators, laborers, and sanitation employees. Data used for analysis of respiratory health effects was collected by survey specifically designed for this study. *The World Trade Center Clean Up and Recovery Worker Health Assessment Survey* included questions covering demographic information, work history, work experience at the disaster site, exposure at the WTC, general health history, and respiratory and mental health status. Two versions of the survey were created. One version was designed to be administered to workers who were involved at the WTC. A second version, which did not include questions specific to the disaster site, was designed to be administered to workers who were never at the WTC. In this version of the survey, a set of questions was included to allow a respondent to indicate if they had been at the WTC. The surveys were mailed between March and June 2003. Data collection continued for approximately 12 months. The survey was sent to 4,546 workers identified by their union or employer as having worked at the site (25 percent responded), and 2103 workers who were never at the WTC (11 percent responded).

Preliminary Results (manuscripts in preparation)

Respiratory health among workers involved in the clean up evaluated approximately 20 months after the initial exposure to assess the risk of persistent lower respiratory symptoms (LRS). As compared to workers who were never at the site, WTC workers were more than three times as likely to report any LRS (Odds Ratio (OR) = 3.40, 95 percent Confidence Interval (CI): 2.33, 4.94). Workers who spent greater than 240 days at the site were more than five times as likely to report any LRS as compared to those never exposed (OR = 5.79, 95 percent CI: 3.59, 9.35). WTC work location was also an important predictor of LRS. The OR for workers who spent time directly in the debris was 1.58 (95 percent CI:1.12, 2.32) as compared to other locations. The risk for experiencing mental health symptoms was also elevated. As compared to workers who were never at the WTC, WTC workers were at elevated risk for anxiety disorder, panic disorder, post traumatic stress disorder and depression were all elevated: Anxiety disorder OR = 3.98 (95 percent CI: 2.23;7.10); Panic disorder OR = 3.14 (95 percent CI: 1.71.17.44); PTSD OR = 3.14 (95 percent CI: 1.51;6.53); Severe depression OR = 3.62 (95 percent CI: 2.01; 6.52).

Interpretation of Results

These results suggest a persistent impact on respiratory and mental health related to work experience at the WTC. They strongly indicate the need for further monitoring to identify and address potential long-term effects.

CONCLUSION

Overall, our work shows that working at the disaster site had negative impacts on health. The particle mixture was complex and resulted in impacts on respiratory

health early in the clean up process that have persisted. The psychological consequences of being involved at the site were also significant and need to be monitored. Following this population is necessary to form a complete understanding of how health was impacted by participation in the clean up operation at the WTC and to ensure appropriate care for those who were affected.

REFERENCES

Geyh AS*, Chillrud S, Williams D, Herbstman JB, Symons JM, Rees K, Trupin BJ, Lim HJ, Kim SR, Breysse PN "Assessing Truck Driver Exposure at the World Trade Center Disaster Site: Personal and Area Monitoring for Particulate Matter and Volatile Organic Compounds during October 2001 and April 2002" 2005. J. Occ. Environ. Hygiene 2 179–193.

Breysse PN*, Williams DL, Herbstman JB, Symons JM, Chillrud SN, Ross J, Henshaw S, Rees K, Watson M, **Geyh AS** "Asbestos Exposures to Truck Drivers During World Trade Center Clean Up Operations." J. Occ. Environ. Hyg. 2005 Aug; 2(8):400–5

Herbstman JB, Frank R, Schwab M, Williams, DL, Samet JM, Breysse PN, **Geyh AS***. "Respiratory Effects of Inhalation Exposure Among Workers During the Clean Up Effort at the World Trade Center Disaster Site." Environ. Res. 99 2005, 85–92.

Tao, X, Massa J, Ashwell L, Davis K, Schwab M, **Geyh A***. The World Trade Center Clean up and Recovery Worker Cohort Study: Respiratory health among clean up workers approximately 20 months after initial exposure at the disaster site. (**in preparation**)

Omer, S, Barnet D, Chatterjee, P, Parker CI, Gross R., Massa J, Ashwell L, Davis K, Schwab M, **Geyh A***. The World Trade Center Clean up and Recovery Worker Cohort Study: Mental health among clean up workers approximately 20 months after initial exposure at the disaster site. (**in preparation**)

Gross R, Neria Y, Tao XG, Massa J, Ashwell L, Davis K, **Geyh A**. "Posttraumatic stress disorder and other psychological sequelae among World Trade Center Clean Up and Recovery Workers". 2006 Ann. N.Y. Acad. Sci. 1071 495–499.

Johnson SB, Langlieb A, Teret S, Gross R, Schwab M, Massa J, **Geyh A** "Rethinking First Response: Effects of the clean up and recovery effort on low-profile workers at the World Trade Center disaster site." J. Occ. Environ. Med. 2005 Apr; 47(4):386–391.

PREPARED STATEMENT OF ELI J. KLEINMAN, M.D., ASSISTANT PROFESSOR OF MEDICINE AND ATTENDING HEMATOLOGIST, ALBERT EINSTEIN COLLEGE OF MEDICINE AND ATTENDING PHYSICIAN OF MT. SINAI, NEW YORK CITY, NY

Good morning Chairman Kennedy, Senator Enzi and distinguished members of this committee.

My name is Eli Kleinman. I am an Assistant Professor of Medicine and Attending Hematologist at the Albert Einstein College of Medicine, and Attending Physician at the Mt. Sinai Hospital, in New York.

As Supervising Chief Surgeon of the largest municipal Police Department in the Nation, I am charged with ensuring the health and welfare of over 55,000 employees. In this endeavor, I am assisted by a dedicated corps of physicians, nurses, psychologists and other health care professionals, who work tirelessly to maintain the department at full strength, in protecting the public.

Following the September 11, 2001 attacks, over 34,000 NYPD officers and employees—the largest single group of responders in NYC—participated in rescue, recovery and cleanup operations at Ground Zero, or one of the other designated exposure sites. Since that time the NYPD's Medical Division has documented, evaluated, monitored, tracked and referred for treatment, all of its members who have come forward with WTC-related symptoms. In an effort to expand the network of options available to its affected employees, the NYPD established liaison programs early on, with Columbia University (Project Cope), for the evaluation and treatment of psychological symptoms, and with the Mt. Sinai Medical Center, for the evaluation and treatment of respiratory conditions, as well as encouraging enrollment in the World Trade Center Health Registry, Project Liberty and the NYPD's peer support groups—its Early Intervention Center and POPPA.

In the Summer of 2002, the Medical Division embarked on a study of over 600 exposed individuals, providing participants with full medical and psychological examinations, assessment of pulmonary functions, and audiometric and laboratory testing. Thirty-eight percent of those tested showed abnormalities at that time mostly due to respiratory, orthopedic or hearing problems as well as PTSD. A follow up to this effort is slated for later this year.

As of today—even at this early stage—the NYPD has processed over 3,000 medical claims pertaining to WTC-related illness or injury by NYPD personnel, encompassing the myriad medical problems described in the medical literature, including respiratory, orthopedic, psychological, gastrointestinal, hearing and other maladies. Over 100 NYPD members have already retired with disabilities due to these illnesses, and over 300 disability applications possibly stemming from WTC-related causes, currently await finalization.

Additionally, the NYPD Medical Division is now completing and analyzing the data from two 5-year studies of WTC-related conditions—one involving its Emergency Services Units, comparing their baseline pre- and post-9/11 pulmonary function, and a second study, following members of the department with new-onset, or persistent symptoms. All the aforementioned initiatives undertaken by the NYPD, have been entirely self-sustained, without the benefit of any Federal funding, taxing both the NYPD's Medical Division personnel and resources. Projected costs for continued monitoring and treatment of the more than 34,000 exposed members have been estimated to be approximately $15M annually and will require upgrading and replacement of aging equipment.

The importance of obtaining funding for continuation of these efforts cannot be over-emphasized. The 34,000 exposed members of the NYPD represent a most important, and unequalled source of medical information and data, waiting to be examined. The unique ability of the NYPD Medical Division to monitor and track the health status of its members, observe potential emerging symptoms and disease trends, and relate them to time and place of exposure, make the need for funding these follow ups an imperative. The NYPD cohort, which represents a broad cross-section of those who were exposed, were engaged in every aspect of duties—from desk jobs near ground zero, to working directly on the pile or the landfill sites—and serve as the largest database of individuals both active and retired, who can reliably be contacted and monitored, and for many, in a medical environment to which they have become accustomed, and which is integrated into their daily work schedules. The information that will emerge from this cohort will be critical to medical experts and will provide the kind of data which may be extrapolated to the wider community—data which scientists must have in order to be able to accurately assess future monitoring and treatment directions of exposed NYC and area residents. The unique capability of the NYPD to monitor possible disease trends and its syndromic surveillance system ensure that data emanating from this large group will be available for epidemiologically assessing emerging medical issues, for years to come. It will also help those in government responsible for preparedeness, to better plan and execute large-scale medical and psychological programs, in the event of another urban catastrophe.

The NYPD, along with its sister agencies, was present in full force from the first moments of this great national tragedy, lost its finest on that dark day, and continues to deal with the medical and psychological consequences since. We have an obligation to the brave responders, to the medical and scientific community, and to the Nation at large, to gather and analyze the vital information that they uniquely possess. In order to do so adequately, the NYPD cannot hope to do it alone. The NYPD deserves—and must obtain—Federal assistance.

APPENDIX: BACKGROUND ON NYPD MEDICAL DIVISION

MISSION

The NYPD is the largest municipal police force in the world, with over 30,000 uniformed and 20,000 civilian employees. The NYPD Medical Division is charged with maintaining the health and welfare of the 55,000 members of the NYPD, helping to maintain the Department at its optimum force. As one of the only Medical Divisions of its kind worldwide, it engages in myriad activities, with many programs and initiatives overseen by a dedicated corps of over 500 expert physicians, nurses, psychologists, technicians and civilians, who bring their unique talents to one of the most sophisticated and multifaceted enterprises to be found in any organization.

ACTIVITIES

The Medical Division ensures the viability of the Department by evaluating Police Department candidates for suitability for employment, training, fitness for duty, and disability retirement, and its Police Surgeons preside over 100,000 medical clinic visits annually.

The Medical Division monitors and tracks all uniformed members who become ill or injured, both in the line of duty or off-duty, with daily hospital visits and medical updates, makes available state-of-the-art medical consultations from among its corps

of 31 Police Surgeons and over 300 Honorary Police Surgeons throughout the metropolitan area, and has access to the expertise of physicians from the finest medical centers nationwide.

NYPD Police Surgeons and Psychologists are present at every incident—involving trauma, both at the scene and in hospital—its Police Surgeon Corps is comprised of the entire spectrum of medical and surgical sub-specialties, and representing all the major area medical centers. It provides consultations to members' families and retirees who are ill and in need of expert medical or psychological advice.

HEALTHCARE MONITORING

The health status of every uniformed member of the department who is injured or ill is monitored on a daily basis with daily medical updates entered on its comprehensive Database. The status of members who suffer chronic medical conditions is followed by the member's individual Police Surgeon at least every 2 weeks, in close consultation with their private physicians.

The Medical Division maintains a Pregnancy Medical District, with an Obstetrician-Gynecologist on duty and available at all times for the special problems that may be experienced by members who are pregnant, or those with special women's issues.

Due to its unique ability to track the whereabouts and duty assignments of all uniformed members, the Medical Division monitors illness clusters through its Syndromic Surveillance system, and alerts the Department of Health to any unusual or suspicious trends.

In addition, the Medical Division closely tracks medical conditions resulting from exposure at the World Trade Center, with emphasis on known conditions such as Respiratory illnesses and GERD, and monitors for possible newly emerging problems and trends, such as Sarcoidosis or malignancies. This information is forwarded to the Department of Health through its World Trade Center Health Registry medical coordinators. The NYPD Chief Surgeon sits on the Registry's Community Health Advisory Board.

TREATMENT REFERRALS

All members injured or ill in the line of duty receive referrals to the physician or medical facility of their choice for diagnostic testing and/or treatment. The medical division is currently arranging to provide prescription drugs—at no out-of-pocket cost to them. The Medical Division's Billing Department processes over 70,000 medical bills annually.

The Medical Division maintains a cadre of over 300 medical specialists as part of their Honorary Police Surgeon corps, all of whom are hand-picked by the Chief Surgeon for their particular expertise and reputation. These dedicated individuals work in close association with the Department's Surgeons to make the finest care available to members and their families at no out-of-pocket costs to them. This network has proven itself over and over, in situations of medical extremis for both active and retired members and their families.

PSYCHOLOGICAL SUPPORT

The Medical Division's Psychological Evaluation and Services sections utilize over 25 psychologists to evaluate candidates for suitability for employment, fitness for duty and disability retirement. These dedicated professionals also provide counseling, trauma response and grief management services, and work closely with private practitioners, Project Cope counselors and the NYPD's peer support groups, in treating members with mental health issues. NYPD psychologists greet and debrief members returning from overseas active military duty, to ensure their well-being and re-adjustment.

MEDICAL INFORMATION AND GUIDANCE

The Medical Division provides up-to-date information and medical advice geared towards prevention health care maintenance, via the publication of flyers, brochures and in multi-media presentations. It also publishes a medical column in the NYPD's publication Spring 3100, and posts a Chief Surgeon's Corner, highlighting a topic of medical interest and importance on the Department's Finest Health Web site. Additionally, The Medical Division Health Van makes rounds to all commands and police facilities, disseminating information and providing various health maintenance check-ups, described below.

The Medical Records section, maintains extensive detailed medical records dating from pre-employment to years after retirement for its members, and as such, possesses an unequalled database for research and follow up.

HEALTHY LIFESTYLE AND NUTRITIONAL SUPPORT

The Medical Division has a full-time certified Nutritionist available to counsel members on nutritional advice, and promoting a healthy lifestyle. Police Surgeons also review and medically clear members prior to their embarking on exercise programs in the NYPD's Fitness Center.

VACCINATION AND PROPHYLAXIS PROGRAMS

The Medical Division makes Influenza Vaccination available and publicizes its importance, to all its members of the Department annually, and in its most recent successful campaign, administered over 7,000 vaccinations to members. Its program is also designed to accomplish vaccinations and distribution of medications in the event of a biologic emergency such as a Pandemic Flu emergency or bio-terror release, its Points of Distribution system (POD) serving as a model for others.

In addition, the Medical Division administers thousands of Hepatitis Vaccines to its members and prepares and prophylaxes specialized units such as the Hurricane Katrina Volunteer Units, against pathogenic illness, before deploying in endemic areas, greeting and re-examining them upon their return.

SPECIAL PROGRAMS AND LIAISONS

The Medical Division has special relationships with a variety of medical and mental health partners, such as Project Cope (Columbia University) and the Mt. Sinai Medical Center, affording its members the availability of confidential services for special problems. In addition, the Medical Division provides counseling services via its Early Intervention Unit, designed to prevent suicides or other psychological crises, and hosts the NYPD Self-Support group for members who have survived serious trauma or other illnesses, and supports POPPA, a peer-based confidential psychological support service.

The Medical Division administers a highly successful Smoking Cessation program, Alcohol Counseling Unit, utilizes the Health Van for Blood Pressure, Cholesterol and Flu campaigns, and periodically has hosted Womens' Health and other topical medical conferences.

MISCELLANEOUS ACTIVITIES

The Medical Division is responsible for ensuring that all NYPD facilities are compliant with Federal safety requirements and administers the department's OSHA unit. It also performs random and pre-employment Drug Testing, maintaining a zero-tolerance policy for illicit drug use across the Department.

WTC STUDIES AND FOLLOW-UP

Following the September 11, 2001 attacks, over 34,000 NYPD officers and employees—the largest single group of responders in NYC—participated in rescue, recovery and cleanup operations at Ground Zero, or one of the other designated exposure sites. Since that time the NYPD's Medical Division has documented, evaluated, monitored, tracked and referred for treatment, all of its members who have come forward with WTC-related symptoms. In addition, the Medical Division initiated a follow up study of exposed individuals in 2002 providing full medical, psychological, pulmonary, audiometric and laboratory testing, and has scheduled a follow up of that study for later this year.

The NYPD Medical Division is now completing and analyzing data from two 5-year studies of WTC-related conditions—one involving its Emergency Services Units, comparing baseline and post 9/11 data, and a second study, following other members of the department with new-onset, or persistent symptoms or illness.

This NYPD cohort is a critically important one, as it represents the largest cross-section of responders, most closely resembling the baseline medical conditions of New York area residents, from which the medical and scientific communities can draw upon. Evaluating and tracking this large group will allow for more accurately determining the future direction of monitoring and treatment needs for emerging conditions. Data emerging from this group may be more appropriate for extrapolation to the general public than those from other responder groups, who may have particular underlying characteristics. The NYPD's unique ability to relate exposures to time and place may also provide critical information of epidemiologic importance.

PREPAREDNESS AND DRILLS

Since the events of 9/11, the Medical Division has been charged with preparing the department against future urban disasters, and has—in conjunction with its colleagues in the Counter-terrorism Bureau—drilled against both natural and terrorist calamities. The Medical Division has devised operational plans for various contingencies, in keeping with NIMS and CIMS guidelines, including natural disasters such as Pandemic Flu, Hurricanes, and terrorist events such as weaponized biological, radiological or chemical attacks.

The Medical Division's operational PODS plan, which is flexible to a variety of situations, is a meticulously worked out distribution plan recognized by the DOHMH as a model for other agencies, and has been tested in the field.

The Chief Surgeon is present at all of the Police Commissioner's numerous tabletop disaster drills, and, along with the Medical Director of Counter-terrorism, advises on all issues of medical concern in these simulations.

NYPD Police Surgeons are involved in all the pre-training examinations and monitor all specialized Cobra Teams of the NYPD, assuring the Department's readiness for all emergency contingencies.

FUNDING

The Medical Division of the NYPD has never received, and currently receives no Federal funding for medical monitoring, tracking, preparedness, or any of its many other activities.

UNIONS, ORGANIZATIONS AND WORKERS SUPPLEMENTAL MATERIALS

TO: The Honorable Senator Edward Kennedy, Chairperson, with Senator Hillary Clinton, Senator Michael Enzi, and the Members of the U.S. Senate's Committee on Health, Education, Labor, and Pensions ("HELP Committee")

FROM: Suzanne Mattei, New York City Executive, Sierra Club

DATE: March 19, 2007

Re: Submissions for the official hearing record of the HELP Committee hearing to be held on Wednesday, March 21, 2007.

The Sierra Club applauds Senator Kennedy, Senator Clinton, Senator Enzi and the Members of the Committee on Health, Education, Labor, and Pensions for holding this important hearing to address the health-related needs of those exposed to pollution from the September 11, 2001 attack on the World Trade Center. We request that you include these two reports in the official hearing record of your hearing to be held on Wednesday, March 21, 2007.

POLLUTION AND DECEPTION AT GROUND ZERO REVISITED (2005)

• The first section of this report provides information on health impacts and potential future health hazards related to 9/11 pollution exposure.

• The second section provides data on people from other States who came to help and now need health monitoring or care.

HARMFUL LEGACY OF POLLUTION AND DECEPTION AT GROUND ZERO (2006)

• The third section of this report describes how and why Ground Zero workers with years of work experience are now bearing the burden of serious financial distress.

• The third section also describes the failure to address the 9/11 pollution's health impacts on residents and the continuing risks of exposure.

The reports provide important background on the impact of the disaster and the inadequacies of the Federal response. Both reports, in addition, raise the important question of what would happen in a future disaster, based on the extent to which our country's national response plans not only fail to correct the mis-steps of Ground Zero, but in some important respects actually incorporate those missteps as policy for future disasters.

Thank you for including these reports in the record of your important hearing.

[Editor's Note: Due to the high cost of printing, previously published materials are not reprinted in the hearing record. The reports indicated above may be viewed online at http://www.sierraclub.org/library/onlinecollections/reports.]

MARCH 22, 2007.

Hon. HILLARY RODHAM CLINTON,
U.S. Senate,
Washington, DC. 20510.

DEAR SENATOR CLINTON: I am writing this letter on behalf of the members of Teamsters Local Union 282, International Brotherhood of Teamsters. Our members at Teamsters Local Union 282 responded to the attack on the World Trade Center, and the collapse of the towers by going down as volunteers to the site to help out in any way they could. Additionally, over the course of 12 months, Teamsters Local Union 282 had approximately 900 construction workers at the site, employed by several different contractors.

The provision of adequate funding for medical care for our members is of utmost importance. The New York City medical community has acknowledged that there has been an increase in respiratory disease and mental health issues related to the World Trade Center disaster clean up. Our members continue to experience health problems including respiratory illness, headaches, depression, and anxiety. Teamsters Local Union 282 supports and applauds your efforts to bring attention to the issues faced by our members who responded so bravely in the aftermath of the attack on America.

Sincerely,

GARY LA BARBERA,
President.

MARCH 19, 2007.

TO WHOM IT MAY CONCERN: My name is Stanley Trojanowski. I am a retired New York City Firefighter from Engine 238 who is disabled due to the events of September 11, 2001. I was hoping to work as a firefighter for at least 40 years but as a result of that day, my own and my immediate family's lives have changed permanently. Due to my involvement and exposure that tragic day I have respiratory problems and have gone unconscious numerous times due to severe cough attacks. I have further physical disabilities such as torn ligaments in my left arm due to the physical rescue and recovery efforts and from being involved in both collapses. I was also diagnosed with Post Traumatic Stress Disorder (PTSD) following September eleventh.

Due to my severe cough and breathing problems I am afraid to perform everyday activities such as driving or jogging. I have blacked out due to coughing while driving with my wife, over another firefighter's house, in the hospital emergency room, and even on the toilet. After blacking out while driving on January 26, 2002, my wife Boguslawa has been afraid to drive and has not driven on a highway since. My son Michal has quit the Hicksville Junior Volunteer Fire Department after seeing the effects that day has had on me. I have trouble communicating with my family due to many extreme outbursts which have decreased due to medication and therapy.

Since 9/11, I have been on numerous medications such as Pulmicort, Advair, Combivent, Nexium, Lotrell, Rhinocort, Dyphenhydramine, and Zoloft. I have been attending weekly sessions for retired New York City firefighters as well as seeing a personal counselor for a while post-9/11, at the counseling unit. I am currently under professional psychiatric care which is funded by the Red Cross. I am also being monitored by Dr. Prezant, a lung specialist at the FDNY bureau of Health Services. Thanks to the efforts of our union, UFA, and our legislators, most of my current medications treating the 9/11 symptoms are paid for by the government for the year 2007. This saves me thousands of dollars in co-payments annually.

The medication, together with treatment and therapy, have helped me cope a little better with the mental and physical effects of 9/11. I feel these treatments, monitoring, and studies will help professionals understand the effects this day has had and therefore better treat any future tragedies and major catastrophes the younger firefighters and other civil servants may face.

Sincerely,

STANLEY TROJANOWSKI.

PREPARED STATEMENT OF MARYELLEN MCKILLION SALAMONE, P.T., J.D., FOUNDER, CHILDREN OF SEPTEMBER 11, WIDOW OF JOHN SALAMONE, CANTOR FITZGERALD 104

Thank you Senators Enzi, Kennedy and Clinton for this opportunity to present testimony on the long-term health effects of September 11, 2001.

THE CHILDREN CONTINUE TO SUFFER

A study released this week by the New York-Presbyterian Hospital/Weill Cornell Medical Center found that the rate of psychiatric illness among children who lost a parent in the attacks of September 11 reached nearly 73 percent. The research indicated that children bereaved as a result of 9/11 demonstrated double the rate of anxiety disorders and 10 times the rate of post traumatic stress disorders. The study also found that levels of cortisol, the stress hormone, were elevated in children grieving from 9/11 for several years after the attacks compared to their non-bereaved peers.

The results indicated that bereaved children continue to suffer after 9/11, and highlighted the need for more long-term research "to determine when, if ever, children recover from these physiological and psychological consequences." [1]

Science affirms what families have experienced for 5 years since September 11 and the problems we anticipate for our future.

I am a 9/11 widow and now single mother to three children who lost their father in the attacks on the World Trade Center. Ages 6, 4 and 2 at the time, they are only now coming to realize and comprehend the horrific circumstances of their father's death. They are only three among thousands of children who are growing to face the grim realities of the fate of their parent, or loved one, on 9/11. They are just beginning to learn how to face the images of the fire, the planes, the crumbling buildings, the bloodied survivors, and the desperate jumpers.

The children continue to suffer.

The study cited above offers evidence to substantiate the claim that children grieving from 9/11 continue to struggle. Without a study, those understanding childhood development could have easily predicted the results. A bereaved child does not process trauma and loss as adults do. To fully accept a loss and the impact it has in his life, a child must revisit the death or trauma at each developmental milestone as he grows. The tragic death of a parent has a different meaning to a child when he is 4 than it does when he is 7, or when his team wins the basketball championship, or when he enters his teen years or goes to his first dance. As his cognitive and emotional skills mature, so must his understanding of a significant loss and how it affects his life. Grieving lasts throughout childhood.

This is considered the "normal" grieving process for all children suffering from the loss of a parent or significant loved one, and it is not easy. However, 9/11 was not normal, nor was its' aftermath. How many Americans struggling to accept a loss in their lives have access to graphic video imagery of their loved one's murder or demise, any second of the day? How many children in America, learning to cope with the loss of a parent, can easily access video footage in moments of their deepest despair, and wonder if the body plummeting to the ground 103 floors below is that of their father, or perhaps if the screams heard in the background on the 9/11 audio tapes as the building collapsed are those of their mother? Technology offers our children this opportunity; the media coverage of 9/11 has made normal bereavement abnormal on its face.

The children continue to suffer.

Society also puts children at a disadvantage as they work to recover from 9/11. "Kids are resilient." This often repeated phrase, exclaimed in praise and celebration of a child's ability to return to a productive life after a crisis, trauma or loss, frequently abolishes a child's chances for help if he encounters difficulties coping years after the loss. Teachers, coaches, peers, strangers: everyone seems to grant a 1-year recovery period to a child recovering from loss. At the first sign of resiliency, the child is regarded as "healed" and the expectation is held that he will not return to a place where a past crisis or trauma will affect his emotional health. Then when problems do arise, they are often ignored. This expectation is contrary to normal child development and grief recovery, and leaves a child to suffer in silence.

In today's world, children of 9/11 will continue to suffer.

MY STORY

I am a pediatric physical therapist and worked as an attorney in the area of special education. In the last 5 years, I served as President of the Families of September 11 organization, founded and continue to work with the Children of September 11 program, served as faculty on Mount Sinai Medical School's Reaching Children Initiative, and currently serve on the board of the National Center for School Crisis and Bereavement. I am most qualified to speak on this topic as a parent of two who often struggle to cope after 9/11, and of one who struggles all the time. My son suffers from traumatic anxiety disorder and has difficult to horrible times. Life for us as a family is not easy with a son so afflicted; life for him is often impossible.

He is a great athlete, but he has panic attacks. He is a wonderful friend, but as he grows and reaches his adolescence, he faces cruel jokes and ridicule due to his fears. He needs to know "what happens next" on a regular basis; he cannot cope with the unexpected and unknown. If he does not know what will happen next, he fears someone will die. Treating this symptomology often includes demonstrating to a child that his fears are unfounded and often unrealistic. Yet, what about my son? His father left for work one day and a plane filled with terrorists crashed into his building causing his death in a most horrific way. To affirm this reality, my son is reminded of it continually via newscasts, flags, bumper stickers, t-shirts, and magazine covers. He is reminded through nearly every visual venue one might imagine, each and every day. It is his unfortunate truth that at any moment a grisly death can steal another loved one from his life. He is terrified of the unexpected. What could have been more unexpected than the very real 9/11 he lived through?

He is a good student, but his persistent worries often invade the school day and limit his ability to focus. He works hard to cope with his difficulties without help in school, and as a result, his teachers regularly ignore his special education Section 504 Plan. Working to get my son the assistance he needs in school is my uphill battle. There is little education or in-service training available to teachers about how to work with children suffering the effects of trauma and/or loss. Also, on how to recognize symptoms and fears, or how to deal with a grieving that spans a childhood. As for the few training programs that do exist, it is not mandatory that teachers attend. There are no services in our school or in our community for my son. He was supposed to be over the death of his father years ago.

My son's anxiety began on 9/11/2001. It is not due to anything else. It is a casualty of 9/11. Along with my husband John, he is a victim.

MENTAL ILLNESS

Mental illness is different from physical illness, but it can be debilitating, disabling, and for a teenager where suicide is the third leading cause of death, it can be life threatening. Diagnoses of mental health illnesses should be recognized and treated on the same level as physical illnesses. Yet, they are not. New York should be commended for recently passing Timothy's Law, which requires all health insurance companies to provide coverage for mental health care. Sadly, this is not the case in many States, and many policies that do cover counseling services have restrictions so prohibitive that it prevents people from accessing the care they need. My own insurance policy covers basic counseling services, but not the specialized services my son requires. As a victim of pediatric traumatic loss, he needs services from one trained in that area. Sending my son to a psychologist who specializes in marriage or drug counseling, as my insurance allows, is akin to seeing a dermatologist for a chronic heart condition. It costs me several thousands of dollars a year for his care.

I have health insurance. Thousands of lower- and middle-income families have no health insurance and therefore no chance at all to receive care for mental health illnesses. If choosing between care for a physical or emotional ailment that fits in one's budget, realistically the choice would be to treat the physical illness. Hence, depression, anxiety, complicated grief, all go untreated in children and that can lead to drug abuse, eating disorders, and suicide. Charities most thankfully offered financial assistance to 9/11 families for a time after the attacks to guarantee access to mental health, but the benefits are sun-setting. Children of the victims of September 11 will soon be among those left alone to suffer in silence.

RECOMMENDATIONS

I am thankful that this hearing has been called to investigate whether Federal funding should continue for those who suffer long-term ailments, even fatal illnesses, caused by the devastation of September 11, 2001. Yet I am concerned, as I believe caring for those who still suffer from 9/11 should be an automatic response, an obligation of our government, without a hearing. The findings of the 9/11 Commission clearly illustrated that steps should have been taken prior to the attacks which could have prevented them. Surely this gives rise to the responsibility to assist the victims who continue to suffer. Without doubt, long-term resources should be made available to those who are afflicted with chronic physical and emotional illnesses sustained as a result of the attacks on America. If financial constraints prevent any individual, adult or child, suffering with 9/11 ailments from attaining the attention he requires, resources must be available to him.

That is not enough to help the children. They need more than reimbursement.

The attacks of September 11 caused the largest loss of life on American soil due to terrorism. Thousands of parents died, and due to illnesses resulting from the

toxic debris of the destruction, parents continue to die. As a country we must resolve that these deaths are not in vain. In honor of those lost, as a Nation, we should step up and fix what is broken for their children. I implore that you, as a working committee, strive to effect necessary change.

We need families to have health care insurance. We need the Mental Health Parity Act to pass providing for compulsory coverage of mental health services. We need quality mental health care programs in our schools and communities for children. We need improved crisis intervention and counseling in schools, and mandatory services for the long-term needs of children suffering from trauma and loss, not just services in the immediate days that follow. We need funding to inform teachers about childhood mental health, in order to better prepare them to assist the child that is suffering from death, trauma, loss and terrorism. We need to insure the emotional safety of children as well as their physical safety, as we prepare schools for future acts of terrorism as required by the Homeland Security legislation.[2] If we, as a Nation, gave adequate attention to the mental health needs of our children in this country, we could instead be discussing best practices rather than simply basic funding for a select few. If the mental health needs of 9/11 children were adequately addressed in our schools and communities, there would be no need for my testimony.

Children continue to suffer after 9/11 and we need to care.

Thank you for this opportunity to submit this testimony.

PREPARED STATEMENT OF WILLIAM GLEASON, FORMER NEW YORK CITY FIREMAN

My name is William Gleason. Two years ago, at age 44, I was medically retired from the New York City Fire Department (FDNY) for my line of duty injury of September 11, 2001. Until April 2005, I was a Lieutenant in the Emergency Medical Services Command and had served in the Department for 21 years.

Over the course of 8 months, I worked more than 100 hours at Ground Zero. I worked at Ground Zero from the night of September 11 and for the next two days. After that, I was assigned to work at Ground Zero for several more shifts until May 2002. Emergency Medical Technicians and Paramedics remained on site until that time, directly involved in the recovery of the lost, and in order to treat those who were injured while working on the cleanup of the World Trade Center site.

I began to experience health problems on September 12, 2001 when I could not breathe out of my nose. Shortly thereafter, I developed recurring sinus and upper respiratory infections. One infection would clear up and then another infection would develop several days later. I underwent several sinus procedures including two in-hospital surgeries.

I started noticing I was having shortness of breath in October 2003. On March 8, 2004, I began to experience severe breathing problems. My EMS crew transported me to the emergency room and I was diagnosed with asthma. That was the beginning of a series of asthma attacks, several of which have required treatment at hospital emergency rooms.

On March 15, 2004 the Fire Department Bureau of Health Services examined me for the asthma attack. That day the Fire Department convened a three-physician medical board which reviewed my medical records and determined that I was unfit for duty due to toxic exposure. The board stated that, "His respiratory disability is permanent and related to his 9/11-WTC exposures." I applied for retirement and in November, the New York City Employees Retirement (NYCERS) approved my request for line of duty retirement.

My health care is covered by workers' compensation and I receive workers' compensation payments. However, my disability pension is reduced by the amount of workers' compensation I receive. I participate in the FDNY monitoring program and also receive my health care treatment through this program. It is vitally important that I receive my care through the FDNY program because the physicians are knowledgeable about occupational illnesses and specifically, World Trade Center illnesses. Dr. Weiden of FDNY was the first physician who was able to connect my medical problems to my WTC exposure. Because my asthma is occupational and related to the toxins I was exposed to at Ground Zero, it requires specialized care that the vast majority of physicians do not have the training or knowledge to provide. I am fortunate to have several different physicians who work together to maintain my health.

No doubt, the financial cost of my care is quite high. I have three to six appointments with doctors each month. While I do not know the actual cost paid for my drugs by the workers' compensation program, I am told that at market rates, they cost about $7,000 per month.

Prior to September 11, 2001 I was in great shape. I did not smoke or drink and I was an active swimmer and rock climber. Now, I sit on the sidelines and watch my three teenagers do those things. I get short of breath when I walk up stairs or even take walks down a long hall. I live with Hyper-Reactive Airway Disease Syndrome (a form of occupational asthma). The attacks have multiple triggers that include the cold as well as hot and humid weather, and even a stranger's perfume. I have developed sleep apnea and require a machine at night that blows air into my lungs. I now see a cardiologist regularly to monitor my heart as it is possible that my respiratory problems could lead to heart problems. I have several lung nodules that require CT scans every 6 months, and I have developed gastroesophageal reflux disease (GERD) and other medical problems that are related to my 9/11 toxic exposure.

I worry about my family's future as well as my own. I am watching friends who have become very ill from WTC-related illnesses and have even watched a few die. Ultimately, I believe that the number who will die from the WTC-related toxic exposure will far surpass the number killed on September 11. This is one of the tragic legacies of that awful day. The Nation must make sure that every one affected by the attack receives the care they need and that they and their families are not left destitute.

On September 11, we answered the call. We stood in harm's way and did our duty for God and country. Now, we need you to be our heroes. Thank you.

PREPARED STATEMENT OF BONNIE JEAN GIEBFRIED, NYC EMS

DIAGNOSIS

Extrinsic asthma w/acute exacerbation; Reactive airway disease; WTC cough; Compromised lung function; Chronic sinusitis; Compromised immune system; Post traumatic stress syndrome; GI toxicity; Gastroesophageal reflux; Hiatal hernia; Hypothyroidism; Ulna nerve compression; DeQuervain's syndrome of left wrist; L.S. radicular neuralgia syndrome; Left hand—shoulder syndrome (surgery of left thumb, wrist and elbow—October 8, 2004); Left shoulder impingement; Left elbow epicondylitis; Left TM arthritis; Cervical radiculitis; Cervical spine vertebral subluxation complex; Lumbopelvic vertebral subluxation complex; Cervicobrachial syndrome; Sciatica; Vertigo.

DATES OUT OF WORK SINCE SEPTEMBER 2001

2001

September 11, 2001: dispatched to World Trade Center—8:54 a.m.; Evacuated by NYPD boat—South Marina to Liberty Park, NJ—approx. 1 p.m.; Taken to Bayonne Hospital, NJ by ambulance (discharged 5:30 p.m.)—transferred to Jamaica Hospital, NY (approx. 10 p.m.).

Jamaica Hospital, NY: September 11, 2001–September 13, 2001—injuries sustained on September 11, 2001 at "Ground Zero"; September 11, 2001–November 12, 2001: out due to injuries sustained on September 11, 2001; December 16, 2001–December 26, 2001: out of work, respiratory.

2002

February 4, 2002–February 10, 2002: out of work—asthma attack; March 15, 2002–March 19, 2002: out of work—respiratory; May 7, 2002–May 12, 2002: out of work—asthma attack taken to FHMC; June 7, 2002–June 10, 2002: sent home from work—respiratory; September 13, 2002–September 17, 2002: out of work—respiratory; November 19, 2002–November 22, 2002: out of work—asthma; December 24, 2002–December 27, 2002: out of work—respiratory.

2003

January 16, 2003–January 18, 2003: asthma attack at Mt. Sinai clinic—taken to Lenox Hospital, NYC; April 23, 2003–June 6, 2003: 911 called taken to South Nassau Communities Hospital—Oceanside (discharged 5/5/03)—asthma; August 14, 2003–August 19, 2003: Blackout caused panic attacks; August 29, 2003–September 3, 2003: sent home from work—respiratory; September 10, 2003–October 10, 2003—out of work—asthma attack November 2, 2003–November 4, 2003: out of work—panic attack.

2004

February 22, 2004–February 27, 2004: out of work—virus; April 16, 2004–present: out of work until present day—asthma (October 8, 2004—surgery of injuries sustained 9/11/01.

MEDICATION HISTORY

Prior to September 11, 2001

Synthroid—Thyroid

Post September 11, 2001

Pulmicort 200mcg—asthma; Zithromax 250 mg Z-pak Tab PFI—respiratory; Albuterol 90mcg Inhaler War—asthma; Azmacort Inhaler RHO—asthma; Levaquin 500 mg Tablet MCN—respiratory; Methylprednisolone 4 mg DSPKGRE—asthma; Atrovent Inhaler B-I—asthma; Bupropion 100 mg Tablet—asthma; Avelox 400 mg Tablet BAY; Prednisone 10 mg—asthma; Lithium Carb 300 mg Cap 60 CA ROXA—psychiatric; Guaifenex DM Tablet SA 20 TA ETHE—respiratory; Advair Diskus 100/50 mcg—asthma; Belladonna/Phenobar Tabs—psychiatric; Trazadone 100 mg Tab—psychiatric; Ketoconazole Cream 2 percent—rash; Synthroid 150 mg Tab—thyroid; Trileptal 150 mg Tablets—psychiatric; Trazadone 150 mg Tablets—psychiatric; Clindamycin 300 mg Capsules—respiratory; Tussionex Pennkinetic Susp MPI (ground zero cough)—respiratory; Carafate 1 gram Tablets—GERD; Atrovent Inhaler—asthma; Flonase Nasal Spray 0.05 percent—nasal; Lotemax Eye Drops 0.5 percent—eye infection; Alocril Eye Drops 2 percent—eye infection; Advair Disc 500/50—asthma; Clarinex 5 mg—respiratory; Guaifenesin 600/60—antibiotic; Ciprodex 1.5ml—antibiotic; Nasaral 25 mcg—respiratory; Lexapro—psychiatric; Zelnorm—GERD; Factive—pneumonia; Meclizine 12.5 mg—vertigo (PRN); Compazine 10 mg—(PRN); and Xopenex 1.25 mg—asthma.

PRESENT MEDICATIONS

Singular 10 mg Tab—respiratory; *Protonix* 40 mg—GERD; *Klonapin wafer*—psychiatric; *Allegra*—respiratory; *Wilson Solution*—respiratory (PRN); *QVAR*—asthma; *Armour* 2GR—thyroid; *Epi-pen*—asthma & Allergies (PRN); Rozerem 8 mg—insomnia; *Xopenex*—asthma; Meclizine 12.5 mg—vertigo (PRN); Compazine 10 mg—(PRN); and Albuterol—(PRN).

CERTIFICATE OF PRESENCE

I, Bonnie Jean Giebfried attest to the fact that on September 11, 2001 my partner (Jennifer Beckham) and I were assigned to the World Trade Center Incident due to the fact we were Emergency Medical Technicians employed by Flushing Hospital Medical Center working within the guidelines of the New York City 9/11 system under the direction of the Fire Department of New York City.

Shortly before 9 a.m. when the dispatcher was dispatching the units into the city, all we knew was the designated staging area we were to report to, WEST & VESEY (now known as "GROUND ZERO").

We switched our radio over to city-wide. As we headed into the city, we were traveling on the Long Island Expressway and we're seeing assorted BLS and ALS units from our sector in front of us as we travel toward the city. The Long Island Expressway is one of our main routes into the city and the traffic on it was stopped dead in its tracks. When we got to a point on the expressway where we could see across to Manhattan, my partner and I could see one tower burning.

As EMTs we learn to overcome that initial fear. We know it's there, but we put it in the back of our heads and keep going so we can do our jobs. That defense mechanism everyone else has (fright/flight), we don't experience, because somehow it gets overridden.

During our travels on the Long Island Expressway we had to cross over into oncoming traffic, going the wrong way. We did this to make headway as we traveled toward the mid-town Tunnel. Just before we got to the tunnel we got back into the correct lane of traffic so we could get into Manhattan. As we came out of the tunnel, the second plane hit.

Up to this point, we had been following an FDNY unit. We got to the Fulton Fish Market, and the FDNY unit turned to go to its assigned staging area, at that point we decided to go toward the large black plume of smoke. We met up with a crew from another hospital that we knew well, when we were a few blocks from THE TWIN TOWERS. The debris was flying all over, along with papers, and the tower was engulfed in flames. An officer came over and stated that we weren't supposed to be staged there. Our staging assignment was WEST & VESEY and we were on our way again, down BROADWAY to some other street and onto THE WEST SIDE HIGHWAY. When we were driving on THE WEST SIDE HIGHWAY, that's when we saw the body parts.

We did not make it to our designated staging area because a firefighter stopped us at WEST & LIBERTY. Everything on the East side of us was on fire—buildings,

cars and the burning debris was falling from THE TOWERS. There was a pedestrian bridge where the firefighter had stopped us. It went from the corner of the SOUTH TOWER to the FINANCIAL BUILDING, crossing over the roadway. I wanted to be under the bridge for safety but the firefighter moved us 12 feet North.

We unloaded everything we could out of the ambulance: our tech bag, oxygen, backboard, collars, and our helmets, which were our only protective equipment issued to us. We got everything. The EMS Commander for FDNY, Captain Karin DeShore was coordinating our staging area (WEST & LIBERTY). She yelled to us that we had to report to Chief Wells with FDNY, on the other side of the roadway: they had some people there we needed to get out of the SOUTH TOWER. We grabbed our equipment and ran across past the cars on fire to the lobby of the SOUTH TOWER. We got inside the lobby of the SOUTH TOWER and there were three women who needed our help. One woman was handicapped and the other two were just frightened. None of them were injured, but we needed to get them out of there and to safety! I gave the older woman my helmet and said: "you're going to do exactly what we say?," as the younger woman nodded her head, my partner and I picked up the handicapped woman and put her on the stretcher; we were ready to go. We waited until Chief Wells said "GO" then we ran across the street, and we got all three women to safety.

After we got the women across to safety, we instructed them to go away from the towers to a safe location. At this point, my partner and I met up with a couple of our paramedics and their students, and this is when we started to see and hear the jumpers. When they hit the ground it sounded like gunshots.

Captain Karin DeShore told us the falling debris was getting too close, and we had to move back. We continued to witness the TWIN TOWERS burning and the people jumping to their deaths. We continued to back away from the falling debris when a loud noise rang out, the ground shook and a ball of fire came at us. We ran up the grass and saw a little alcove on the side of the Financial Building that we thought was an entrance, but it wasn't; it was just part of the design of the building and that became our tomb where we got buried alive under tons of debris.

There were EMT, FDNY and POLICE buried under all the debris. The air, what little there was, was superheated! I took what I was sure would be my last breath thinking, "Take care of my family; take care of everyone I love." Police Officer Tim McGinn managed to get to his firearm, and shot out the window where we were buried; we all started to break the thick panes of glass with whatever we had and suddenly there was air. We were in the lobby of the building.

At that point everyone seemed to scatter, trying to find a way out, it was dark beyond belief; you could hardly see.

After being buried we all threw up because whatever came at us, that's what we swallowed. God knows what we swallowed; a tree, a piece of a car, part of the building, it was hard to tell and we will never know!

We finally got out of the building and went into a nearby deli (Au Bon Pain). We had no idea the whole tower collapsed and was gone; we just figured the top blew off from the explosion. My eyes were burning and Jen flushed them out. Everyone's eyes were burning from the smoke, dust and debris. People started to come into the deli and we went into EMT mode again and started to triage injuries; like broken arms, abrasions, contusions, difficulty breathing, etc. At some point Jen and I made the decision to leave the deli, because the building could be unstable. There was a MERV (medical van) nearby and we went over to it to get more supplies.

We gathered necessities to triage people, as we departed from the MERV and started walking down the street the ground started shaking again—I remember that feeling from when the tower exploded. We dropped everything and ran into an underground parking garage.

The debris started coming at us and covering the entrance way. The debris settled a bit, Jen pulled her flashlight out; we really couldn't see 3 feet in front of us. Then we heard people calling, "Is anyone in here?" We called to the people to move toward our voices and look for the light. We met up with a police officer and four other people. We kicked the debris out from the front of the parking garage. The police officer said we had to go toward the water. Jen and I saw some of our supplies so we started to gather them and we headed toward the water.

Jen and I set up a makeshift triage area and started treating anyone who came toward us for assistance. More resources were arriving; a fireboat pulled against the sea wall where we were; whoever was an emergency we directed to the boat; all kinds of boats were coming to assist in getting people off the island. In the midst of all that was going on I began to feel ill, my breathing got really bad; I sat down because I was getting very weak and Jen ran to find albuterol because I was beginning to have my first of three asthma attacks.

Chief Browne came over after some time and stated we were being re-deployed to North Cove Marina. We found one of those golf carts they use to pick up trash cans and loaded all our equipment. Chief Browne and I introduced ourselves and started to talk about our families and where we were from. We arrived at the Marina and we were told there was a threat of a gas explosion, at this point we made a decision to get on the boat and we were evacuated to New Jersey.

The albuterol treatment did not break my asthma attack and I was starting to have another attack as the boat sped away from the Marina. I said to Jen, I did not feel well and I was having another attack; Jen said, "There's no oxygen on the boat, just keep breathing." All I could see was the city burning under a thick black cloud of smoke to the left of me and the Statue of Liberty to the right of me.

I could hardly stand up when we reached New Jersey. Two men grabbed under my arms and brought me up the walkway where an ambulance crew grabbed me and brought me to their unit to be treated. I was given another treatment of albuterol which was not breaking the attack, the paramedics had to start an IV and give me a steroid (Salmeterol) to help stop the chest pain and asthma attack I was having.

We were taken to Bayonne Hospital, the ER team started to triage me and Jen, then we were sent to a room in the general population and further tests would be ordered and evaluated.

Jen was going to be released from the hospital and the staff wanted to keep me for observation; I said, "if she goes I am going too," I would be released if I followed up with an exam at Jamaica Hospital. I was given goodwill clothes to wear and Jen was in paper scrubs. As we waited for an ambulance from Jamaica Hospital Medical Center (our mother hospital) Jen asked me if I wanted to view the city. She had found a parking garage which had a direct view of Manhattan; I said, "yes." We walked a bit and up five flights of stairs to the top of the parking garage, where we looked across to view the city; it was beyond belief! All I really understood at that point was that we had been buried alive. We triaged people, I had asthma attacks, we left the city on a boat, we were in a Bayonne Hospital and now we were waiting to go home.

The Jamaica ambulance came and got us. We came home by the Verrazano Narrows Bridge the driver pointed out the city still burning. While we were on the bridge we got word that a man was picked up on the George Washington Bridge in a fuel truck, possibly trying to blow it up. All I wanted to do was get over the bridge.

We finally arrived at Jamaica Hospital Medical Center where we were instructed to meet in a designated place to be de-briefed. No one met us and Jen's and my anxiety levels increased. All we wanted to do was go home. I started to feel ill again and I was going to have another asthma attack. Jen called for help and staff arrived and wheeled me to the ER. Jen and I received medical attention once again. I was taken to the 4th floor to a private room; I didn't want to be anywhere high, I was ALONE! I had no TV, no phone and all I could see outside the window was the moon and a billboard of the TITANIC sinking over and over again.

I went home 3 days later; I was told not to watch TV, read newspapers or magazines but to do normal things. I sustained a dislocated thumb, lacerations to my right leg, many contusions, many sore muscles and the memories that I would have to face of that day, just as my partner and co-workers would have to, one by one, to begin to heal. I did something normal; I got back to my home base at Flushing Hospital Medical Center, saw a couple of people, got in my truck and headed for home.

My name is Bonnie Jean Giebfried, one of the EMTs which responded to the World Trade Center Tragedy on September 11, 2001. Many of the survivors from "Ground Zero" are very ill due to their exposure to toxins on September 11, 2001. Due to pressures from the hierarchical systems survivors have been silenced, denigrated or their careers have been threatened when the truth of their experience on September 11, 2001 was brought to light.

It seems with the passing of time many individuals have forgotten the survivors of "Ground Zero." Due to the exposure at "Ground Zero" many people have been diagnosed with blood diseases, respiratory diseases, lung cancer, throat cancer, etc. On June 24, 2005, due to complications physically & mentally we buried one of our co-workers; Tim Keller, age 41, dead. The aftermath of 9/11/01 shows the true toxicity of the unaddressed issues; the survivors are not getting proper medical care due to the levels of lethal toxins inhaled and the chemicals we were exposed to at "Ground Zero." The true impact of being a "survivor" of Ground Zero has not been accurately reported; no one wants to face the reality of the suicides that have oc-

curred, the broken homes, the personal struggles, the physical limitations or the struggle in dealing with the bureaucratic/hierarchical structures due to the aftermath of 9/11/01.

Being a survivor has brought about many obstacles; many of us have lost our insurance coverage, have put a great deal of money out-of-pocket, most of us have used our savings up, bills from 9/11/01 are not being paid/disputed; there is no continuity with the systems we must file paperwork in regard to 9/11/01 illnesses/surgery/mental health, etc. I find it very disconcerting that the "survivors" have received little assistance in trying to resolve issues that date back to September 11, 2001. The lack of resolution of these issues for the past 4 years continues to impede our ability to recover, heal or move forward in life.

I am overwhelmed by the inequality and treatment of individuals that were not considered "UNIFORMED WORKERS," even though we all receive the same training and implement the same service to the general public. In a country that claims, ". . . and justice for all" things have fallen quite short of this right as individuals. We are tired of the red tape, pass the buck, filing more papers to achieve appropriate and fair treatment—we did our jobs on 9/11/01.

Once classified as "HEROES" with praise and promises; the 5th year anniversary approaches. Will we be left to whither away with the diseases caused by the toxic exposure on 9/11/01 or will we find justice by having our voices heard, our medical needs addressed and a governing agency that will implement the services & care needed for the survivors which can help maintain a quality of life before the toxins extinguish our existence.

DEAR SENATOR CLINTON OR WHOMEVER IT MAY CONCERN: I would first like to thank you for reaching out to the First Responders by giving them an opportunity to speak out and provide input regarding decisions and legislations that will affect their quality of life. Those who have been affected must succumb to decisions made regarding their health by individuals who will never personally know what the First Responders and their families must endure on a day-to-day basis.

As a result of 9/11 my father, Raymond Simons, has extreme difficulty carrying out even the simplest daily tasks. His drastically reduced lung capacity prevents him from living the way he used to. He will never have the full capacity of his life back. He was deemed "disabled" and granted three-quarters retirement from EMS/FDNY due to his disability, however he continues to struggle to have his operations approved and paid for by Workmen's Compensation. Most recently he was scheduled for lung surgery and had to undergo all of the necessary pre-operation exams and testing, only to be called the night before his surgery and told that the required pre-authorization was not approved. This is only one example of the hardships that my family must deal with. My father has not received ANY form of compensation for physical pain he is in, and has been in for the past 5½ years. He does not receive ANY compensation for the emotional stress of being told that he is disabled yet he is repeatedly denied Social Security Disability and has been neglected by Workmen's Comp. He does not receive ANY compensation for the drastic financial strain on our family as he is unable to work a full-time job or receive additional benefits that would facilitate his once again leading a "normal" life.

Now there is a question of whether or not the government will continue the funding for his long-term physical and mental health? I'm assuming that those who make these decisions sit behind a desk and decide that the money put aside for 9/11 funds would be much better appropriated somewhere else. They are outside of the situation. The events of 9/11 are a page in history to them. They do not wake up every morning just to witness a loved one suffer; yet another reminder of physical and emotional pain that will never subside and will only increase.

My father sacrificed everything to help others on that day and was a vigilant city worker for the weeks afterward. **Now he is the one who needs help.** The First Responders are the ones who need to be saved.

There are heroes of 9/11 that are NOT gone, but unfortunately they already have been forgotten.

We appreciate all of your efforts.

Sincerely,

DANA M. SIMONS.

MARCH 21, 2007.

TO WHOM IT MAY CONCERN: I am the wife of a NYPD detective who became ill after 9/11. My husband had spent 8 months at the World Trade Center site and

Fresh Kills. During the time period he was working there, he started coughing and having trouble breathing. He had headaches on a daily basis. However, he felt it was something that would discontinue when the work was done. Little did we know, his work there would change the lives of our family forever.

My husband often woke up at night with breathing problems that seemed to me to be asthmatic. I knew this because I had a sister with asthma, but had no idea that a person could develop hyper-reactive airways from exposure to chemicals. He started having problems with physical exertion where he would have to stop after small intervals of outside yard work in order to catch his breath. Some days were worse than others, and it wasn't until he was sent in for a methacholine challenge test that we were informed he has RADS (reactive airways dysfunction syndrome).

However, despite finding out the problem with his breathing, we were still perplexed about another problem. He was having severe dizzy spells where he couldn't see straight, and his spacial relations were off. He often compared this to having a brain fog, being in a video game, and taking a bad ride on a roller coaster where he couldn't stop the ride. He would lay down hoping it would go away. He started walking into things, and seemed to have trouble with small motor skills. He couldn't remember things that he had been told or said. He couldn't focus or concentrate. After failing a neurological test in family doctor's office, he went to a neurologist who ran tests and discovered he had vestibular dysfunction, gait ataxia, vertigo, and memory loss. Depression set in when he was told he'll never get better.

Through all of this, strange things have happened where my husband had a tumor appear under his left rib (noncancerous) and one within a sebaceous cyst (also, noncancerous). An atypical mole was removed. He's had a biopsy done on his esophagus and was diagnosed with Acid Reflux. Some of his teeth have crumbled and fallen out in his mouth. He developed rashes on the front of his shins that would break open and bleed during the night. He has frequent chest pain. His body temperature often drops for no reason to 95 and 96 degrees. Liver function tests have shown fluctuating levels of bilirubin without explanation. He has become Vitamin D deficient and has always been one to drink a lot of milk.

The unfortunate part about all of this is that it took us years to figure out what was wrong with my husband and some things are still left unanswered. We were uninformed about what the men and women at the sites were breathing in, and this lack of information caused my husband and others to suffer for years. We don't know what could happen, and we're not prepared for the types of illnesses that could take place.

We have physicians in the State of New York who discount people's participation as a cause of their illnesses and a lack of education as to what types of illnesses may occur. For the past 5 years, my husband has seen several physicians, and the list continues to grow. We've forked out thousands of dollars of our own money despite having health insurance because some tests and some physicians aren't covered. The federally funded hospitals seem to be lacking as well. The focus at Mt. Sinai seems to be on breathing and lung problems, but so many other illnesses that could occur, such as my husband's problem which is considered to be a brain injury from chemical inhalation, are completely discounted.

My youngest daughter was conceived during the time period my husband was working in Rescue and Recovery. She's growing at an abnormal rate (approximately 5 inches a year) and was found to have an extra lower rib on her right side. She has outgrown her sister who is 2 years older than her. She wakes up at night screaming in pain from the growth, and I believe her problems are no coincidence since I have three other children who were born healthy prior to 9/11, and no inherited problems have been found with my daughter. I also had miscarriages which never happened to me prior to 9/11. I miscarried last April and was devastated. No one can convince me that my husband's exposure had nothing to do with this, and I DO believe the children are affected.

None of us were informed as to what people were breathing in. None of us knew how it could affect anyone or how it could affect our children. None of us planned to have these things happen to our families. None of us wanted to be the center of attention for having sick family members, and none of the sick wanted to be ill.

I lost my best friend after 9/11 and am now watching a man who is a shell of a person he once was. He's frustrated with the memory loss and the inability to do the types of things he used to do. He wakes up at night and has broken sleep due to RADS and hypopneas. He gets angry and frustrated that these illnesses will never get better, and I'm frustrated for not being able to help him. There's nothing I can do to help him get better. I can only hope that the right things are done by him and everyone else who has suffered the way our family has suffered. He lost the quality of his life after 9/11 and will never have the type of life he once had.

My husband waits for his retirement to occur after serving over 19 years of working for the city of New York. His dream since childhood was to be a police officer for the NYPD. Now, he waits for the day where he might find a place to breathe easier. His doctors say he can no longer do his job. He asked me, "What job could I ever do again?" I have no answer for him.

I cannot put words into this letter to tell people how devastating the physical changes in my husband have been. It's difficult to watch someone suffer and wish so badly that his life was back to normal. It's difficult to hear him be told that his injuries are permanent. It's difficult to see him frustrated from his memory loss, gasping for breath, or having vertigo so badly that he can't function. There are so many out there who are like him, and I pray to God that we will one day find a way to help him get better.

I pray for the children of those who worked in Rescue and Recovery and for the future families of all residents and people exposed. Most of all, I pray that our country will come together and help the people who were injured in this attack that wasn't just an attack on New York City, but an attack on our country.

Sincerely,

DONNA L. MICHAELS.

TO WHOM IT MAY CONCERN: On September 11, 2001, I was alerted at my home by a co-worker about a plane that had just hit the first tower of the World Trade Center that morning. As my wife and I watched in horror at the events of that act, a second plane hit tower 2. My good friend and co-worker and I jumped in my car and headed down to the firehouse. All the way down we received updates from a friend in the dispatcher's office of just how bad the situation was. The one thing we concluded before we arrived, was that we were not going to walk away from this one without a scratch (meaning the Fire Department as a whole) and that life, as we knew it, was changing as we lived and breathed. We arrived at Ground Zero with other members of Rescue 3 just after the second tower collapsed. From that moment on, I was involved in the search and rescue operation at Ground Zero in a desperate attempt to find any survivors, only to realize, in a few days, that would not be the case. By about the fourth or fifth day, it became painfully obvious that if survivors were not found by this point, it was highly unlikely that there would be any. However, that did not stop me, or anyone else involved, from continuing our search through every opening or crevice, however small, throughout that entire 16-acre area in hopes of finding someone still alive somewhere in a void area.

Throughout much of the first week, there was no resource from which to obtain proper breathing respirators that we could operate with. Our standard S.C.B.A. (self contained breathing apparatus) that we used was too bulky and did not supply enough time on air to allow us to continue the task at hand. We had only simple dust masks and medical masks, if you could find them, to rely on Rescue Co. #3 lost all eight members working that day and my battalion, Special Operations Command, lost over 90 lives.

Nine months later, with recovery operations winding down and the task ahead of rebuilding, not only our company but our battalion, I decided that I did not want to retire from the F.D.N.Y. but help rebuild it. My career with this Fire Department and the people I've worked with is something I've cherished and respected.

In the years after 9/11, I started to notice my breathing becoming more labored. I tried to reason with myself that perhaps I wasn't working out enough, with all the long hours we needed to work. On September 11, 2005, I was at a multiple alarm fire in the Bronx when I ran out of air in my S.C.B.A. and could not get out of the building right away due to reports of children possibly trapped on the upper floors. I went unconscious and was dragged out of the building by other firefighters and brought to the hospital. Before returning to work, I had to be examined by the medical office and was told that I would not be going back to the firehouse.

I was diagnosed by F.D.N.Y. Chief Medical Officers with having asthma with persistent symptoms, airway obstruction and GERD, and retired in October 2005. Since then, I have received treatment and have had constant monitoring by the World Trade Center Monitoring Program and the F.D.N.Y. Medical Office. The doctors and staff have been very attentive in providing me with good medical attention and are continually regulating my medications and watching out for the best I can expect for my future health. It is good to know that the job that I cared so much for still cares enough about me to continually monitor my health since September 11, 2001. They have also helped me to obtain the necessary medications that I now need. As you all know these are very expensive medications that were using up a good portion of my retirement pay, as it does to many others with the same health concerns.

I can only hope and pray that the government will continue to provide the necessary funding for this most valuable medical monitoring to be done on all individuals that were involved in the rescue, recovery and clean-up at Ground Zero as a result of the events of September 11, 2001. Personally, I can only feel that if Federal funding is significantly reduced or stopped, that much of the medical attention that we are now receiving will be gone. The majority of us involved at Ground Zero are worried about our future and therefore the future of our families whom we work to support. I urge you to continue to support these medical programs with the proper funding and increase it, if anything. When, and if, another terrorist attack occurs, it would be sad if America's First Responders were to have doubts about how their health issues will be dealt with by the very government we will so proudly protect from harm. It's one thing to say "We will never forget."—It's another to honor those words.

"UNITED WE STAND"

I am always available.

DOUGLAS C. HANTUSCH,
Firefighter, F.D.N.Y. (retired).

MARCH 18, 2007.

TO: Senator Clinton, Senator Kennedy, Senator Enzi, and Members of the Help Committee

FROM: Jacqueline Kaht Fernandez, widow of Lt. Cruz A. Fernandez

SUBJECT: The Health of 9/11 First Responders

My husband, Lt. Cruz A. Fernandez, was with the FDNY for 24 years. He began his career as a fireman in Spanish Harlem and retired while an officer at Ladder 111 in Bed-Stuy November 2002. On September 11, 2001, he and his men arrived at Ground Zero 5 minutes after the second tower fell. My husband was digging from that day until April 2002. He logged in about 400 hours at what they called "The Pit." The lives of he and his men were saved on 9/11 because they had to leave their rig and walk across the Brooklyn Bridge. How ironic that "Bombero," as his men called him, would die 5 years later on July 14, 2006.

People ask if I knew he was sick. How could I? The information and stories only began right around his death. Now knowing what I do . . . collectively his condition would have raised a red flag. Did he tell me he was feeling sick? These men are what the city call "The Bravest." They drip testosterone. My husband would not have told me he was sick until he was on his deathbed. Unfortunately, he was.

The autopsy shows Bombero died as a result of his heart. It shows the heart was enlarged and also anthrocosis of the lungs. He was on the medication Protonix for Acid Reflux. During that Spring his sinuses were out of control and he was waking up with crusted, burning eyes. He complained he couldn't breath. I have a drawer full of nose spray and eye drops. Finally he went to the doctor, and he was put on Allegra D. The eczema on his face became out of control. He started to use over the counter hydrocortisone cream to calm it down. He developed an abscessed tooth and an infection despite the massive doses of antibiotics prescribed because of his double hip replacement in July 2004 and January 2005. Doctors have said all these conditions were a result of his auto-immune system shutting down.

He had been previously diagnosed with sleep apnea. It became scary. The time between breaths were lengthening. His snoring was getting louder and louder.

On May 7, 2006, my husband participated in the 3-hour FDNY WTC Medical Monitoring Program and was given a clean bill of health. The report of his chest x ray dated May 10 shows "Stable chest, lungs clear." "No enlarged heart." In June he had a myocardial perfusion study with Thallium dye. His doctor, Dr. Michael Chesner, said there was no indication of heart problems. He was as shocked as I was at my husband's death.

Bombero was athletic and still kept himself in great shape. He walked everyday. He was retired and we lived our life in Ft. Lauderdale. The no-stress lifestyle probably lengthened his life.

I'm tired of the politicians, government, and medical community trying to hide what is going on with the First Responders. These men and women ran in when everyone else was running out! They served the city and people of New York without hesitation. What happens the next time there is a national disaster if everyone knows they and their families will be abandoned? It's time that EVERYONE takes responsibility and steps up to the plate. These heroes are sick and dying left and

right. This is not a political issue, this is a MORAL issue. And down the road, who is to say some of YOU might not get sick?

JACQUELINE KAHT FERNANDEZ.

I am a Battalion Chief in the FDNY. My name is James Riches and still on medical leave from November 24, 2005 awaiting disability retirement due to decreased lung capacity. I lost my son firefighter Jimmy Riches, 29, of Engine 4 FDNY on 9/11/01. I arrived at WTC shortly after the second tower had collapsed and stayed there until the site closed on June 30, 2002. I was a healthy 49-year-old on 9/11/01, didn't smoke, didn't drink alcohol, and ran 5 miles every day. I had been feeling okay with minor symptoms—runny nose, dry cough—but nothing major. On November 24, 2005 I was admitted to Victory Memorial Hospital in Brooklyn having trouble breathing, with double pneumonia, and it escalated to Adult Respiratory Syndrome. My oxygen levels were abysmally low and doctors told my wife that I had 5 hours to live. I had flu-like symptoms for the week before my admission. I was in a coma for 16 days and placed on a ventilator. I was very lucky to survive this ordeal—from being a healthy person one day to laying in a coma with a machine breathing for me. I had stroke-like symptoms after I came out of the coma miraculously. Physical rehabilitation, speech therapy and breathing therapy with countless medications and I was finally released from the hospital on December 28, 2005. This was a very scary and horrible episode which I wouldn't wish on anyone. My lung capacity is reduced and I am currently taking many medications. The mental anguish of not knowing if you will be able to catch your next breath is excruciating. I lost my son on 9/11 and my health went down that day also. It took 4 years for the effects to rear its ugly head. I have been taking numerous medications and will forever. Doctor's visits and exams are a weekly event. It all went back to 9/11. The FDNY, Dr. Kerry Kelly and Dr. David Prezant have been very helpful with my medical care. The U.S. Senate and Federal Government can't turn their backs on the 9/11 workers who toiled very hard looking for the bodies of our fellow Americans, sons, daughters, brothers, sisters, fathers, and mothers. Medications, doctor's visits, prescriptions are part of our every day routine now. We still don't know how many more will get sick from 9/11.

Thank you, NEVER FORGET 9/11.

BATTALION CHIEF JIM RICHES,
FDNY Batt.11.

I worked for the New York City Human Resources Administration at 180 Water Street, a 5-minute walk East down the hill from the site of the World Trade Center.

All of us were called back to work on 9/17/01, a mere 6 days after the attack. We were told that no annual leave requests would be honored, and further advised that sick leave requests would be closely scrutinized. Since Christie Whitman, head of Federal EPA, got on the air and announced that "the air [in Manhattan] is safe to breathe and the water is safe to drink," who could protest?

As soon as I exited from the IRT station on Fulton Street, the air hit me like a club. I pressed a tissue over my nose and mouth and kept it there until I reached my office. The entire area, free of other pedestrians except for National Guard members in olive drab and gas masks, was covered with a fine white dust which came up in puffs as I walked.

I tracked the dust into the lobby, up the elevator, and onto my floor. My desk was covered with a fine grit, which I spent the morning sponging off. The water coming out of the faucets in the building smelled strongly of sulfur.

In short order, all of us began to experience respiratory symptoms. At the very least, people had sore throats and eyes. I had to cough constantly in order to clear my airways. I was bringing up a thick yellow discharge which was also, I am afraid to say, oozing out of my tear ducts, my ears, and indeed every other opening in my body. It was like the material which accumulates as the result of an infected wound.

I went to my doctor (a new physician since my former M.D. left the practice.) She said, "Gee, there seems to be some kind of flu going around" and didn't even bother to examine me. I got sent home with instructions to "drink a lot of fluids and take a decongestant."

We requested that the building's air filtration system be evaluated, and in turn received a rather 9/18/01 brisk memo from my agency's maintenance chief telling us the air filters had been checked prior to our agency's initial tenancy of the building (a year prior)!

My staff and I got together and asked management to issue breathing protection. All we got (about 11 days after we returned to the area) were the kind of paper masks, secured by a rubber band, which hardware stores sell 3 for $1 to homeowners who are planning to do heavy dusting.

We also asked for an evaluation of the air quality within the building. Someone from city EPA visited, and about a month later issued a report indicating the air was "safe."

I was thoroughly shocked to read, this past winter in Juan Gonzalez's excellent book, "Fallout: the Environmental Consequences of the World Trade Center Collapse," that the air was as caustic as drain cleaner, and that the levels of asbestos, benzene, dioxin, PCBs, lead, mercury, chromium, and diesel fuel oils in both the air and water were dangerous. Gonzalez also related this staggering tidbit: the accumulation of debris was so great that the air quality measurement devices nearest to our office were so clogged that they could not function.

I took early retirement the following October, still feeling as if I were functioning at about 40-percent physical capacity. Colds lasted longer and were much more difficult to shake off; flu shots failed to work.

Four and a half years out of the area, I am feeling a bit stronger, except for the fact that I heal from respiratory infections with much more difficulty. Given what I and my co-workers were exposed to, I worry about what MAY happen to my health in the future.

Provisions are being made for the brave souls who sifted for remains at Ground Zero. What is being done for the workers, residents, and schoolchildren of Lower Manhattan, innocents who were forced back into a toxic cauldron?

KATHRYN NOCERINO.

PREPARED STATEMENT OF KENNETH GEORGE, FORMER NEW YORK CITY DEPARTMENT OF TRANSPORTATION EMPLOYEE

My name is Kenneth George. I am 43-years-old and married. My wife Cynthia and I have three children who range in age from 15 to 22.

For over 19 years, I worked for the New York City Department of Transportation. But on July 29, 2006, I left the Department and my job because I could no longer work, not even on light duty. I am sick as a result of working on the recovery and cleanup efforts at the World Trade Center, following the September 11, 2001 attack.

I worked at the World Trade Center site from September 12 until the end of November, 2001. On 9/11, many employees from the Transportation Department, including myself, were assigned to assist with the recovery of victims. I went to the World Trade Center site on that day to provide identification and be put on a list that would allow me to pass through security checkpoints. I returned to the site on September 12 to begin my work assignment. Initially, my job was to dig through the pile of rubble to look for the remains of victims. We worked 16 hours a day for more than a month, doing our best to find the precious remains that would give comfort to the loved ones of these poor victims. As you might imagine, this work was emotionally difficult at times. Nothing I had been trained for at DOT prepared me for this work. Five years later I find myself reliving some of those difficult moments.

In November, the recovery phase ended and we began the cleanup operation. At that point, my job was to refuel the equipment being used in the cleanup by the city and its contractors.

I started to experience respiratory problems in late October or early November. I was at a work site where a large piece of debris was moved and green smoke filled the air around me. I believe it may have been burning Freon. The air was so bad it nearly knocked me and the other workers out. After that experience, my throat became irritated and I developed a cough.

In early November 2001, I saw a physician who diagnosed me with asthma. Since that time I have been diagnosed with other lung and chest ailments and with post traumatic stress disorder (PTSD). I had a slight heart attack last year, which the doctors believe was due to the combination of fumes at the work site and the steroids I take for my respiratory problems. I have been hospitalized a few times, including an episode following seizures brought on by my medications.

As you might expect, these illnesses have changed my life. I was once strong and healthy. I lifted weights regularly and rode my bike. Now, I cannot work. Climbing stairs is not easy and the steroids have caused me to gain weight. I can no longer drive because of the drugs I take for PTSD. I am often irritable and angry and this has been difficult for my family. Their husband and father has changed a lot.

Currently, I get my care from Nassau University Medical Center which is part of the World Trade Center Monitoring Program. But they have told me that they may run out of money soon and this worries me. My doctors there know how to treat me. Unfortunately, other doctors I have seen did not understand my health problems.

I also worry about my financial security. Currently, my health care costs are paid for by the WTC Program. I don't know where I would go for my care or to get my prescriptions filled if the Program ran out of money. Just the copays on my drugs would be difficult to pay. When I left my job, I received a disability pension. The benefits are only one-third what they would have been had I retired on a normal pension with my years of service. More importantly, my pension is more than $3,000 less per month than what I earned before I retired. I have had trouble paying my bills and I have been living with the fear that I could lose my house because I have not always been able to pay the mortgage on time. I have applied for workers' compensation and I am awaiting a final determination on my claim for health care benefits and weekly payments. I have also applied for Social Security Disability.

Working at the World Trade Center site has turned my life upside down. I worry about my future and that of my family. And I ask the Congress not to turn a blind eye towards the troubles of the many thousands of us who worked at Ground Zero. We need your help.

DEAR SENATORS: I am writing in regards to the Long Term Health Impacts from September 11 hearing. I lost my brother at the World Trade Center attacks. I still suffer from depression, anxiety, and sleep problems due to the post traumatic stress that I experienced directly after the attacks. The visions and nightmares of my beloved brother, who as part of FDNY bravely rushed in to save others, trapped under rubble have receded but have left a chronic legacy. I sought professional help on more than one occasion for these problems, and am currently in the process of finding another mental health counselor because we have moved. I participated in the Red Cross Mental Health Program and am a member of the World Trade Center Family Center located on Long Island. These organizations have been very helpful to both myself and my family.

I urge you to continue Federal funding for programs dedicated to helping those like myself, as they have been a lifeline for me during some very dark times.

Never Forget!

Thank you,

LISA RAND MEYER,
Sister of Adam Rand, FDNY Squad 288.

Greetings, I am the sister of a firefighter who died in the line of duty on September 11, 2001. I currently live in a rural community along the California-Oregon border. I arrived in New York as soon as I could get there (just over a week) and went to the WTC site the next day. I volunteered to help dig as I have a background in emergency medicine and critical care, but was told that there were enough recovery personnel at that time and that they were also not wanting family members.

Nevertheless, I spent a lot of time at the site when I wasn't needed with my mom and family. I stayed until the middle of November in order to attend my brother's memorial (we found no remains) as well as the memorial of his best friend, also a firefighter who died that day. By mid-October my respiratory symptoms were becoming consistent and I ended up finding a walk-in clinic a week or so later. I was told I needed to take antibiotics and did a 3-week course that was pretty thorough. (Anthrax was around) Symptoms included: deep bronchial congestion that showed signs of infection, headache, sinus pain and swelling/congestion, sore throat, low fever and chills . . . flu-like symptoms with a twist.

I was back in New York soon after as our dad died on 3/11/02. Again, I spent a lot of time at the site . . . and I had to drive past the Fresh Kills landfill to get to my mom's house which is just a few miles away. By then I was noticing a consistent need to clear my chest and throat. When there was a forest fire near my home in California, I had an asthma-like attack and passed out from smoke sensitivity, something new for me. I had two chest x rays, a year apart, that show "scar tissue" in my lungs. I had a second asthma-like attack (my sister was in the room when it happened, fortunately for me) just last February after being in a moldy house . . . again, something new for me.

I now experience a low-grade congestion that an ENT specialist helped me treat shortly after the respiratory problems of last year. I still have trouble breathing at times and have definitely developed a sensitivity to what is in my environment. I

suffered from gastric reflux closer to 9/11 which has seemed to have resolved after a few different treatment approaches.

My intention in reporting this is to add to the statistics and remind folks back East that there are a lot of people in California and other places outside NYC/DC. who have the "WTC cough" and other health impairments of varying degrees. I also want to stay in the loop of future discoveries and suggestions for treatment, especially if this gets worse.

Thanks for all you are doing in this very challenging and vital effort.

MARIE MITCHELL.

PREPARED STATEMENT OF MARVIN BETHEA, 9/11 FIRST RESPONDER, PARAMEDIC

Good afternoon. I would like to take this time to thank our elected officials for giving me the opportunity to testify at this hearing. My name is Marvin Bethea, and I was a NYC 911 Paramedic for the private hospitals. When I was dispatched by the NYC Fire Department from the borough of Queens to respond to the World Trade Center, I did. As I crossed the 59th, I was informed by phone that a big jetliner just crashed into the second tower. We knew this was no accident, this was a terrorist attack.

Did we say, "We shouldn't go, this is a terrorist attack?" Absolutely not, because we understood we had a duty to act and a responsibility to protect the city, State, and country that we love so much. I survived the collapse of both towers. Here we are 5 years later and we are fighting for healthcare and financial compensation. Can you imagine if it took me 5 years to respond to the World Trade Center what would my city, State, and country think of me? I, like so many others, did what President Kennedy asked of us when he said "Ask not what your country can do for you, ask what you can do for your country."

What did doing for our country get us? We got sick, injured and financially ruined. I went from being a happy, hard-working paramedic to becoming a disabled paramedic with numerous health problems. The last day I worked was January 8, 2004. I went from taking 2 medicines before 9/11 to taking 15 medicines. I am a broke man that has been given a slow death sentence. I pray to God every day that I don't develop any new health problems like cancer. I saw and heard my government promise, on a city, State, and Federal level, that we wouldn't be forgotten. They forgot. You can't tease us now by allocating some funds for treatment that will only last maybe a few months. People are starting to get treatment, only to be threatened with the fact that it may last only for a few months. That is cruel. This is equivalent to a man who hasn't eaten for the past 3 weeks and now you give him a steak. You ask him, "Do you like that steak?" after he had three bites of the steak and he tells you that it's the best steak he ever had, and your response is, "Enjoy it because you will not get anymore." Like I said before, this is very cruel.

I am extremely grateful for the $25 million President Bush has pledged. Here is the problem with that: Senators Clinton and Schumer's 9/11 Heroes Health Improvement Act calls for $1.9 billion in funding. Giving $25 million is like me asking you, "Can I borrow $100,000?" and you say, "See me today and I will take care of you." When I see you, you give me $10 and act as if you are doing me a favor. Don't turn 9/11 into another Katrina. What do I mean by that? The government was told those levies wouldn't withstand a level 4 or 5 hurricane. How much to fix the problem? $14 billion. Their response was, "Too much money." Now $90 billion later to fix the damage from Katrina, I would say in retrospect $14 billion was a bargain. Just think: $90 billion from $14 billion, you are left with $76 billion. Seventy-six billion dollars would cover the $1.9 billion that the New York congressional delegation is calling for in the 9/11 Heroes Health Improvement Act. You could have opened up the 9/11 Victims' Compensation Fund with that money and still had additional money left over. I don't want you to have to stand and scratch your heads 5 to 10 years from now when the residents and workers of Lower Manhattan and Brooklyn can't work anymore because the area was not properly cleaned and the people didn't receive healthcare treatment. The Bellevue Program needs **Federal funding yesterday!!! NYC should not be footing this bill by themselves.**

It is imperative that treatment centers like Mt. Sinai Health for Heroes Program are continually funded. Mt. Sinai and other programs like them offer occupational health doctors. These doctors are specially trained and know what to look for, and treat the horrible things we have been exposed to. As we know, today most doctors specialize in a particular field of medicine. The thought of giving heroes and survivors money to see the doctor of their choice is absolutely asinine. If you have a toothache do you go to the foot doctor? I say not, you go to the dentist. Allowing

people to go to inappropriate doctors will not help make people better, but only make their ailments worse which mean pouring much-needed money down the drain and their suffering greater. Haven't we suffered enough? This is why it is imperative for people who are sick to see the appropriate doctors.

Financial compensation is another absent component of this equation. It is no fault of our own that we can't work anymore. We need to open up the 9/11 Victims Compensation Fund like it was. What good is treatment if I am sleeping in my car and I have lost my family? If I don't have high blood pressure or depression, I will have it now for sure. People forget a lot of our brave soldiers enlisted in the military after 9/11 because they felt a patriotic need as Americans to do something for this country. President Bush could you please explain to me how you can spend billions and billions of dollars to send the troops over to Iraq to fight a war, then god forbid they get ill or injured now you don't know them or don't care about them. The soldiers in my opinion are being treated like the survivors of 9/11.

Today, I say to the President: When you spoke to the Nation on 9/11 sir, most of the people in this country were 100 percent behind you. All parties—Democrats, Republicans, Independents as well as the different ethnic groups and races. Why have you abandoned us sir? The military has a saying, "We leave no soldier behind." 9/11 was an act of war against this Nation. You must not leave anyone affected by 9/11 or the Iraq War behind.

Thank you.

PREPARED STATEMENT OF PETER SHANLEY, RETIRED DSNY SUPERVISOR, EMERGENCY RESPONSE DIVISION, WTC

On September 11, 2001 it was my regular day off. I was a supervisor in the NYC Department of Sanitation. When I saw that the first airplane had hit the World Trade Center I tried to call my district in Manhattan where I worked, but I couldn't get through. So I just put on my uniform and headed into the city to see if I could help out in any way. I parked my car at the Sanitation District 2 garage and proceeded on foot the rest of the way. By the time I got there, the second plane had already hit. People started running as the buildings started to fall. I was not ready for what I saw. I stood in amazement as the giant dust cloud approached me. I waited a few seconds and then ran into the blackness to see if I could help anyone. I choked on the dust as I was enveloped by the cloud.

The following day I went back to my District M12 in Washington Heights. At the end of the week I volunteered to return to Ground Zero (GZ) and by Sunday I was there. The second week of GZ I started working 12-hour shifts from 7 p.m. to 7 a.m., 7 days a week. We stayed on that schedule for about a month. Then they reduced our days to 6 days a week. I remained amidst the rubble instructing my men in their duties and guiding the trucks to the pile to get loaded.

It was during this time that my health started suffering. I developed a severe lung infection and my eyes were always sore. I went to the doctor and he gave me antibiotics and my first inhaler. I had never had allergies in my life before, but the doctor said I had them now from breathing in the airborne dust and bacteria. My lungs cleared up with treatment, but the cough stayed with me. Around November I developed a severe case of insomnia. In addition I was getting quite irritable. I took some vacation time, but I wound up going back to work. I had a passion for working at GZ and my men and the cause were very important to me.

Around Christmas time the hours were reduced again to 10-hour shifts, 5 days a week. My respiratory infection was still bothering me, along with an annoying skin rash. The department started reducing manpower but didn't bring in replacements for us. All the other departments were rotating their manpower, but we stayed with the original crew. All of my men were seeing doctors for one reason or another. Mostly, we were developing asthma and bronchitis. OSHA hadn't started mandating wearing respiratory filters until sometime in November. By then it was too late; the damage was already done. I stayed at GZ for the remainder of the 9 months of the clean up effort.

When it was over my men and I went back to our respective districts. Many of us started suffering the terrible effects of PTSD. My lung problems worsened, in the form of extreme asthma. I was given everything from steroids to inhalers, and I had multiple surgeries. I even went to a sleep therapy institute, where I found out that I had developed permanent sleep apnea. As time goes on, the CPAP machine's pressure needs to be increased.

Today my lung capacity is permanently diminished. The PTSD continues and I still suffer with nightmares. The rashes still continue and I have developed diverticulitis.

I give my testimony to you today because I want to bring awareness to the health issues of all GZ workers, and I want to emphasize that these health concerns are a long-term problem. I also hope that funding remains to address our health issues and that medications eventually become more affordable.

Thank you.

PREPARED STATEMENT OF STEPHEN HESS, FORMER EMERGENCY MEDICAL TECHNICIAN FOR NEW YORK CITY FDNY

My name is Stephen Hess. I am 48-years-old and married. My wife and I have two kids, one of whom lives with us at home. I am also the proud grandfather of two.

I have been an emergency medical technician since 1995, and went to work for the Fire Department of New York City (FDNY) in 1997. To supplement my income, I worked about four shifts a month for the emergency department at a local hospital and worked a few days each month driving a cement mixer truck.

On September 11, 2001 I was part of a Hazardous Materials Unit based on Staten Island. I was sent to the World Trade Center site immediately that day. My unit arrived before the first tower fell. Like many others, I was caught in the cloud of debris that resulted when the first tower fell. My colleague and I ran away from the site to avoid being crushed. After the first tower fell, I went back to where we had been in order to retrieve my ambulance. Not long after the collapse of the first tower, the second tower came down and we were surrounded by an even thicker cloud of dust and debris. We were on location for approximately 4 hours. When the air had cleared enough for us to see, we drove our ambulance out to Chelsea Pier where victims had gathered to be treated.

Later, we returned to Staten Island. Our ambulance was so contaminated that it could not be cleaned and had to be destroyed. I did not return to Ground Zero again, but over the next several months I did 10 or more tours of duty at the Staten Island Landfill, the destination of the debris from the Twin Towers. My colleagues and I were engaged in some recovery work, but we were also posted there in the event that workers sorting through the debris were injured. The air at the landfill was full of dust from the debris and methane gas from the decomposing matter in the landfill.

A week after 9/11 is when I began to cough. The cough continued for several months. In April 2003 my supervisor sent me to an FDNY doctor, Dr. Prezant. At that time I was placed on sick leave. When I was examined I was told that my pulmonary function had dropped 25 percent, in comparison with a test done prior to 9/11. Eventually, I was diagnosed with obstructive lung disease.

In the fall of 2003 I returned to work on light duty. However, I was also experiencing frequent pain and swelling in my legs. In February 2004 I was diagnosed with connective tissue disease, an auto-immune disease that is related to the toxins I was exposed to at Ground Zero. As a result of this condition I am sensitive to sunlight. I become disoriented and experience cramps if I am exposed to too much sun.

Due to the nature of my condition, I was unable to continue on light duty. A physician with the Fire Department determined that I could no longer work, prompting FDNY to begin termination of my service. At that time, in November 2004, I applied for a disability pension. A panel of three physicians with the New York City Employees Retirement System, which is not connected with FDNY, determined that I was not ill and not eligible for a disability pension. At that time I also applied for workers' compensation. I was awarded a payment of $285 per week. After a 2-year delay, I was then awarded the maximum payment of approximately $400.

I have also applied for Social Security Disability, but my application has been denied, despite the fact that the workers' compensation program has declared me completely disabled.

Luckily, I did not perish in the 9/11 attack as many of my colleagues did. But I am also a victim of that attack. I used to be what some call a gym rat, once able to press 250 pounds. Today, I cannot carry my 2-year-old grandchild but for a short period of time. I can no longer play golf. I live with constant pain in my legs, which occasionally flares up to the point that it is almost unbearable. I become winded from walking. I can no longer spend much time outdoors when the sun is out. I see four physicians on a regular basis; a rheumatologist, cardiologist, pulmonologist and Dr. Prezant at FDNY. I take seven prescription drugs a day.

I also have financial worries. I had to take out a home equity loan to keep up the payments on my mortgage. That money will run out in 4 months. My wife and I may now need to tap into her retirement annuity in order to stay in our home. We live a modest life. We do not go to movies or eat in restaurants, except for an

occasional burger. I feel very insecure about my future and the future of my family. I am also angry that the safety net systems, which are supposed to protect people like me, have failed.

I am one of the many who responded to Ground Zero and became ill because of my service. I was a Karate instructor, athlete, businessman and father of three. My health has continued to spiral downwards after my exposure to the toxic cocktail at Ground Zero. I struggle each day now. I am being treated by Dr. Levin at Mt. Sinai and find each and every day a challenge. My life was always about helping others, so now I find myself in a very uncomfortable position, one in need of help. Senator Clinton has been very helpful to me and my family in "inspiring" Social Security to pay benefits that were being delayed for extended periods of time. While our health continues to fail we are being made to feel like beggars. We need to make sure we can take care of our families and ourselves with some level of dignity. I believe that there should be a fund in place to allow for us to at least enjoy our days for what we did, but more importantly, allow us to take care of our families with some pride and confidence in tomorrow. I ask you to please not forget the brave citizens who did the right thing without thinking of the consequences. Please visit our Web site for more detailed information on my family, myself, my service and the consequences of my actions.

God bless you and yours always.

Remember, doing the right thing is always the right thing!

VINNY FORRAS.

DEAR SENATOR CLINTON, SENATOR KENNEDY, SENATOR ENZI, and members of the HELP Committee: THANK YOU FOR HOLDING THIS HEARING!

Athough my health and finances (or lack thereof) prevent me from attending this hearing, I would like to submit testimony, which includes documentation of my current medical status and diagnoses from the New York City Department of Health and Mental Hygiene. I only learned about this hearing on March 19, so please excuse the lateness of this submission.

I am a 36-year-old female recovery worker who, prior to September 11, 2001, was in excellent physical health, and I'd volunteered on-site after numerous natural disasters such as earthquakes, floods, and fires. Prior to September 11, 2001, I had no chronic physical conditions.

After September 11, I worked at the World Trade Center site and the surrounding area in a variety of different capacities—from search and recovery on the Pile, to apply delivery and distribution from as far north as Spring Street. All of us were coughing. Our eyes stung from the dust, and I developed a skin rash so severe that it required the highest dose of cortisone my doctor had ever prescribed. But on the WTC site, even for responders searching on low ground, there were never enough respirators.

We were told that the air was safe, simply because the levels of asbestos were considered acceptable. Yet, the WTC site was still burning, still changing, and still releasing airborne particulates. I have worked numerous other disaster sites enough to know that asbestos isn't the only potential health hazard. My brother, who has a Ph.D. in chemistry from Harvard University, informed me that we should all be wearing respirators.

Now, since working at the WTC site, I require three different prescription medications, for which I have no insurance. Like many of my WTC colleagues, I am unemployed, and suffer from PTSD.

Some of us have already died. Many of us will succumb to conditions that take years to manifest, but are a direct consequence of our exposure to the World Trade Center site.

We need on-going health monitoring and treatment. Please hear us.

Yours very sincerely,

ZXY ("ZEE") ATIYWARIII.

DEAR SENATOR CLINTON: I first of all would like to thank you for the efforts you are making in seeking funding for the 9/11 health effects' monitoring & treatment programs.

From 9/17/01 until 6/3/02, I volunteered at the WTC, first as a "spontaneous volunteer," then with the Red Cross (9/24/01–12/1/01), and then with the Salvation Army (12/01–6/02). I was there an average of 3 days per week during the 9 months.

During that time, both my sons volunteered with me at one point. My oldest son, Wynter Galindez, was with me in November 2001 at the Red Cross Respite #1;

housed at St. John's University on Murray & West. He had just graduated Duke University that May and was in the midst of the job searching process when the towers fell. My younger son, Javan Galindez, was with me in May 2002 at the Salvation Army tent on Murray & West. Javan had just returned from completing his freshman year at Binghamton University, and volunteered the last 2 weeks in May of that year.

While I was a "spontaneous" volunteer, I worked along West Side Highway from Canal Street to Chambers (where the entry to the "Red Zone" began and only credentialed personnel could enter). Once I joined the Red Cross, I was part of the first shift that staffed the respite when it opened its' doors on 9/24/01. I generally worked in the dining area inside and also manning the boot wash area outside; a place where workers entering the building would have to "de-contaminate" their boots by rinsing them with the water from hoses we had available for this purpose. I was part of the last shift, which staffed the respite when it closed at midnight on 12/1/01.

At the Salvation Army tent, the EPA manned the boot washing area, which was a more "professional" version than the one we had with the Red Cross at St. John's. Volunteers were not required to go through the decontamination area when reporting for our shifts at the tent, something we did have to do at St. John's. We generally entered through the back of the tent.

Part of my volunteer responsibilities at the tent was again in the food service area. I would also do "gator runs" around the perimeter of the pile/pit, bringing snacks, drinks, and supplies to those locations where workers could not leave their posts for long periods of time. There were also two small tents set up on West and Liberty, and on Church and Liberty, where workers could come in for a short break and have a snack, warm up, or get some needed supplies. Between these two on-site facilities, and the frequent gator runs, workers would not have to wait until their dinner breaks before having some nourishment.

I'd often spend my down time at St. Paul's Chapel. Although I never formally signed up for a volunteer shift there, I spent a good portion of time there and would often help out as much as needed. Those entering St. Paul's were not required to decontaminate their bodies in any manner.

Toward the end of April I started to do a few shifts at the Medical Examiner's Office at Bellevue Hospital when they were short on help, in addition to my shifts at the tent. The Salvation Army closed their cafe at the ME's on 6/3/02.

My initial bout with sinusitis occurred in the latter part of October 2001. Next, I developed the "ground zero cough." I was on antibiotics every few months.

The episodes grew more frequent. Within the first year after ending my volunteering, I was chronically suffering with sinusitis, bronchitis, and other upper respiratory ailments requiring me to be on antibiotics, nasal steroids, and cough medications. As time passed other drugs were added, including: pain killers, sleep aids, digestive aids, antidepressants and thyroid hormone.

Aside from the various respiratory ailments, I was diagnosed with a repetitive motion injury and LPR/GERD (reflux disease) related to my volunteering at the WTC. I was also diagnosed with multinodular thyroid, which means I have multiple nodules growing on my thyroid. This condition has not yet been linked to exposure at the WTC site.

Then there is the entire mental health aspect. I began seeking counseling in the fall of 2002. I was diagnosed as being clinically depressed in the summer of 2003, and put on medication, which I am still taking.

Fortunately, through physical therapy and treatment under a rehabilitation physician, my motion injury symptoms have been relieved. In addition, as of 10/03, I began a detoxifying Ayurvedic herb program being offered free of charge to those involved at the site. I thank God that these herbs have significantly mitigated my respiratory ailments. The program is called "Serving Those Who Serve," and many of us in the ground zero community have been helped by them.

My son Wynter had allergies before 9/11, so I cannot be sure to what degree his exposure at the WTC has compromised his respiratory health. He nonetheless seems to have more frequent episodes. However, my son Javan never had any problems of this nature, and since then he's had chronic respiratory issues such as allergies, bronchitis, and numerous other upper airway infections. He developed pneumonia in 1/05, missing the first 2 weeks of his last college semester. He had been home for the holidays and developed the pneumonia shortly before he was to return to college. He started treatment here at home, and then he returned to Binghamton as soon as he had gained enough strength to minimally function. He had to be followed up by a doctor. Can you tell me how a robust, buff 21-year-old can come down with pneumonia when he had been healthy up until his involvement at the WTC site?

Since graduating, he has had a job within the realm of his environmental science college major, mostly working outside. Since this is not a permanent job with benefits, he has no medical coverage. Of course, after his pneumonia, I'm very concerned of his coming down with it again. While he was in college, he had medical coverage, so his treatment was paid for by insurance. Now he has nothing. I thank God that we learned of a program at Bellevue that offers treatment for those involved at the WTC who may not be eligible for the Mt. Sinai program. His health is now being monitored.

I'm a freelance simultaneous oral interpreter. I need my voice, throat and ears for my livelihood. When I was in the thick of my battle with respiratory symptoms, how could I do my job? I could not qualify for unemployment because I was self-employed. I literally went through my savings and borrowed money to keep myself afloat those first couple of years.

Since 7/03, I've had workers' compensation to cover the 9/11-related illnesses. I have Healthy NY coverage as my primary insurance, for which I self-pay out-of-pocket monthly premiums.

Senator Clinton, we've never had anything like 9/11 happen in the United States, so we have no precedent to go by.

Consider the lingering mental and emotional effects of the Oklahoma City bombing, which I've heard about first-hand from firefighters there, whom we met when they came to help their FDNY brothers after 9/11; all of which I still stay in touch. Many years after that tragedy people are continuing to struggle emotionally. Imagine how exponentially devastating the event of 9/11 was in comparison. Not only do we have the psychological trauma of the event itself, but also the toxic exposure, which is increasingly affecting the men and women who not only worked and volunteered in the clean-up effort, but those who live and have their jobs in that area.

If you were to ask those of us who served at the site if we had to do it over again the majority of us would answer with a resounding: Yes! I do not regret it, my sons do not regret it, and my sister Denise Villamia does not regret it. She has been battling numerous respiratory conditions since then, and she has not been able to get them under control. Her conditions are worsening. Most of us who are part of this unique ground zero community are people who just wanted to help. We are people who tried to do what we could to ease the pain of those who lost loved ones and be a source of support and respite for those who were searching for their remains. Now many of us need help.

I appreciate you and the other elected officials urging the governing bodies to consider the importance of continuing to fund programs that monitor and treat WTC-related illnesses. Since the relief effort ended, I personally know three uniformed servicepersons who have lost their lives, the latest of which was Cesar Borja. These are people that I actually crossed paths or interacted with in the course of my volunteering. There are probably many others whom I may not have known by name.

Everyone involved, whether resident, office worker, First Responder, uniformed serviceperson, construction personnel or volunteer, are suffering in differing degrees. Please, I ask that our government give us the support we now need, whether it be financially or in whatever other aspect is warranted. Thank you.

Sincerely,

RHONDA VILLAMIA.

TO WHOM IT MAY CONCERN: I received this email and all of the line requests you mention below. As a volunteer at ground zero during the first weeks after September 11, and as an office worker who returned to work in the smog filled downtown area because we were told the air was safe, I am a survivor who has been battling serious health issues since September 11. All of my doctors, along with the Mount Sinai hospital 9/11-treatment program doctors, have diagnosed the multiple health complications I have with my exposure to toxins on September 11. I have been told my chronic symptoms are due to chemical asthma and a low-functioning immune system. I can send you more details regarding the symptoms and diagnosis as per your request and most of my doctors I am sure would be willing to confirm the chronic symptoms.

I have constant painful sores that don't heal on my scalp, face, arms, and other areas of my body, which all started the first day after I was volunteering at WTC on September 12, 2001. I get chronic fevers, and my immune system is very weak. I have chronic bronchitis, laryngitis, pneumonia, and infections (bladder/kidney, blood). I have trouble breathing and can't do much exertion as I once did. I never know how much energy I will have to participate in normal life function as I once did.

I would hope I could be of help to getting the information out about how many people are suffering with serious health issues, and also I would be grateful for any medical help I could find to get me feeling well again and back to my normal life: working and healthy.

I want to do more than be a survivor, I want my life back, I want to live. Any help is greatly appreciated.

Sincerely,

RACHEL HUGHES.

I am here to discuss an issue that I believe is being ignored. While everyone seems to be focusing on only the health needs of 9/11 recovery workers, I have not heard anyone testify about the financial needs of those brave individuals who were part of the rescue, recovery and clean up effort at the World Trade Center. While health concerns are a very important issue, we need to take a holistic approach to the problem at hand. We must consider the physical health, mental health and financial concerns. By addressing only one of these concerns we are robbing them of their future.

I am not here to place blame, embarrass anyone, or throw money at the problem and call it fixed. I am here to share with you what I have seen, the complexity of the situation and how together we can begin to create a reasonable and comprehensive plan that addresses these growing needs.

It does not matter what political party the responders are affiliated with, their occupation, the color of their skin, or religion. The only fact that we should be concerned with is that they are all sick. These individuals responded when America needed them most. Why are we turning our backs on them now?

We are talking about individuals who contributed to charities and placed money in the poor box at their house of worship. They were not the ones to ask for help. They are the individuals everyone else came to for help. That is why when they started to feel the effects of the toxins they were exposed to, they still continued to work so they could feed their families and keep a roof over their heads; to do less would be unacceptable. Even when the reality of their situation began to set in, they still continued to believe that some day they would eventually return to work and become productive again. Due to this belief, they continued to spend down their savings to meet their financial obligations. Now, they are in dire need. Many of them now have little or no income. The mortgage companies started foreclosure proceedings, the utilities companies sent disconnect notices, and some have had their automobiles repossessed. What do I tell them when they sit down across from me? Do I tell them you can receive medical monitoring and possibly continued medical treatment but your family will have to go hungry tonight and tomorrow you might lose your home? Or will I be able to tell them that we will work together to create a recovery plan that includes not only health care, but also have a mental health component and financial assistance while they wait for workers' compensation, and/or social security disability. Remember, to make this plan work we need the ability to address the needs of the entire family, not just the responder. This is not an easy task as we move farther away from September 11, 2001. The issues become even more complex. We cannot begin to address the future needs of these responders by only addressing their health needs.

COMPASSIONATE CARE FOR THOSE WHO ARE STILL STRUGGLING WITH THE EFFECTS OF 9/11

Many times I have seen individuals return to work against doctor's orders because of financial obligations with disastrous effects. When given the choice between financial obligations or health concerns, everyone I have spoken with would return to work no matter how serious their health issues were. While we can understand why they made this decision, it can make long-term goals impossible to attain.

I have also seen families where the responder was bedridden. With mounting debt the spouse would return to work or work overtime and the children, some as young as 13-years old, would return home from school and become responsible for the care of their ailing parent. These families deserve better and more importantly these children need to be children and not health care providers. This should be our responsibility not theirs.

We need to send a strong message to those still suffering and to the rest of the Nation. The message is "you will not be forgotten, we will come to your aid just as they did for us on September 11, 2001." You must appropriate funding in order to create a reasonable and comprehensive plan that addresses the much-needed financial assistance so these responders will not become hungry and homeless.

For those who are not well enough to work, while they are waiting for their Social Security Disability Benefits, Workers Compensation and possibly other compensation to be approved, we need to provide bridge funding so they do not accumulate increasing debt that they will never be able to recover from.

For those who can no longer work at their present job but are able to find alternate employment, we need to provide career training, continuing education, and job placement specific to their needs. While they are preparing for their new careers once again, we need to provide bridge funding. Over and over again they explained to me they do not want a handout. They just want the opportunity to provide a living for their families and once again become tax-paying citizens.

For those brave individuals who are terminally ill because of what they were exposed to while they took part in the rescue, recovery and clean-up effort at the World Trade Center, let them die with dignity! We owe at least that to them and their families.

If you should have any questions or need further information please contact me at your earliest convenience.

Sincerely,

MICHAEL J. ARCARI,
Director.

DEAR SENATOR CLINTON, SENATOR KENNEDY, SENATOR ENZI, and the members of the HELP Committee: My name is Mary Ellen Dobrowolski. In September 2001, I was pursuing my career planning and operating international incentive group travel, meetings, and events. In fact, on September 11 of that year I was home, having just returned from working a program in France. I watched the horrific events of the attack unfold on TV, the same as so many people did around the globe.

I am not sure where the idea came from, but I felt that I had no choice but to get into Manhattan and help. I was very determined to do this. In fact, nothing could stop me. I started by calling and e-mailing everyone I knew, asking if they knew of anyway I could volunteer my time. Through all this, I was put in touch with a group called "Cross Cultural Solutions", based in New Rochelle, NY. They made a connection for me with the Salvation Army. In November 2001 I had my first volunteer assignment working for the Salvation Army at the Piers on the West Side of Manhattan, distributing financial aid to people affected and displaced by the attacks.

The day before I was to start my first volunteer assignment, I lost my job. Business travel, in general, and international travel in particular took a big hit. In fact, in New York, I'm not sure those areas have ever fully recovered.

Working at the Piers was life changing. It was emotionally draining and overwhelming. Sometimes I would visit some of the pictures on the walls of those who were missing. I would ask them for the strength to continue. At the same time, this was one of the most rewarding experiences I have ever had. After that, I decided I had to do more because I could help.

I had no income coming in. So, I packed up my belongings and put them into storage. I stayed first with a friend, and then with family, sleeping on their couch so that I could go back to volunteering. There weren't any jobs to be had doing what I do.

I contacted Cross Cultural Solutions again and through them I found the warehouse on Spring Street. The warehouse collected donations of all kinds of supplies and materials that were sent into the city, but the city had no mechanism to collect or distribute. They also solicited donations of items that were needed. All of this was for the rescue and recovery workers at the site. We also filled and distributed duffel bags with gear to the FDNY members who were assigned to work recovery at the site. There was a new group of firemen assigned every month. I started working at the warehouse in January 2002.

One day we had a visitor, the wife of someone who wanted to know more about the work happening at the warehouse, and who might possibly become a donor. She also wanted to go to Ground Zero to see how the work at the warehouse supported the workers there. That day, no one at the warehouse had a driver's license but me. We had a rented box truck, and we had a request for some supplies at the site, from the 10/10 firehouse on the corner of Greenwich and Liberty Streets, which is located right at Ground Zero. It was up to me to drive the supplies and take our guest to the site.

I had never driven a truck before, and I had only been to see the site with the rest of the general public, from a distance and from behind barricades. Without thinking it through, I looked at a map to determine a route to take which would involve as few turns as possible so that I wouldn't hit anything with the truck. The

route chosen was West Side Highway to Vesey Street to Church Street to Liberty Street. It looked good on paper. However, without thinking, I drove right along one side of the actual site. I can't begin to describe what I saw or the feelings that arose.

We made it to the firehouse without mishap, unless you count the bump into the temporary fence erected on Liberty Street, just off Church Street. I could not believe what I saw when we arrived there. Everything seemed gray, everything was filthy covered in dust. (In fact, to this day, in my mind's eye the memories of this place are never in color.) And the people I saw working there broke my heart. They were so determined to do their job, to do their duty to bring the remains of every last victim home. They pressed on no matter the harm to themselves—physically or emotionally.

The experience moved me more than you can imagine. I could not get the people, the sights, the sounds, the smell of all that I saw out of my head or out of my heart. From that day forward, from January 2002 until June when the clean-up and recovery was completed and the site closed, I spent almost everyday there. I worked with supply requests, inventory and distribution for those working at the site, mostly with Fireman Tommy Fenech (now retired), who handled supplies at the 10/10 firehouse. I spent time soliciting food donations, and cooking and serving many meals. Sometimes on the weekends, we would put together a meal for everyone working on the site that day. It was good for camaraderie among the diverse group of people working there. On way too many days we stood as honor guard on the ramp from the pit as remains were brought out—person by person, piece by piece. And most often, every day there, we would be good listeners for the workers who spent all the energy they could muster to bring their family member, their friends, and coworkers remains home. And we would welcome to the site the family and friends of those who perished. There were days I continued to put in some time at the Spring Street warehouse as well, but most of my time was at the firehouse.

That's the story of how I came to be at Ground Zero. The thought—the motivation was to do my duty and to help wherever and however I could. There was no thought to what the experience was doing to me physically or emotionally. It didn't occur to me that there would be any repercussions to me.

Some of the symptoms started while I was still volunteering. I lost the ability to sleep—either to fall asleep or stay asleep. Feelings of sadness and depression also started. But all of these seemed natural and explainable under the circumstances.

The serious problems started in July 2002, right after the site closed. The sleep problems got worse and worse (and continue to this day—5 years later). The depression and feelings of sadness continued to grow. I became irritable and emotional. All this crept up on me in stages. I don't think I could see the effect it was having on me—until the end of that July.

One day I walked into a Home Depot. The Home Depot has rows and rows of metal shelving. It was the same type of shelving used in the firehouse that held our supplies. When I walked into the store, at first I felt physically ill. I felt lightheaded, I felt nauseous, my stomach tightened into a big knot. I started sweating and could not catch my breath. And that's when it happened. I felt like I was time traveling, for lack of a better description. From moment to moment—first I knew where I was, then I didn't. My mind went back and forth, back and forth. I got very confused. And then I started seeing people from the site that I knew, intellectually, were not there. I was a mess. I ran out of the store, confused and in tears.

I could not believe this had happened. But when I went back to the Home Depot, it happened again. I was upset and had no idea how to handle this. It was time to see a therapist and get help. Thankfully, there were places to go in NYC and find help. I called Project Liberty and they referred me to a therapist to be evaluated for treatment. I ended up at the Jewish Board of Family and Children's Services, where I was taken in immediately. I believe originally the program was written to cover 8 weeks of counseling. I was in therapy there for 16 months, my diagnosis: PTSD. Metal shelving is just one of the many triggers I have to find a way to live with.

Not long after I found out about the programs at Mt. Sinai. They offered free checkups and chest x rays for Ground Zero workers and volunteers. As part of this program, there is an option to allow the results of your examinations to be part of a study which looks at the after effects of being at Ground Zero. I joined the program to have the medical evaluations and have joined the study as well.

My experiences at Ground Zero have changed my life forever. Some changes are for the better, others not so. In helping to assist after one of the worst acts by man, I had the privilege of working beside some of the finest human beings imaginable. I learned that I could make a difference. These volunteer experiences lead a friend to recommend me for a position that is a bit outside my career path. I relocated to Washington, DC. a year and a half ago and work in a military support position,

planning professional development programs, among other things. It is very rewarding work.

Physically, while my health suffers, I am not nearly in as bad shape as so many of those whom I met working at Ground Zero. My knees are arthritic, the sleep problems have become permanent. An endoscopy has indicated that my very painful heartburn is really ulcers.

Mentally I am not doing as well. After my initial 16 months of therapy I was convinced I could go on my own. After all, I am a reasonably successful career woman. Six months after my first round of therapy ended, I was back in counseling—this time at the Mt. Sinai program—which also offers mental health support: This time for both individual and group sessions. Now that I have moved to Washington, DC., I have been unsuccessful in finding mental health support that specializes in PTSD and takes my insurance. Partly because I cannot find the same resources here that are available in NYC. Partly because one of the worst symptoms of this condition is getting overwhelmed: Too overwhelmed to be successful at work and to do all that is necessary to properly take care of myself. While I was still in NYC I had an appointment to go for a Workman's Compensation Claim, set up by my doctors. I missed the appointment because I was too overwhelmed to find the papers necessary for the hearing.

I still walk into triggers. Some of them are subtle, and the associated symptoms are a sense of hopelessness or irritability that just seems to creep up on me (although I bet the people around me would describe it differently.) Some of the triggers are much more potent. I accidentally walked into an exhibit at the Women's Memorial at Arlington, featuring pictures of women lost in combat in the war on terrorism. That upset me to the point where I was all but bedridden for 3 days. I can't get images of people carrying pictures of their loved ones lost that day out of my mind. Those images, or anything that reminds me of them are unbearable to me.

I would do anything to see that we workers and volunteers from Ground Zero get the help and support we need to go on with our lives. We need help. Those of us who shared this experience have an amazing bond between us. Among us, no amount of explaining is necessary to describe what this experience has done to us. And to the outside, no amount of explanation is possible to recreate the horror.

MARY ELLEN DOBROWOLSKI.

I don't regret the 9 months I spent as a volunteer to support the Rescue and Recovery effort at the World Trade Center site and at the New York medical examiners office. New York was my home—the missing and injured were my neighbors. I do regret that our current Administration violated our trust and refuses to take responsibility for the lies they've perpetuated (*"I'm glad to reassure the people of New York that their air is safe to breathe." Christine Todd Whitman, September 18, 2001*)

The current Administration has not only failed to protect us as Americans and as New Yorkers, they are allowing the September 11 terrorist attack to continue—people are still dying, people are still injured. The death toll from the World Trade Center is still rising.

We asked what we could do for our country—we did the best we could for our country and our city and now it has been demonstrated to us over and over that to the leaders of our country and this Administration, the sick, injured and dying WTC rescue and recovery workers, along with the injured and sick Iraqi and Afghanistan war vets, are nothing more than acceptable collateral damage.

Respectfully submitted,

LYNNETTE E. MILLER,
WTC Volunteer.

I am a postal employee and I was caught in the disaster of 9/11. My health has been affected tremendously. I have asthma which I never had before. I have a cough, respiratory distress, and sinusitis from breathing in the contaminants of 9/11. Senator Hillary Clinton came to my rescue when I needed assistance in getting two operations on my sinus because they were totally blocked from the contaminants of 9/11. I am being treated by the doctors from Mt. Sinai Hospital, they saved my life and continue to do so. Every 28 days I have to be injected with Xolair in order to function. This medication allows me to breathe, without it I will have to

go to a hospital every day for treatment of asthma. My doctors can verify my illness which is a direct result of 9/11.

CYNTHIA SHEPHARD,
WTC Survivor.

MARCH 18, 2007.

DEAR SENATOR CLINTON: I was a volunteer at the World Trade Center site throughout the duration of the recovery and relief efforts. My first time on the site as a volunteer was on October 8, 2001. I volunteered at the various respite centers stationed around the perimeter of the pit and near the FDNY West Hut Command Center on West and Liberty Streets. In May 2002, standing on that sacred bedrock, side by side with my fellow volunteers, uniformed officers, construction workers and steel workers, we all witnessed the final beam ceremoniously being cut down to mark the "official" completion of the recovery effort at the former World Trade Center site.

Senator Clinton, in the years that have followed the end of the recovery and the urgency of rebuilding and moving forward, the agencies, policies and agendas involved in declaring the recovery complete, turned out to be wrong after all. The remains of victims have been left behind well beyond the 5-year anniversary, and they are only now finding their appropriate place of rest.

It was only a week after the attack of September 11, 2001 on the World Trade Center that NYC was told by then acting administrator of the Environmental Protection Agency, Christine Whitman, that the results of their monitoring of the air and drinking water conditions in both NYC and near the Pentagon were encouraging. She reassured the general public in or near the areas of the World Trade Center and the Pentagon that "the air is safe to breath and the water safe to drink." It is now 5 years later. One only has to connect the dots in order to see the big picture.

Senator Clinton, I have worked in the NYC public school system since 1989. In all those 11 years prior to September 11, the only health problems I encountered were the usual stomach virus or colds I would get from working around sick elementary or middle school youngsters in an environment where germs easily spread. I was on no medications prior to September 11.

Since May 2002, I have been diagnosed with a number of ailments, conditions and disorders that I cannot attribute to anything else but my exposure to toxins at the WTC site. These ailments include Vitiligo, IBS, GERD, asthma, and Obstructive Sleep Apnea: All of which has never been a part of my medical history. There is also, of course, the emotional and PTSD factors that chronically affect me. No one can explain to anyone who did not spend time at the site, what being there did to you emotionally.

At a time when I feel I should be recovering, instead, I am becoming more vulnerable to further illness because of my respiratory ailments. I am currently on more medications now, than I have ever taken in my entire 47 years of living. As of my last pulmonary function test, I was put on steroid-based medication. I am frightened for my future. I may have to take a leave from my job and the children I serve. A middle school of nearly 2,000 students can be very demanding on the mind and the spirit. If my body is not taken care of and healthy, how will I be able to continue to guide these young people.

I am a Social Worker in the NYC public school system, in Queens County. On, September 11, we were in our school building when the attacks occurred. I could not just sit back and do nothing. I had to do something, anything. I went to the site on my own time, and wanted nothing in return, except for families to find some kind of peace and closure at the end of it all. I would not hesitate in a second to do it all over again.

I have a mission to serve the students I work with in my middle school. Because of my health which continues to make it more difficult for me to breathe, walk up and down steps, and makes me more easily fatigued, I may have to leave this position. Senator Clinton, who is looking out for me? Who will help me?

All I want is for the funding to continue, so that I can continue to be monitored and treated. I want to continue to give back to my community by being there for my students.

I cannot be there on March 21 to testify on my own behalf. Senator Clinton, I urge you to please speak and testify on my behalf at the Senate HELP Committee.

Respectfully,

DENISE E. VILLAMIA.

Hello everyone, I am honored to have been asked to give testimony today to the experiences I have had with the September 11, 2001 tragedy.

My name is Jonathan Sferazo, I am a disabled Union Iron Worker from local 361, Brooklyn, New York. We have created the Metropolitan Area's Skyline. I responded to the disaster on the morning of 9-12-01, the Brooklyn Battery Tunnel was our avenue of approach. We opened up West Street, with the removal of collapsed cars and trucks to the South Tower, I am typical of others who stayed approximately 29–32 days at the site, and my medical and psychological conditions are Reactive Airway Disease, Restrictive Airway Disease, Sinusitis, Continual Lung Infections, P.T.S.D., Anxiety, Depression, Sleep-apnea, and Gastroesophageal Reflex disease . . . none of this you would have expected from someone who ran a 5-minute and 30-second time in the mile when I was in school. l never had a pulmonological problem before 9/11 or I would have never been certified by the N.Y.S. Department of Environmental Conservation for Wild-Land Search and Rescue. I went to Ground Zero because I wanted to help find and save human life.

If I am to be the voice for the responder, then know that I am outraged by the lack of responsibility and loss of obligation this Administration has taken toward us—we are clearly being shown that we are expendable. George Bush came to the Trade Center site and told us, "We Will Never Forget" . . . Well we feel he forgot.

We want to know if those of us who are so severely afflicted have to lose all we have worked for before we are eligible for Social Services or will we ever be given what we were promised?

We have heard too many times, "Why weren't you wearing a mask?" Now hear the answer loud and clear—because we were given paper masks that clogged up very easily and that was if you could get one, and we believed in our Mayor [at that time], members of the CDC, members of the EPA and Christy Todd Whitman who represented government telling us the air quality was ACCEPTABLE. Also I ask you to put yourself in our place, fighter jets flying overhead periodically with their sonic boom, helicopters hovering atop the skyscraper's, emergency whistles going-off every time an engineer saw a building shift . . . then thousands of responders would run from the pile toward you, rescue and emergency vehicles making use of their sirens so others could hear over the loud equipment noises, military and police personnel all around you, smoke as thick as pea soup . . . and then you find a body part—do you really think you are concentrating on your health? Especially when your Government has given the message all is acceptable and OK?

Americans have reacted to this treatment of then in the last election because of the history this Administration has shown. History has repeated itself over and over with 9/11, Katrina, Wilma and Rita—there has been this total lack of commitment by the Administration to those they are supposed to represent. America will probably react the same in the next presidential election. We demand public-elected officials who think inside the box and the box is the United States of America and all the citizens inside her boundaries. We are tired of empty promise politicians who used the Trade Center disaster to make commitments they never kept.

The Responders are not comfortable with the rebuilding of the Trade Center site until 9/11's gaping wound in our society is repaired. How do we move forward when the people of this epidemic are still stuck in the past? Do you put a $25-million band aide on a wound that requires so much more to surgically close-up and heal? The mere pittance that this Administration has thrown us is a disgrace, and our President continues to prove this to us . . . still to this day, 5 years after the disaster he still has not met with a Responder and has avoided it even with every letter Congress has sent him requesting one.

Workers Compensation in New York State is in desperate need of repair and our Governor has just signed away permanent partial disability—how can he do this when not only are these symptoms latent in showing up but also long-term afflictions? We need our medical, pharmaceutical, and psychological needs covered with proper monitoring. We need financial assistance—based at $400 a week this cannot sustain a family that has had much more brought in by the working member, and when you have financial difficulty it accentuates the rest of your problems; We need to address the Reserve Units and The National Guard who were assigned to this disaster—far too many have been coming to us for assistance and some type of aide, Those of us whom are disabled due to 9/11 need to be compensated with a better system then the Victims Compensation Fund, with broader parameters to nip those who are victims of all the inadequacies. We need to change the 9/11 disaster to the 9/11 epidemic so it expresses the real problem. We need a presumption law on a State and Federal level to stop the manipulations with legitimate cases being filed for Workers Compensation and Social Security and we need allocations to fund case managers and social workers to prevent fraud.

I am here today because I care and have been through the system in trying to get my much-needed benefits. Marvin Bethea and I co-founded the Unsung Heroes Helping Heroes along with several others in 2005 because we knew the donations were going to run-out and we saw our Government doing very little.

Sincerely,

JOHN SFERAZO,
lenajohn@optonline.net.

MARCH 19, 2007.

SENATOR CLINTON, SENATOR KENNEDY, SENATOR ENZI, and members of the HELP Committee: I worked during the aftermath of 9/11 as a humanitarian aid worker for the American Red Cross for 81 days (September 2001, October 2001, January 2002, and February 2002). In December 2001, I worked 10 days in Virginia on a hotline handling cases of victims and assisting families. I then flew back to Manhattan and was reassigned to south of Canal Street. With long working hours and intense exposure to unknown chemicals and bad air around the "pit" and in semi-destroyed apartment buildings and on the streets as an outreach worker many of us began to get sick. I never had any health problems before that assignment. I am very grateful for receiving assistance from the Ground Zero Workers' programs and Workers' Compensation for NYC.

Medical specialists and medications have little effect on my "World Trade Center cough." Recently diagnosed with acid reflux having 39 episodes in a 24-hour period, RAD, and asthma, I can no longer sing in church on Sundays and have an asthma attack if I try to go for a fast walk. I suffer from PTSD and have been in therapy for 5 years and struggle to get my life back. Therapy and medication have helped me but I still have nightmares and other symptoms.

I published a book on my work there and wanted to send the Senator a copy. It is a daily log of what the relief workers did and saw.

If not for individuals like all of you and your caring for the workers we wouldn't be able to cope with the circumstances feeling forgotten. Called heroes by our communities and by our country, yet we live with the EPA's lie about air quality and we—the fact is that we received no appropriate protection and now are suffering and request that you continue to fight for us.

JUDE PATCH GUGLIELMINO.

My name is Judith Day. I am a 9/11 victim. I was inside the building in tower one, 49th floor when the plane crashed into tower one. I was working. Since September 11, 2001 I have developed health issues. As a result of 9/11, I am left with respiratory problems. I did seek treatment from the past. As of 2006, I could not seek treatment anymore because my coverage was terminated.

I have been seeing a psychiatrist and a therapist. Since I have no coverage, my therapist does not even care, nobody seems to care. I can't even afford to buy a new pair of sneakers. I go to work in rags, I have a hole in my sneakers. I used to have a lifestyle before 9/11/2001.

Health issues since 9/11/2001: I have a cough that never goes away. When I wash my hair I have to take the inhaler, advair, regardless of the season. I feel something is stuck in my throat. I have to keep clearing my throat to the point where I would get a headache. Every morning for the past 6 years, I have to pull mucus from my throat. The flashback and nightmares would not go away. I stay away from crowds.

I have applied for social security disability since 2003 and my case was denied. My attorney requested an appeal. In November 2006 the Judge denied my case. My attorney requested for a review from the appeal council. I am still waiting. While I am going through all these problems, I could not pay my bills. I got myself a part-time job in September 2006 because I had nowhere to turn. I have been forced to work in dusts and the freezer to earn a few dollars, which gets me sick due to my condition. Recently, I could not pay my rent. I decided to go for a one-shot deal to pay my rent. $5,300 was granted to me. I have to pay back this money to the city. This was the only way for me not to be out of the apartment.

JUDITH DAY.

I worked as a volunteer at the World Trade Center site from September 2001 through May 2002 when the site closed. In those 9 months, the only piece of protec-

tive gear I was offered was a hard hat. I was never once, in 9 months, offered a respirator.

As a result of exposure to "toxic dust," I have been diagnosed and currently suffer from extrinsic asthma, chronic rhinitis, gastroesophageal reflux, prolonged post traumatic stress disorder, chronic cough, shortness of breath, fatigue and chronic headaches. (All of these medical issues were diagnosed at Mt. Sinai in October 2003)

As of July 2005 I became too ill to work. Since that time, I have been forced to leave New York and live with family in Missouri. I've tried to maintain my end of the Workers Comp claim but have just this week retained an attorney as the stress of dealing with the Workers Comp Board is significantly delaying my recovery. Although I found this to be a necessary step in ongoing dealings with the New York Workers Comp Board, I am appalled that I've been forced into an adversarial relationship with the State of New York in order to receive basic medical care. In addition, the fact that I have been receiving $400 a week (less than a quarter of my pre-9/11 weekly income) and now must share that with an attorney is beyond belief.

Dealing with the State of New York Workers' Compensation Board has been difficult and problematic. Because of delays, miscommunication and lack of followup on their end I am currently receiving NO medical treatment.

Since I initiated a claim with the board in October 2003, the people administering this fund have consistently complained of being overworked. There seems to be a general lack of understanding pertaining to this fund—as recently as last week I called them to ask what the reimbursement rate is for mileage related to medical visits and no one could answer this question. A very simple question—And NO ONE could answer. This is a basic example of the responses that I, and my doctors, have received in response to inquiries regarding this fund.

My only desire is to receive the medical care I am entitled to and to return to some kind of new normal life where I can work and support myself as I am accustomed to doing. Under the current circumstances I don't see that happening in the near future.

These medical issues have significantly changed my life. Before my health was affected by the long-term effects from the WTC exposure, I lived and worked in Lower Manhattan, ran three miles a day four to five times a week, practiced yoga three to four times a week, volunteered for a variety of causes, traveled frequently and had an active social life.

Now I'm chronically ill, isolated and forced to fight for basic heath care. I just went over 6 months without an inhaler because of mistakes made by Workers Comp. **We need more treatment options. Monitoring is important but IMMEDIATE treatment is essential.**

On the morning of September 11, 2001 I arrived at my office unusually early. I was 8 months pregnant and working in Long Island City, two trains and a bus ride away from my home in Lower Manhattan. During my pregnancy, I often wouldn't arrive to work until around 11 a.m., but this particular morning, I had reached my office by 8 a.m. I saw the first plane hit the Towers through the floor to ceiling bay windows of my company's engineering department. The first thing that I did, thinking there had been an accident, was contact my children's school to encourage them to close early and send the children home. Once the second plane hit, I could no longer reach anyone by phone and instead waited at my office for as long as I could. At around 4 p.m., when it became clear that I was not going to hear from my children to confirm their well being, I decided to get home.

It took me several hours to just about walk home from my office in Queens. By the time that I arrived, I was covered in a think layer of dust from head to toe, as were my children who had walked home from The Village and my father who had thankfully walked to and from Bleeker Street to pick them up. We had no power, water or phones but at daybreak when the sun shone brightly again, we could see that our home was also covered in that same thick white dust, dust that we were soon told was safe to remove. I, at 8 months pregnant, got down on my hands and knees and pulled up the carpet in my children's room. I cleaned the rest of my house as well. I don't recall, but my children may have helped. My father certainly did. He vacuumed.

All three of my children including the 5-year-old born just 1 month after 9/11 take daily treatments including Zyrtec, Allegra, Sinulair, Asmonex, Albuterol, Rhinocort, Q-Var and Advair for allergy, sinusitis and asthma-related symptoms. Additionally, my son was prescribed Prevacid for GERD caused by postnasal drip after a visit to the ER. We keep steroids, a nebulizer, and associated medications on hand in the event that any of the children should reach the red level of their "asthma action plans." They miss more school than the average healthy child of their ages and even the 5-year-old knows how to load the nebulizer with treatment and to administer that treatment to herself. My son once, not long after 9/11, upon another visit to

the ER, was diagnosed with a virus called Herpes Angina, which means bumps on the inner chest area (down his throat and on his chest). Both of my daughters have had strange rashes at various periods and my middle daughter has also been treated in the ER for strange viruses that I was unable to treat at home.

Just about every month, so long as I can afford to do so, I pick up a month's worth of medications for my children and myself at a cost of $360. I am also supposed to take the children to the doctor on a monthly basis at a cost of $40 each. That is an additional $120. That's $480 per month in copays without my visiting any doctors for my own personal healthcare.

Immediately after 9/11 in addition to increased sensitivity, coughs and allergy eyes, I began to develop cysts on various parts of my body, one near my genitals, several under and on my eyelids, one on my abdomen and one just above my upper lip. The one on my lip was reoccurring, became an open sore that returned persistently over a period of about 2 years and was subsequently; post three biopsies, diagnosed to be a skin cancer that according to my doctor should not have developed in skin as dark as mine. Presently, I have what feels like a cyst in my mouth. I have not yet visited a physician for a prognosis.

My healthcare costs recently increased beyond those, which I have already described due to a change in my company's medical coverage and I can barely afford to provide my children with the care that they need. As of February 1, 2007, a visit to the ER will cost me a $500.00 copay as opposed to the $75.00 it cost prior. When and how am I going to the doctor for myself?

MARIAMA JAMES,
NYC, NY 10038.

PREPARED STATEMENT OF THOMAS K. EPPINGER, PRESIDENT, UNIFORMED EMS OFFICERS UNION, LOCAL 3621 AND MARIANNE PIZZITOLA, PRESIDENT, FDNY EMS RETIREES ASSOCIATION, PENSION & BENEFIT CONSULTANT, UNIFORMED EMS OFFICERS UNION, LOCAL 3621

Honorable Chairman Edward Kennedy, Ranking Member Mike Enzi, Senator Hillary Clinton, Senator Sherrod Brown, Senator Tom Coburn and other members of the Health, Education, Labor, and Pensions Committee. On March 21, we had the pleasure of attending the U.S. Senate hearing on 9/11 Health-Related problems hosted by all of you for the first time. We were joined by two members and 9/11 survivors, Retired EMS Lieutenant William Gleason and EMT Stephen Hess.

These gentlemen and many like them suffer from a myriad of often life-threatening health problems, including hyper reactive airway disease, asthma, GERD, bronchitis, nodules in their lungs and in sinus cavities, skin rashes and growths, pulmonary hypertension, sarcoidosis, pulmonary fibrosis and scarring, enlarged heart, hypertension, autoimmune diseases such as lupus (or lupus like symptoms) and Rheumatoid arthritis, leukemia, and other types of cancers.

In the years before 9/11, our members typically faced orthopedic injuries, and occasionally TB or Hepatitis. Today, members come to us with health problems falling within the cluster of illnesses above with alarming frequency. The common denominator with each is the same; the member responded to the terrorist attacks at the World Trade Center in New York.

Ms Pizzitola, is a retired member of FDNY EMS, and assists Local 3621, the Uniformed EMS Officers Union as the Pension & Benefit Coordinator and founded the FDNY EMS Retirees Association to help our mostly disable and retired EMS workers. Together with the Uniformed EMS Officers Union, Local 3621, these organizations partnered to ensure that our members are aware of the World Trade Center Tracking and Treatment Center Programs available in New York and nationwide, as our retirees are leaving New York for warmer climates and still need medical care. Unfortunately, responders and volunteers from other States are not being given the appropriate information as was identified at the Senate hearing on March 21, 2007 on 9/11 Health Problems.

In fact, we would like to correct NYC Mayor Bloomberg's answer to Senator Sherrod Brown when asked how almost 200 people from Ohio that responded after 9/11 could get treatment. Mayor Bloomberg's response that volunteers from other States could come to NYC to seek treatment if they had health insurance, and his statement that the NYC Department of Health Registry was closed since 2003, were accurate, but not the best advice.

In reality, the best course of action any volunteer should be advised to take is the following:

1. Complete a NYS Workers' Compensation Notice of Participation form (a WTC 12 form). NYS Workers' Comp forms can be found at *www.wcb.state.ny.us* under "common forms."

2. Have the form notarized and sent by certified mail to the NYS Workers' Compensation Board by the deadline of August 14, 2007. Keep a copy for their records.

3. Call the WTC hotline and register for treatment at the toll free number 1–888–702–0630.

4. Visit *www.wtcexams.org* for more information.

5. If the volunteer resides outside the NY/NJ area they will be referred to a clinic within AOEC, the Association of Occupational and Environmental Clinics in their home State, and treatment is free as it is NIOSH-grant funded.

A second inaccuracy concerns the issue of insurance and the amount of funding Mayor Bloomberg requested to fund the 9/11 programs.

The Mayor's Task Force Report mentions the DOHMH WTC Guidelines. (See attached). These guidelines are so vague that they serve to limit pensions and Workers' Comp cases being awarded and thus city liability, rather than provide medical practitioners a framework. Our responders and volunteers are receiving diagnoses that fall beyond the listings in this document. The limited scope of the guidelines bind medical practitioners from identifying and treating 9/11 health-related illnesses. The DOHMH guidelines need to be updated every 6 months, or at least once a year, to include increasing rates of diagnoses within the cluster of illnesses, to provide doctors with a full and accurate picture of the evolving framework.

The guidelines simply mention GERD, depression, anxiety and PTSD, upper airway cough syndrome, (formerly termed post nasal drip), Asthma, reactive airway disease (RADS), and chronic cough. Yet our members and thousands in other treatment centers are being diagnosed with skin rashes, tumors on their thyroid glands, nodules in the lungs, pulmonary fibrosis, sarcoidosis, sinus tumors, skin growths, growths in the stomach or esophagus, autoimmune diseases, sleep apnea, leukemia's and cancers and more. Given the amount of toxic chemicals that were in Ground Zero that were inhaled or ingested, these people are and will continue to develop these illnesses and their doctors should be on the look out for more than is described in these "guidelines." One member has advised us her doctor mentioned he has 12 patients that were 9/11 responders now diagnosed with leukemia. Such a reporting should be taken into consideration and investigated among other 9/11 workers. Adding these illnesses to the guidelines informs medical practitioners treating 9/11 workers to be more thorough in physical examinations so patients do not face long periods of time undiagnosed or misdiagnosed accidentally. Preventative health is simply a sound health practice, but for the practitioner to be that thorough in his/her examinations, she/he should know what they are looking for, especially when this is not routine.

Senator Coburn asked the Mayor why the Senate should fund the 9/11 programs if there is a duplication of insurance programs. Let us clarify, as the answer he received was not accurate. All NYC workers and contractors are covered by NYS Workers' Compensation. Under the law, an employer with one or more workers must carry insurance for their workers. It is all too common however, that an employer fails to adequately cover or report all of their workers and pay the State the appropriate premium. In addition, the city of New York often challenges injury claims, delays or ignores doctors' request for authorization for treatment, delays payment of bills, and most tragically limits how often disabled workers can receive symptomatic treatment. In the end our 9/11 workers are literally fighting the city of New York for medical treatment and their doctors are fighting to get paid. Many refuse to see us as the NYC Law Department Workers Compensation Division simply does not pay their bills timely, or at all.

In the Mayors Task Force Report, "Addressing the Health Impacts of 9/11 Report and Recommendation of Mayor Michael Bloomberg" co-chaired by Deputy Mayors Linda Gibbs and Ed Skyler, we refer you to page 74–78. On page 75, halfway through the first paragraphs it states,

> ". . . the city is obligated to challenge a high proportion of Workers' Compensation cases as late and/or lacking medical evidence and employees do not get the benefits they seek. Until we have better medical evidence of the health effects of 9/11, or the State changes the Workers' Compensation scheme, to better address later emerging 9/11-related claims, this unfortunate tension will continue."

While the law was changed to remedy the late emerging illnesses, the "unfortunate tensions" still continue.

In Ms. Pizzitola's case alone, we have three file folders of red tape we have had to wade through in an attempt for her to receive medically necessary treatment and

get her medical providers paid after 3 years. The Law Department Workers' Compensation Division is limiting disabled workers to medical visits only 1–2 times per month based on its independent definition of "symptomatic treatment." The NYC Law Department Workers' Compensation system, which Mayor Bloomberg oversees, has ignored direction by the NYS Workers' Comp Board that they are interpreting the State law incorrectly, however, they continue to do so and frustrated injured workers must resort to using their union health plans to receive treatment. Because the city is inadequately covering members under the Workers' Compensation Plan, these workers *depend* on NIOSH-funded WTC Treatment programs for their treatment.

Workers are not supposed to use their private health insurance for work-related injuries or illness. Claims should be paid for by the State Workers' Compensation System. For uniformed workers like NYC Fire, Police and Sanitation workers, and some Board of Education pedagogical employees do not receive Workers' Compensation. NYC Firefighters upon retirement must use their own health insurance for their line of duty injuries and they are subject to copays and caps each year that can be expensive. Out-of-pocket medical expenses related to 9/11-related illness has become overwhelming and these members as well depend on NIOSH-funded WTC programs for their treatment.

In addition to the problems with health benefits, our members also face mounting difficulty on the pension side. The Mayor also oversees the Pension system and their own DOHMH WTC guidelines again has caused 9/11 workers like EMT Stephen Hess who submitted testimony for the hearing through AFSCME to be denied his line of duty-related pension twice. Following a lawsuit, the Court advised the New York City Employees Retirement System (NYCERS) Pension board to review EMT Hess' medical evidence again, as it appeared it was not given proper weight and he should have been approved (the Court has no jurisdiction to grant pensions over the decision of a medical board). Today, that same pension board still refuses to see Mr. Hess or reopen his case. Please refer to page 75–78 of the Mayors Task Force Report on Addressing the Health Impacts of 9/11. On page 76 the second paragraph states that the city pension boards are using the New York City Department of Health and Mental Hygiene WTC Guidelines as a basis for denying workers their 9/11 pensions and states,

> "This tension is an unfortunate by-product of the Presumption bill which, though generous to its beneficiaries, makes categorical determinations that cannot yet (and may not ever) be attributed to the 9/11 attacks."

Mr. Hess must use his wife's health insurance because there are no doctors in the State of New Jersey where he lives that will accept Workers' Compensation from the city of New York due to their poor payment history, and no doctors that are approved for his medical conditions. This bureaucratic nightmare has tragic implications for the health and well-being of Mr. Hess and his entire family. This is another reason why our workers *depend* on grant-funded WTC programs for their treatment. These "unfortunate tensions" described by City Hall are being suffered by real people who depend on these benefits to take care of themselves and their families and we must find a way to fund these programs so they can take the science from treating and tracking our 9/11 health problems and put an end to our members dying fighting for their benefits and pensions.

We are seeing an increasing number of medical professionals refusing to take on 9/11 patients. In fact we are finding mental health professionals and pulmonologists refusing to take on new 9/11 patients because they are inundated with 9/11-related cases and/or having difficulties getting paid via Comp. The list of approved physicians in these areas of practice and in close proximity to the injured worker is also limited. Mr. Hess was terminated by the FDNY under Civil Service Law section 71. This means that although he was out sick due to a work-related illness (9/11), the FDNY fired him because he was out for more than 12 months. He has no health insurance or benefits. He has been refused his pension twice because the city pension system refuses to find him disabled even though the FDNY finds him unfit for duty as a result of 9/11. Mr. Hess' only resort is the NIOSH-funded program, and ironically he is in the FDNY program, the same organization that fired him for the disability that prevented him from working there in the first place.

While the Mayor requested $393 million per year to cover **ALL workers from ALL States**, a more accurate estimate of the funding required could be determined by a review of NIOSH grants and Workers' Compensation System actual payments over a period of time, including both medical and administrative costs. With this average we can more accurately estimate both current and future costs to the system.

Epidemiologists and medical professionals tell us that the FDNY, Mt. Sinai and Bellevue Programs are providing the foundation for the identification of direct causation in 9/11 health-related illnesses. Without this baseline and ongoing tracking, 9/11 illnesses will be further obscured, denigrating our ability to understand and treat these workers. In fact, if we had access to the statistics and data from the FDNY 5-year history alone, it could shed light on the situation and help us to more effectively treat 9/11-related illnesses as for the first time we heard at this hearing Dr. Kelly testify that the FDNY is seeing some "unusual cancers."

And finally, we would like to address Congressman Nadler's important question about respiratory protection and when workers received masks at Ground Zero. Masks were not given to workers until October 2001, and more importantly, replacement filters for those masks were not made readily available. As you can imagine, the filters quickly became clogged with dust and debris. After working long hours, breathing through the clogged filter became impossible—at this point, the masks were unless. When you discuss the issue of masks and respiratory protection we MUST remember to discuss the availability of filters—this one forgotten issue is crucial to understanding the severity of our current predicament. It is imperative that we speak of emergency preparedness that we ensure that we have masks for responders and a sufficient supply of replacement filters to last through the emergency.

In closing, Marianne and I respectfully thank you for the time to offer testimony on the health-related experiences of 9/11 workers and responders. NIOSH-funded programs like FDNY, Mt. Sinai and Bellevue are necessary to effectively serve the thousands of 9/11 workers and responders with treatment and tracking. Our emergency responders depend on these programs. This worthy mission will provide us a more effective means addressing 9/11-related illnesses and establish a framework for health care in future disasters if ever required. For this mission to be successful there must be both complete accountability and transparency so that our 9/11 workers and responders are not left fighting alone for the health and pension benefits and care they have undoubtedly earned. We also must ensure that these worthy programs are funded so that tracking of illnesses from these centers can develop preventative medicine programs that can help other 9/11 workers and volunteers later.

The Federal Government needs to establish a special disaster fund that if there is a national disaster like that of 9/11 again in this country, there is a fund that can be implemented to care for the rescuers and volunteers. Americans are resilient, and in times of crisis we band together and pull each other through. After 9/11, New Yorkers, and those that felt our pain brought this beloved city back to its feet. For this valiant effort, we must take care of the people that took care of New York.

[Editor's Note: Due to the high cost of printing, previously published materials are not reprinted in the hearing record. Please refer to the report, "Addressing the Health Impact of 9/11," by Mayor Michael Bloomberg and Co-Chairs Deputy Mayors Edward Skyler and Linda Gibbs on the Mayor's Web site: http://www.nyc.gov/html/mail/html/mayor.html or http:www.nyc.gov/htm/om/pdf/911_health_impacts_report.pdf. The report "City Health Information—Clinical Guidelines for Adults Exposed to the Workd Trade Center Disaster can be found at http://home2.nyc.gov/html/doh/downloads/pdf/chi/chi25-7-pdf.]

RESIDENT SUPPLEMENTAL MATERIALS

PREPARED STATEMENT OF TANIA HEAD, PRESIDENT, WORLD TRADE CENTER SURVIVORS' NETWORK

Chairman Kennedy, Senator Enzi, and members of the committee, I thank you for this opportunity to testify today regarding the long-term health impacts from September 11.

My name is Tania Head and I am the President of the World Trade Center Survivors' Network. We are a nonpartisan, not-for-profit 501(c)(3), formed in 2003 to serve the needs, and advocate for, the survivors of the attacks of September 11, 2001. Our members are World Trade Center evacuees, workers from nearby buildings, Lower Manhattan residents, witnesses of the attacks, rescue and recovery workers and volunteers.

We were very pleased to learn that the committee is looking into the growing problem of non-responders falling victim to 9/11-related illnesses because there has been a disparity to date between the resources devoted to rescue and recovery workers, as compared with the health and financial resources available to other groups.

This is especially of concern because many of the residents, students, and workers who returned to Lower Manhattan after the September 11 attacks are also experiencing a number of health ailments. Their medical problems have largely been overlooked as officials focus increased attention on the responders who were exposed to the hazards of the cleanup and recovery effort at Ground Zero.

The sad fact is that a large number of non-rescue survivors are also suffering from respiratory, gastrointestinal and mental health problems as a result of the September 11 attacks. However, until recently there has not been a single medical monitoring and treatment program available for neighborhood residents and other non-rescue survivors. It was not until this past January, more than 5 years after the fact, that the Bellevue Hospital WTC Healthcare Center was started to meet this need. It is clear that this vital program will require additional funding to stay open, especially as more time passes and further health complications arise as a result of the exposure to September 11 trauma and toxic contaminants.

Additionally, survivors who were in New York on business on September 11, and those who have relocated since, have also been largely overlooked by the medical community. They have had little access to support services dealing with trauma and health issues in their new communities, and have continually been turned down for financial assistance from service providers in New York.

Illustrative of these facts, we recently polled over 1,000 of our members and found that for the overwhelming majority, almost 75 percent, their No. 1 concern today is "Health Issues Affecting Survivors."

Health issues affecting non-rescue survivors are not limited to physical problems alone. A large majority is still suffering from various degrees of trauma, and has been diagnosed with Post Traumatic Stress Disorder (PTSD). Alarmingly, just when the need for counseling and support seem to be growing, many of the programs providing free mental health counseling are closing down for lack of funding. This includes the invaluable services provided by St. Vincent's World Trade Center Health Services.

To make matters worse, the problems affecting survivors are not limited to health ailments. Health problems have compounded other problems arising directly as a result of being in the line of fire during the attacks of September 11. Many survivors, for example, are suffering from unemployment or underemployment. Many lost their jobs on September 11 and have been unable to find work due to job discrimination. Others are unable to return to their place of employment in Manhattan or are too traumatized to return to work at all.

As a result, many survivors' are finding themselves in substantial financial difficulties because they are experiencing mental and health problems, all of which do not allow them to hold steady jobs while the bills keep piling up. Financial problems lead to legal problems and the situation only worsens. It's a vicious cycle that's very hard to escape, and to date there has not been enough resources or willingness to help this situation.

PREPARED STATEMENT OF ANN WARNER ARLEN, IMMEDIATE PAST CHAIR, ENVIRONMENT COMMITTEE, COMMUNITY BOARD #2, MANHATTAN, NY

My name is Ann Warner Arlen. I live just south of West Houston Street on Sullivan Street, in the South Village, an area west of SoHo and east of Sixth Avenue. Before September 11, 2001, the sky plane looking south on Sullivan was dominated by the World Trade Center, an easy walk south.

I live in an apartment on a garden that is part of the open core of our block. On the morning of September 11 my back was to the garden when I heard the roar of the first plane go over, too low, gunning its motors, and then the crash. A friend called; we were watching on TV as the South Tower was hit.

In the street a group of us watched the towers burn. When one of the towers turned grey and slid down the horizon, people screamed. A man appeared at the edge of the group, eyes red, face chalky with dust. He tried to speak but made little sound. Finally he said he had been in a building where people jumping from the towers fell so close by he could identify them. He wanted to tell the families so they could know. He came to my place to call his family. On the TV the second tower fell.

The next day the air was filled with the dust. Going to a community Board #2 meeting at Bleecker and West Broadway, I had a bandana around my nose and mouth, yet was grinding the dust and grit between my teeth. The following day the dust was still in the air. The police had Houston Street cordoned off. We had to prove we lived there to get onto the block. An officer gave me a mask.

After that the smoke rising from the World Trade Center site during the day settled as a pall over our area at night. The central core of our block held the smoke

in place, and that allowed it to seep into the rear-facing apartments. Every morning for 3½ months I woke to an apartment filled with smoke, head aching with sinusitis and chest bubbling with bronchitis. These symptoms went away only after the smoke abated.

A combustion scientist friend described the smoke as a combination oil fire, crematorium and mass burn incinerator. Altogether, it was an assault of airborne particulates and caustic fumes laden with a witches brew of unknown toxins. During the day, when the smoke lifted, the smell of burning flesh persisted. It was a relief when someone wrote about it or mentioned it. Most of the time nobody did.

In October 2003, I did jury duty in the Supreme Court building on Foley Square, in a courtroom facing the WTC site and still smelling of WTC smoke. As we were seated, noses and eyes began to run. It was as if the jury as one had a cold. My sinusitis and bronchitis returned and got steadily worse. After many weeks the bronchitis became acute, and my doctor sent me for a chest x ray. The radiologist made a diagnosis of obstructive lung disease. My doctor said she would not recommend a pulmonary function test because there would be little to be done about it anyway. She prescribed for the mucous in my chest. Now when I get a cold or sniffle, I often get bronchitis. I take homeopathics and immune system strengtheners to avoid colds.

I was haunted by the cataclysm that destroyed uncounted innocent lives close by, and especially by the passengers on Flight 11, passing overhead seconds before they crashed into the North Tower.

But the source of greatest trauma was the venality of our leadership and the health agencies: in issuing deceptive reassurances about the air quality; in deciding not to follow the better-safe-than-sorry "precautionary principle," not to warn people to protect themselves and their children, to stay out of the area; in deciding not to close contaminated schools while they truly were decontaminated (instead students at Stuyvesant were compelled to return on pain of losing much-prized places); in conducting improper test-and-clean programs that resulted in people made ill by returning to contaminated buildings.

And now we face the demoralizing risk that the Bellevue WTC Healthcare Center, a most important "center of excellence," the one treatment center open to all suffering 9/11 exposure impacts, will be forced to adopt a politically-generated, geographically-based restriction regarding who it will accept for treatment, rather than to be allowed to continue with its admirable symptom-based triage system. It is devoutly to be hoped that Bellevue will be allowed to continue along its health-based path of integrity, untroubled by the political tinkering that is so demoralizing to those who seek to contain and reduce the harm done on 9/11 and—most regrettably—subsequently.

PREPARED STATEMENT OF VICTOR FUSCO, ESQ., MANAGING PARTNER, FUSCO BRANDENSTEIN & RADA, P.C.

SOME PROPOSALS

If it may please this Honorable Panel: My name is Victor Fusco. I am a member of the New York bar who has practiced in the varied areas of disability law since 1976. I am a past president of the National Organization of Social Security Claimants' Representatives, and past-president of the New York Social Security Bar Association. I am a member of the Workers' Injury Litigation Group and the New York Injured Workers' Bar Association. I am presently the pro-bono general counsel to the Unsung Heroes Helping Heroes, Inc., a not-for-profit organization whose mission is to assist and advocate for the responders of the 9/11 attacks, and other national disasters.

In my more than 30 years of practice, I have become familiar with both State and Federal Workers' Compensation plans, Social Security Disability, and ERISA plans, all of which deal with disabled workers. I am honored and delighted to have an opportunity to share some of my observations, and discuss problems and solutions.

With respect to 9/11 workers, it is no secret that they were exposed to a "toxic brew" of pollutants, poisons and toxins as they worked in the rescue, recovery and clean up efforts, so I will not reiterate facts that you have heard many times from the doctors treating these individuals. I will stress that many of these workers are expected to develop later onset diseases, which have not yet manifested themselves. Some of our medical professionals are bracing for an epidemic of 9/11-related diseases.

State Workers' Compensation Programs across the country have been decimated in recent years due to the influence of businesses and insurance industry in State governments.

Up until last week, New York has the third lowest Workers' Compensation rates in the country, with a maximum payment of $400.00 per week. Now the maximum, for new cases, has been raised to $500.00 per week . . . still less than half of some of our neighboring States in the Northeast. To make matters worse, especially for 9/11 responders, under the so called "reforms," New York has adopted a most glaring "anti-worker" provision found in the laws of many other States, that is a cap, or maximum benefit payout on the amount of partial disability payments a permanently disabled worker can receive, to maximum of 525 weeks of benefits. (However, if you were to only have a 50 percent disability, you'd only get 300 weeks of benefits.) In the past, New York did place time limits on some types of injuries (schedule loss of use), i.e., those that would heal with varying degrees of permanency, and then stabilize. Typically these would be extremity injuries, arm, leg, wrist, etc., for which "scheduled loss of use" awards would be made based on a percentage of functional loss. However, in progressive, non-stable type conditions: spinal injuries; cardiac; pulmonary; brain, and such, a permanently partially disabled worker could receive benefits for as long they continued to suffer wage loss medically related to the impairment. And, make no mistake, virtually all such workers would be considered "partially disabled," (and further categorized as mild, moderate or marked) if they weren't bedridden.

In fact, in New York it has always been near impossible for workers to be classified as "totally disabled" unless they met the statutory standard of loss of two arms, two legs, and arm and a leg, both eyes, etc. It was never sufficient for a worker to show that they could not realistically do any work. They basically had to be bedridden to establish *medical* total disability.

A small number of workers have been found to have "total industrial disabilities," but such cases are also quite rare. New York's standard of "total industrial disability" has been sparingly applied, and then only to workers who were uneducated, functionally illiterate, with limited facility in English, and who had performed a lifetime of heavy unskilled labor. Most workers will never qualify for total disability under this standard. (For example, a typical "total industrial disability" claim might succeed for a 58-year-old brick layer, with 2 years of education in Italy, who does not read or write English, and speaks it haltingly with a back injury who can not longer be a brick-layer),

New York's recent "reform" does little to better the lot of injured workers other than a slight rate increase. In fact, New York has done away with permanent benefits in cases of permanent partial disabilities, which by any other reasonable standard, including those of other States, would be considered "total disability for work" standards.

This change in the historic bargain between labor and business portends major implications for the health of 9/11 responders. As their conditions worsen, their benefits get cut off. Lung conditions such as pulmonary fibrosis, for example, don't improve; they become progressively more debilitating, then they kill you.

Workers from across the river can't expect much better treatment, as our sister State of New Jersey also has lifetime caps on the amount of benefits a workers can receive.

The workers of 9/11 have been particularly vulnerable to the vagaries of the Workers' Compensation system. Although, from the outset, medical professionals have cautioned that the workers were exposed to a toxic stew, they also have gone on record as admitting that it will be years before many impairments, including lung diseases and cancers manifest themselves, and it will take years more still for the medical professionals to have the statistics to make the necessary causative links.

Initially, 9/11 workers who found themselves taking ill beyond 2 years of their last work at Ground Zero and related sites, found themselves barred from filing compensation cases by New York's 2-year statute of limitations.

The workers, through their advocacy organizations, asked for a "presumptions bill." The bill listed a number of conditions that doctors had anecdotally related to World Trade Center exposure. It was proposed that if and when 9/11 workers ever were to come down with any of those enumerated conditions, such illness(es) would be presumed related to their work at Ground Zero and related sites, and their cases would be treated like occupational disease cases, so that the worker would have 2 years from the date of diagnosis of a 9/11-related disease in which to file a claim. Although the bill received widespread legislative support and passed both houses, Governor George Pataki, would not sign it and insisted on a watered down bill.

So, how did New York decide to deal with 9/11 workers? By setting up a trap for unwary workers (residing in or out of New York), which requires them to "register" with the New York NYS Workers' Compensation Board on or before August 14,

2007. If they fail to register and later get sick, they can not file a claim. Only the filing of a registration statement extends the statute of limitations.

In the meantime, well meaning Federal officials sought to bring in funds for much needed medical treatment. Those funds are needed and appreciated and more money is needed. But those funds will never benefit all the workers affected by 9/11. Unfortunately workers don't just need medical benefits. Some are too disabled to work and because the Workers' Compensation system has largely failed them, they find themselves losing their homes, and all their assets. In short, they need a legitimate, worker friendly Workers' Compensation program.

And, as poorly as New York's working people have been treated, other workers have been left out altogether. The Unsung Heroes Helping Heroes, Inc. and other organizations that have formed to help 9/11 workers remain at a loss as to how to help Federal workers who were involved in the 9/11 effort, who also are outside of their statute of limitations; not to mention our national guardsmen who qualify for neither Federal or State benefits. New York State tells them they are military and eligible for "Federal" benefits. The Feds tell them New York State called you up, so you're New York's responsibility. And what about those who were working in the World Trade Center and environs when the buildings came down? They don't qualify for Workers' Compensation benefits as they are not considered "rescue, clean-up, or recovery workers." What are they to do?

Some workers have approached Federal Legislators with a proposal that the State Workers' Compensation systems be supplanted by a Federal program. Specifically, they point to the provisions of the Long Shore and Harborworkers Act (LHWCA) as a far more preferable compensation system. The provisions of the LHWCA have already been imported into the Defense Base Act as a means of compensating injured private citizens who have worked as "contractors" in Iraq. Benefit levels are far higher than those available in New York, or New Jersey for that matter. Secondly, such an act could be universally applied across the United States. The argument is made that it was the United States that was attacked, not just New York, and therefore Federal jurisdiction over the workers who helped in the recovery is entirely appropriate. This is a valid argument, and importation of the LSHA standards could go a long way to bettering the lot of 9/11's responders.

While this scheme has great merit, there are some shortcomings to which pragmatic solutions are necessary.

It is no secret that our Federal Government has been continuously applied budget cutting to virtually all of our Federal agencies. (Some would call it "bloodletting.") Federal agencies that deal with working people such as the National Labor Relations Board, the Department of Labor, The Occupational Safety & Health Administration and the Social Security Administration have never been more backlogged. I don't know of a single Federal agency whose administrators are not complaining of increased workloads with reduced staffing. The recent scandal concerning poor treatment of our injured Iraq war veterans is symptomatic of what happens when Federal agencies suffer from budgetary malnutrition.

The LHWCA is administered by the Office of Workers' Compensation Programs (OWCP) an agency within the U.S. Department of Labor. The OWCP has a small number of claims examiners working in each of the major Federal regions. OWCP has a smaller core of Administrative Law Judge's who travel the country hearing cases. Unlike the Social Security Administration Office of Disability and Review, (formerly Office of Hearings and Appeals) it does not have a dedicated corps of ALJ's in each locality. Additionally that OWCP is charged with administering a second compensation program, the Federal Employees Compensation Act (FECA).

LHWCA is a far more "user friendly" benefit scheme than FECA. Federal Government employee have tremendous difficulty getting legal representation before the Office of Workers' Compensation Programs, because there are no attorney fee liens, and the fees that are typically approved for lawyers' services are too frequently fixed at rates too far below market level, if they are even collectible, to make it feasible for attorneys to take on these cases. More lawyers do accept LHWCA cases. There are attorney fee liens available, and the fees tend to be closer to market rates. It should be noted however that claimants in litigated LHWCA cases are required to bear their own expenses of litigation.

From a political and governmental standpoint, States are very protective, as they should be, of States' rights and loathe to cede authority (and jobs) to the Federal Government. Indeed, there are many Federal and State legislators who have protested excessive Federal intrusion into State matters. Workers' Compensation has always been a State matter, but one which has Federal repercussions, as State benefits do impact on Federal programs, in particular Social Security Disability.

From the advocate's point of view, the Federal Government is simply not capable of running a more vast compensation program than that which it is already han-

dling. The resources aren't there. Certainly the Department of Labor does not have the manpower. And, if anyone should perhaps think that the Social Security Administration's Administrative Law Judge's could take on the function of adjudicating these claims, we would point out that there is already a 24-month backlog of hearings in Social Security Disability cases, in most regions. The Social Security Administration can not take on any more work. It's bursting at the seams with the work it does have. In a time of cutting Federal budgets, it is unlikely any public official would suggest expanding any Federal agency's scope (or budget).

Given the realities of the Federal budget for operating its agencies, couple with the failure of State compensation programs to adequately compensate the injured workers of 9/11, we propose that Congress devise a "supplemental 9/11 disability program."

The cornerstone of such proposal would be that similar to what is done with Federal Highway Funds, the Federal Government attach the ability to secure reimbursement to the States' legislation and implementation of certain federally created minimum standards.

We envision the program would provide supplemental funds to any State plan, provided certain Federal criteria are met, so that the combination of State Workers' Compensation benefits plus additional Federal benefits would equal ⅔ of the claimant's salary at the time of onset of disability. For each eligible claimant, the Federal Government, through a special fund, would reimburse State plans or private insurers 100 percent of the cost of the "State" portion of the compensation after the first 2 years of payments.

In order to be eligible for funds, States would, be required to amend their Workers' Compensation statutes to provide certain levels of Workers' Compensation coverage to qualified workers:

1. For 9/11 responders (first responders, clean-up, rescue and recovery workers) certain qualifying conditions shall be presumed to causally related to toxic exposures characteristic of work at Ground Zero and related sites.

"Qualifying Conditions" would include at least the following:

- Diseases of the *Upper Respiratory Tract*, such as: Rhinitis; Sinusitis; Pharyngitis; Laryngitis; Vocal-chord Disease; Upper Airway Hyper-reactivity and Tracheobronchitis, or a combination of such conditions.
- Diseases of the Lower Respiratory Tract, such as: Bronchitis; Asthma; Reactive Airway Dysfunction Syndrome ("RADS"); Various Forms of Pneumonitis Hypersensitivity (granulomatous or eosinophilic).
- Psychological Conditions, such as: Post Traumatic Stress Disorder, Anxiety, Depression, or any combination of these.
- Skin Diseases, such as: Contact Dermatitis; Burns; Infections; Irritations whether allergic, idiopathic or non-specific in origin, and caused by or aggravated by exposure;
- New Onset Diseases, resulting from exposure, which may occur in the future, such as: any form of Cancer; Chronic Obstructive Pulmonary Disease (COPD), Asbestos-related Diseases (including Mesothelioma); Heavy-metal poisoning; Musculoskeletal disease; Chronic Psychological diseases.

2. The claimant shall have 2 years from knowledge that he or she has such a disease and that it is related to 9/11 exposure, in which to file a claim.

3. The claimant must prove that he or she worked (or qualified as an eligible volunteer under State law) within the first 7 days, either immediately following the 9/11 disaster at a "qualifying site" for 8 hours or more, or for any length of time at a "qualifying site" or "combination of qualifying sites," during the period 9-11-01 to 9-12-02.

4. The presumption of causality shall be irrebuttable, except for a preponderance of clear and convincing evidence to the contrary. It shall not be a defense to the presumption of causality that there are no similar cases on record, provided the attending doctor sets forth s reasonable medical basis for his/her opinion that claimant's impairment is casually connected, either directly or indirectly, to an exposure related to the 9/11 rescue, recovery and clean-up efforts.

5. There shall be no presumption as to the degree of disability imposed by any "qualifying condition." The burden of proving degree of disability is on the claimant.

6. The State must adjudicate such claim within 365 days of its presentation. If the claim is not resolved and the claimant is not working, and has medical proof of a causally related disability, the Special Fund may pay interim benefits subject to reimbursement by the State plan when the claim is approved, plus interest. In the event the State fails to adjudicate such claim within 365 days of its presentment, the claimant may petition the U.S. Department of Labor to hold an expedited proceeding, before an Administrative Law Judge of the U.S. Department of Labor,

within 60 days of such request. A claim shall not be considered presented until: (1) a claim form has been filed with the appropriate State agency, (2) there is medical evidence showing a diagnosis of a qualifying condition, and (3) if the claimant has a condition other than an enumerated qualifying condition there is medical evidence containing an opinion that such condition(s) are causally connected to 9/11-related exposure during the prescribed timeframes.

7. Medical treatment shall be funded separately, and not be dependent upon the status of a worker's loss of earnings claim, whether or not compensability of such claim has been established under any State or Federal Workers' Compensation plan or program, or the status of a temporary or permanent, total or partial disability claim.

8. "Voluntary withdrawal" from the labor market shall not be a defense to payment of benefits.

9. (1) Reduced earnings and average weekly wage shall be measured against the higher of:

(a) Claimant's earnings at Ground Zero and/or related qualifying areas; or

(b) Claimant's most recent earnings for the 24-month period antedating cessation of work due to disability; or

(c) Claimant's highest 5 years of contiguous earnings in the profession or trade in which he or she was employed at Ground Zero and/or related qualifying areas; or

(d) Such other wage basis as may fairly depict the claimant's wage earning capacity in the view of the trier of fact.

(e) The determination of average weekly wage should be liberally construed in favor of the worker.

(2) In the absence of actual reduced earnings, where such claimant is not actually employed, the State shall determine a "degree of medical disability" and pay compensation in accord therewith, as governed by existing State statutes.

10. Following the State determination of the claimant's degree of disability and the appropriate State rate of compensation, a further determination shall be made by the State Agency for additional supplemental Federal benefits in an amount not exceeding ⅔ of claimant's average weekly wage. If the claimant is working at reduced earnings for conditions attributable to his or her 9/11 service, the Federal supplement shall be such amount as is necessary to supplement the State benefit so that claimant receives ⅔ of his or her actual reduced earnings based on his or average weekly wage as determined by the most favorable method. The standard defenses to reduced earnings claims shall be available to the "state" except voluntary withdrawal from the labor market.

11. In States that impose a maximum benefit cap (time limited benefits), upon the exhaustion of such benefits, notwithstanding a finding of permanent partial disability, the Federal plan will pay the difference to the claimant upon exhaustion of State benefits. In the alternative, the participating States will amend their statutes so that there will be no maximum benefit limitation on the State or Federal portion of any permanent partial or total disability benefit payable for any 9/11 qualifying claim, in which case the Federal Government will reimburse, through the State plan, 100 percent of the cost of indemnity payments made under its Workers' Compensation plan, after the first 2 years, to 9/11 workers.

12. In the event of a lump-sum "settlement" the Federal fund will pay such amount as approximates the amount of Federal benefits payable commensurate with the ratio of Federal and State weekly benefits paid prior to the settlement. *Example: State plan paying $400 weekly. Federal supplemental benefit of $300 weekly. State insurer offers $ 100,000.00 Lump Sum (5 years) Federal supplemental lump sum would be an additional $75,000.* For cases where there are no State benefits currently payable, the State contribution shall be presumed to be maximum State rate available at the time based upon claimant's average weekly wage computed by the most advantageous method.

13. The Federal Supplement shall be free of State, Federal and local income taxes and not subject to offset by the Social Security Disability benefits, nor shall it offset by any State or local pension plans, private or ERISA disability plans or insurance. The Federal supplement shall not have any lien whatsoever on the proceeds of any related third party civil action.

14. There shall be no maximum benefit limitation on the Federal portion of any permanent partial or total disability benefits resulting from a 9/11 qualifying claim.

15. In order to encourage vigorous representation of claimants, a prescribed schedule of attorneys fees will be promulgated by the Federal Government based upon factors similar to those used in Social Security Disability determinations, which shall be binding on the State and Federal portion of the claim.

16. The United States shall delegate to State workers' compensation boards and commissions the responsibility for carrying out the mandates of this legislation, in the first instance, as they have the resources, manpower and infrastructure already in place to carry out the purposes of this legislation.

There is ample precedent for State's taking on the administrative burden of administering a Federal benefit. The most immediate example is in Social Security Disability adjudications, where the decisionmaking process at the first adjudicatory level has, since the program's inception, been delegated to the States' "Disability Determinations" agencies. Other examples are block grants. Secondly, such grants of authority, do not require Federal agencies to ramp-up for new programs. Third, most States, especially New York, already have ample State structures to administer the program. Under former Governor Pataki, extensive modernization initiatives were made at the NYS Workers' Compensation Board. In fact, in some respects the agency became so efficient, advocates complain that there is not enough for the judges to do. So there is no doubt the States, particularly New York, are well equipped to administer such a program. And, better yet, timing is right. Current Governor Eliot Spitzer has indicated he will institute a program for continuing legal education for New York's Workers' Compensation law judges.

The objective of the legislation we envision is to utilize existing State agencies to administer supplemental Federal benefits, which are modeled after the benefit structure of the LHWCA. By compliance with federally suggested models, States, and the private insurers therein, can offset a large part of their risk to a special fund which will be created for funding these benefits. That model was originally used in connection with Federal Terrorist Insurance Funds following the 9/11 attacks. Workers who responded to an attack upon our country will be placed on an even footing with other workers whose work benefits "the country" such as Longshoremen or Defense Base Act Workers.

The fact that many of the workers were paid salaries to perform their jobs does not diminish what they did. We pay salaries to our soldiers, sailors, police and firefighters, yet no one would ever diminish their contributions to our public safety and security. Just as police and firefighters are eligible for special pensions in virtually every State, and just as our military personnel are entitled to veteran's benefits and pensions, these blue collar veterans are also deserving of special financial recognition of their sacrifice of their physical and mental well being for our benefit.

"Special treatment" over and above what most workers receive when injured on the job, is not discriminatory. Rather it simply would help make whole those workers, who without regard to their own health and safety, put themselves in harm's way, for the benefit of the United States, and ruined their health in the process. Just as police and firefighters are eligible for special pensions in virtually every State, and just as our military personnel are entitled to veteran's benefits and pensions, these blue collar veterans are also deserving of special financial recognition of their sacrifice of their physical and mental well being for our benefit.

MARCH 19, 2007.

DEAR SENATORS CLINTON, KENNEDY, ENZI and members of the HELP Committee: Please find below my written testimony for the Senate HELP hearing on 9/11 in Washington, DC. I am the president of the WTCRC—World Trade Center Tenants Coalition, a grass roots umbrella organization formed after 9/11 to deal with issues of access, landlords, cleanup and downtown information sharing. We reach out via our list server, to around 30,000 downtown residents through various tenant associations, condo boards and other resident groups. I am a parent of three young children.

SUMMARY

Elected officials, the Hall family believes that we were exposed to a toxic cocktail of contaminants of potential concern, during and after 9/11. We believe that we were deceived by the EPA and others. We were told that it was safe to return downtown before a through clean up program had been organized and professionally initiated. The haphazard cleanup, that varied building to building, has left us with an uncertain future. We initially got sick like many others, things improved over the years but underlying issues remain and may in the future get worse. As first responders who worked on the pile or close by have started to die from illnesses experienced and residents and students start to get sick, more needs to be done by Congress. We believe that we need fully funded monitoring, research and treatment programs run by or at least centralized from, centers of excellence such as Bellevue hospital

and Mount Sinai. We believe that these have the best experience of monitoring and treating for all 9/11 victims.

To be forced to wait over 5 years for any worthwhile studies to be funded is a national disgrace. Pushing this under the carpet is not going to make the issues go away. This forces the effected people to get poor treatment and possibly suffer a much worse outcome that could have been prevented. We feel we are the forgotten people in this attack, left to fend for ourselves. We are lab rats exposed to a toxic gumbo, but unlike lab rats, we have no monitoring. We turn to you today to reverse this travesty and to look to prevent a similar outcome from any future attack that may occur.

We have fought many years for this, please do not let us down.

POST-9/11 ILLNESSES WE BELIEVED THAT WE EXPERIENCED

Before 9/11 we were all very healthy and visited the doctors only rarely. After 9/11, when we returned, we all experienced eye irritation, my wife, Helen Hall, got so bad that she was forced to seek specialized help. We experienced nose bleeds and general malaise. We got tired and my joints ached when walking. We developed a persistent cough that lasted on and off for over a year and it appears to return each winter for many weeks. We suffered from headaches and sinus problems, the winter was miserable and in the summers I suffer badly from allergies. I had suffered a little before 9/11 for a couple of weeks in the summer, but now it has got much worse and lasts much longer. I suffer from phlegm all year around, especially in the mornings.

My wife developed an issue with her thyroid gland, a non-cancerous cyst grew and had to be drained, we learned of others from community meetings that had similar strange issues. I found playing sports more difficult and was quicker to become exhausted and longer to recover. Last summer, I finally was exhausted walking home from work and went to see my doctor who performed a spirometry lung test and found that I only had 70 percent of typical lung capacity. He explained this was probably why I was struggling to keep up with my children when playing soccer. He asked me about 9/11 and made sure my records indicated this.

Most of the above like many others, did not force us to go to our physician. You get used to it as normal life and like others with young children, they keep you busy and there is little time to stop. We do not know what the years health wise have in store for us, I just hope that I have not exposed my children to serious health issues down the line. At the very minimum I want to know what the contaminants can and have caused in people and what the best recommended treatment program that should be followed from our centers of excellence. The only way to do this is to track a large percentage of the exposed population downtown. Not just the first responders, but the residents, students and workers who were downtown after 9/11, in concentric circles away from WTC. There needs to be fully funded studies, monitoring and treatment programs available. These should be available to all, not just those with expensive health plans.

THIS IS MY 9/11 STORY, ONE OF MANY THOUSANDS THAT LIVED AND WORKED DOWNTOWN IN LOWER MANHATTAN

Introduction

On September 11, 2001 my family and I lived at 50 Battery Place in Battery Park City two blocks south of the World Trade Center site. I worked downtown on Wall Street for JPMorgan Chase at 75 Wall St. That fateful morning was the first week back to school for many downtown children and I had walked my daughter Rhiannon who was just 5, to PS89 in North Battery Park City and then taken my son Alex, who was 2, to TriBeCa Montessori nursery on Harrison and Greenwich. I then proceeded to walk south towards the World Trade Center. The first plane flew into the north tower as I left my sons nursery building and I saw the damage moments later as I walked down Greenwich. At Greenwich and Murray I walked across the Westside Highway deciding that the debris flying down and the crackling of the fire 80 stories above me was too dangerous to proceed any further.

I walked down to the AMEX building, not wanting to think of a terrorist act, but of an accident of a malfunctioning plane or pilot who may have had a heart attack. It initially seemed someone, maybe the copilot, had tried a last ditch effort to turn the plane away from the tower. As I talked to a police officer outside the AMEX building across the street from the South tower trying to make my way back down to cross safely into Wall St., I heard a roar from the second plane watched in horror as it accelerated down West St. and turned towards me, full throttle into the south tower. I immediately realized the danger I was in and looking backwards watched the buildings windows bend and flex from the tremendous force but some how did

not explode onto West St. but into the Plaza, one of the engines sailing past the North tower landing somewhere in TriBeCa. I ran north screaming at people to run North with me, I felt that the tower was going to collapse at any second, how could any building survive such destructive force. I watched people falling helplessly to their deaths, wondering how bad it must have been for them to have to have jumped rather than await rescue. Police helicopters hovered overhead, why couldn't they lower ropes or ladders for those poor souls or land on the roof, there must have been survivors up there above the fires. I felt sick to the pit of my stomach, how could this happen here, it was surreal and reminded me of the film towering inferno.

I ran to PS89 and asked the Guard what the evacuation point was, he did not have a clue, there was no evacuation plan. I begged him to get the children north, they were only two blocks away and the tower was over 100 stories high. If it fell their way, they could all be killed. I ran to my child's PS89 classroom, the teacher, dazed, did not know what to do; parents were being called. The West side highway was already full of police, fire, and ambulances; there was no way for them to get through. I begged her to evacuate the children north to some meeting point, then to call the parents to pick them up. I took my daughter Rhiannon and ran across the Westside highway to get my son Alex. I called my wife and we agreed to meet back at our apartment. Things were calming down a little; the buildings had not come down. My wife was at the U.N. I wanted her to leave straight away as that could be the next target. No one or place was safe now.

We walked back over the highway where a sergeant said it was fine to walk along the esplanade into South Battery Park city. We stupidly agreed and proceeded to walk South with my young son in the stroller and Rhiannon holding on. We got to the back of the winter Gardens and I heard another explosion. I looked up. Had another plane gone into the South tower? I saw the top 20 floors fall into the Plaza and then to my horror, the ground shook and the building started to pancake. There were thousands of us, all the workers from the financial center. There was sheer panic as high-heeled shoes were thrown off, handbags and brief cases tossed; I headed for the water and safety of the Merchantile Exchange building. I screamed at Rhiannon not to let go of the stroller as we sprinted a full pace to try to escape flying debris. The last thing I wanted to do was to jump in the water with two young children, but decided if we were caught in any fire, then it was our only option. Others in front of us did jump over the railings, the esplanade was packed. We ran around the metal exchange and across the parks field, which amazingly was clear. The wind blew strongly south and as the plume blocked out the sun, it rolled over our heads. We were only lightly exposed compared to those that ran south; our apartment building disappeared into the thick rolling dust blanket and day became night. We ran with the others to Chelsea Piers, we watched the mast of the North tower wobble and collapse, sucked into the center of the building. The building pancaked, the corners opening like the petals of a flower, there was no sweet smell. The stripped bare metal structure of the first 20 or so floors survived, for a few moments, before it too fell across West Street into the AMEX building and Winter Gardens.

We continued to walk north to Midtown, the only hotel that would put us up was the Waldorf on Park Avenue and I had to beg the manager to give us a room. I paid the high rate just to know my family would be safe while I went to work across the street. We had no where else to go; our friends were scattered around and we had lost contact. We didn't know if they were alive or dead. That week, the WTC's putrid, burning, indescribable smell and bitter taste in the mouth flooded the hotel. We were told that it was coming up from an underground subway tunnel. In the street, if the wind, changed direction, the smell wafted into Midtown. I ventured down to Wall Street a week later to try to recover and protect servers we had at 75 Wall St. The heat, smell and dust was overwhelming. There was no protection as we waited for our ID's to be verified, allowing us past the numerous armed checkpoints.

Returning Home for the First Time

After staying in Midtown working crazy shifts to help JPMC recover their infrastructure, on the Sunday I learned that they were allowing people into their apartments to get essentials. We had only what I stood up in, we left so quickly that Alex didn't have any shoes. My wife walked to Bloomingdales to get shirts and pants for us and the children to allow us to continue working. Many other stores were closed down. On 9/11 it was gloriously sunny with no clouds in the sky, like many other residents I opened all of our windows, they only opened 3–4 inches due to the child safety locks. Our apartment on the second floor faced the river away from the WTC. I returned, finally allowed to pass with no bills or id linking me to our building, it was only when our Superintendent came out that the armed Na-

tional Guard allowed me 10 minutes to collect what I could. I rushed upstairs with a run down torch, feeling my way in the pitch blackness I found our apartment and walked in. The scene was soul destroying. There was grey, sometimes fluffy, dust every where around 1 inch at the windows and less toward the back of the rooms. Everything was coated. The book case on the higher shelves had a bright yellow power coating. The children's brightly colored bedspreads were grayed out. I collected what I could from cupboards and closed draws and left, the young National Guard guy hollering, my time was up.

We stayed in an apartment in Midtown for 6 weeks and then an apartment near the U.N. for another 1 week. In that period I would leave some evenings and wander downtown to try to begin the cleanup. I took some samples of the dust and collected them in a sealed jar. I was a Physics major and knew how to take samples; I took several scrapings from the front to the back of each of the rooms and mixed it up in the jar. We paid red hat workers to help us cleanup. They didn't even have the flimsy masks we had been given from the Red Cross. FEMA visited but they said there was little they could do for us, especially as we were foreign nationals. I cleaned off the children's plastic toys in the bath tub and threw their favorite soft toys down the garbage shoot. We were told by the EPA that the air was safe at a meeting on Wall St., in a hotel ballroom. Thousands of us were told to cleanup our homes with wet rags and mops and HEPA vacuums that none of us had. I went out and bought the best HEPA vacuum cleaner and Air Purifier I could get. The burning smell was still there when we returned 8 weeks after 9/11, even with the air purifier full on, it was intense. We did not dare open the windows. The outside of our building had not been cleaned despite our begging to the management company to do so. Our HVAC had not been cleaned and it probably had sucked down that cloud of debris and contaminants on 9/11.

We formed a tenants association as the building refused to clean common areas, citing that an air test (taken when there was no people in the building), showed just less than the limit set by EPA <1 percent. They refused to paint my apartment, the ceilings were pop corned and very difficult to clean. I wanted any debris to be sealed before my children returned. The red hat workers left piles of dust behind furniture and appliances but I cleaned it up the best I could. We had just signed our lease agreement for a further year in May 2001, which Dematis and RY Management (the management company) refused to release us from the lease, explaining that as EPA had said that it was safe. Their insurance firm had refused to pay out and thus they were holding tenants to their contracts. We were forced to return, unable to pay two NYC rents. We went to housing court and put our rents in escrow. The judge explained as these were unique circumstances there was no precedent and he did not want to set one, he told us to work it out with Dematis and RY. They had won, testing of the dust I had collected by Criterion labs showed 1 percent asbestos, we decided for the children's sake, to leave. We were forced to lose our deposit and 2 months rent, pay moving costs and moved to 200 Rector Place down the street, to an apartment and building that we were told had been cleaned top to bottom by outside cleaners. Even though it was closer to the WTC we felt committed to stay and help rebuild our neighborhood and after all, maybe the contamination was not all that bad! Little did we know of the CoPC's (Contaminants of Potential Concern), the Dioxins, heavy metals—lead, mercury etc., pulverized concrete dust, insulation—glass fibers, Polycyclic hydrocarbon's, we were only aware of asbestos.

Our apartment overlooked the WTC, we saw the fires burn until well after February. The debris was slowly removed from the pit and spontaneously erupted from time to time glowing white hot. The trucks billowed WTC dust as they drove to north battery park to the hastily set up 24-hour barge operation, glowing red hot at night. The streets were covered with electricity cables protected with wooden coverings. The winter weather washed away WTC dust from the streets, but it collected under the wooden coverings. When finally the coverings were removed, the dust once again blew around our neighborhood, freshly contaminating our homes, carried on clothing shoes and sucked up by the HVAC units. This continues to this day as there are still buildings in our neighborhood that are heavily contaminated and remained open to the elements for a number of years (Deutsche bank, Fitterman hall etc.), others were quietly demolished. It was only after Congressman Nadler's office forced the release of the multimillion dollar investigation of contamination of the Deutsche bank building, did we find out the true extent of what was in the debris cloud and how we had been deceived by the EPA.

If we had known then what we know now, we would not have returned, certainly not until the contamination had been cleaned up.

Regards,

THE HALL FAMILY,
Craig Anthony Hall (38); Helen Mary Hall (39);
Rhiannon Ciara Hall (10); Alexander Rhys Hall (7);
and Ciaran Joseph Hall (3).

MARCH 18, 2007.

DEAR SENATORS CLINTON, KENNEDY, ENZI, and members of the HELP Committee: My name is Nina Lavin and presently as well as on September 11, 2001 I have resided in a building situated seven blocks directly north of the World Trade Center. All the windows in my apartment and two individual HVAC units directly face the former site. My building was built in the early 1990's and therefore can be presumed to have been constructed free of asbestos containing materials. I was home on September 11 and witnessed the collapse of both towers. I closed the windows and the HVAC flu vents before the buildings fell because I was aware that I did not want the burning fuel and glass filling the sky entering my apartment. Nonetheless, enter my apartment the 9/11 dust did. As we know from particulate measurements taken by scientist Thomas Cahill (Cahill is a specialist in nano-particulate matter) beginning in October 2001, the collapse created particulate matter so ultra fine that essentially it behaved like a gaseous vapor, easily seeping indoors as does air. A fine, glittery dust settled all over every surface inside my apartment. Additionally, in the ensuing months I was repeatedly sickened inside the apartment by the noxious fumes of burning industrial materials such as office furniture and fuel emanating from the pile. I was nauseated and experienced burning in my eyes, nose, throat, and developed a painful hacking cough.

Testing of surface dust in my apartment was first done in late 2001 by the Department of Health, which found highly elevated levels of crystalline silica, commonly found in concrete and glass, and a known cause of silicosis, cancer and a respiratory irritant. In July 2002 I privately had testing done inside my apartment for asbestos. Due to the extremely cost prohibitive nature of such testing, I tested for asbestos alone as it has regulatory standards, with the understanding that if asbestos was found, it could be fairly assumed that other WTC toxins were also present, including ones which could cause respiratory and other symptoms. What I found, as stated, was that the ultra-fine dust had wafted right through the closed windows and flues in my apartment. I used certified industrial hygienist Ed Olmsted, who was hired by EPA to test their Region 2 headquarters at 290 Broadway (cattycorner across the street from my building) and who headed oversight of the air monitoring at the Fresh Kills site in Brooklyn, where a lot of 9/11 debris was moved to. Olmsted found highly elevated concentrations of asbestos inside my windowsills, inside the two HVAC units, and even in dust clumps formed in the front doorway of my apartment which opens into an interior hallway of the building. The doorway finding is significant because the way the air is engineered to flow through my building, it means the debris entered vertically from the roof, passed down through the building's 52-story central air supply duct and then passed horizontally through to my fifth floor hallway, through my door frame, and into my apartment (and presumably into other apartments as well.)

By July 2002 I was diagnosed with chronic bronchitis by a leading pulmonologist at NYU Medical Center, a diagnosis corroborated by my primary care physician. With a doctor's letter, I was finally moved out of my apartment for almost 10 months with funding from FEMA. (I should add that even with this letter, it took the intervention of Congressman Nadler's office to get FEMA to comply and relocate me.) By the time I was moved out I had an uncontrollable racking, painful cough and my sinuses and esophagus were chronically inflamed. I also developed acid reflux. I had none of these problems prior to September 11.

In 2002 I had health insurance and saw a pulmonologist, ENT and gastroenterologist at NYU Medical Center, all of whom took my exposure very seriously and carefully examined me using state-of-the-art medical equipment. They were sympathetic but saw individual patients like myself only occasionally, and they could only examine my symptoms individually in relation to their specialty, without working in collaboration—consequently, the inter-relationship of the symptoms I was experiencing, a battery of symptoms which have since been linked to exposure to the dust, was not fully grasped.

The opening of the Bellevue WTC Clinic by Dr. Riebman has made a world of difference for my treatment. These doctors are seeing enough patients with individual

variations of WTC symptoms every day that they know what to look for and are careful to explore the symptoms as a grouping as well as individually, which is important for treatment. Finally for the first time, 5 years later, I am receiving the treatment I need for sinusitis, esophagitis and acid reflux, and am beginning to experience some relief and diminishment of symptoms. It is unknown whether my symptoms (and those of others like myself) are here to stay, but feel certain that the best shot I have of being cured or at least of having these symptoms managed, is to continue being in the care of doctors who are experienced at evaluating and treating patients who suffer from similar conditions and hopefully they will make advances in treatment due to their growing expertise. Also a centralized treatment center may prove important in terms of collecting health data, so that they can track exposures in a consistent and statistically meaningful way.

It is also important from a financial standpoint that treatment continues to be funded. Due to the nature of my employment I am currently without health insurance and without the Bellevue WTC Clinic would have gone without treatment of any kind.

Senators and members of the HELP Committee, I implore you to implement long-term funding for post 9/11 health care so that all of us who need it will have a center of excellence dedicated to the treatment and study of WTC-related health effects to turn to in the coming years.

Sincerely,

NINA LAVIN.

To: Whom It May Concern
From: Charles Littman
Re: 911 Health Issues of Charles, Madeline, Tara and Ryan Littman

We live in Independence Plaza, located a few blocks from Ground Zero.

Madeline Littman.—In March 2005, my wife, Madeline, was diagnosed with lung cancer. It had already spread to her brain. After a noble fight, she died in August 2005. The only possible cause of this illness it would seem was the contaminated air from 9/11. She was a non-smoker, and there was not a proper cleanup in our area. Several other cases of lung cancer have been documented in this area.

Charles Littman.—Since 9/11, I have been on several respiratory medications. I have been diagnosed with asthma. A CAT SCAN after 9/11 showed pleural plaque, whereas a CAT SCAN prior to 9/11 did not show anything. I have been under the care of a pulmonary specialist. On 9/11, I was outside my building witnessing the event. There was neither a proper cleanup of the area, nor of our apartments. The mayor encouraged everyone to go on as normal, not considering the health effects of 9/11.

My children, Tara Littman and Ryan Littman both have experienced recurring sinus problems, including sinus infections and have needed medical treatment. Again, this is related to 9/11.

Thank you for making note of this.

CHARLES LITTMAN AND FAMILY.

They always say . . . if you are having this problem, then there are several more out there like you. The challenge has always been for me that the institutional memory of the events and harm done on 9/11 is short lived. So, resulting mental health issues, like severe depression and post-traumatic stress disorder (PTSD), are issues that should have been solved 5 years ago . . . or so I am told . . . though I have no personal evidence that this is true.

My e-mail is not for me for I get paid well and I have afforded the thousands of dollars of antidepressants and counseling due to PTSD. My e-mail is for the persons that don't have the means I do. People that sit in their house in pain, that have an eroding social life, a damaged marriage, lost a job, or have turned to substance abuse as a result of their inability to heal with help.

If you break a leg, you get an x ray and a cast and in a few months you may be healed and you can protect your leg from future damage.

If you are struck with the debilitating pain of a mental health issue that doesn't have a "home" in the health care system and you don't have the means to create your help, then you never get the "x ray" you never get the "cast" and every time you read the news paper or listen to the news, society is jumping on your "broken leg." How do you think that feels?

My 2 cents . . . for what they are worth.

BRYAN SUAREZ.

SENATOR CLINTON, SENATOR KENNEDY, SENATOR ENZI, and the members of the HELP Committee: My name is Daniel Lenahan. I have worked as a resident manager of a condominium, and lived in it, two blocks south of the World Trade Center site for the past 19 years. In addition to responding to the February 26, 1993 bombing wherein I rendered life saving aid to a couple on the south exit ramp, I responded to the attack on the North Tower. While my service at that moment was not as critical it was helpful in that I was directing traffic at the intersection of Albany & West streets directing the vehicles stranded by the flood of escaping WTC workers and directing those workers south on West Street. It was during that service that I noticed the blown away torso that landed at that intersection along with other scattered body parts. I also witnessed people falling from the North Tower. It was during this time that Flight 175 came in overhead just east of our position and impacted the South Tower.

I immediately turned my thoughts to evacuation since the WTC might collapse and could fall in our direction crushing everything in its path. It was clear that my residents were in grave danger. I set about shutting down all building systems and evacuating the residents to the South Ferry Terminal with the instruction to get on the ferry and wait it out on Staten Island. During this time, in well known succession, the towers collapsed enveloping us.

While residents were relocated, two members of my staff, Arnaldo Velasquez & Gimbel Yee, and I remained in the building until that Thursday afternoon when there was word that the Merrill Lynch building was on the verge of collapse. I returned that Saturday and stayed on without relief during the intervening hegira. The immediate task at hand was providing security and access to governmental authorities. During this time I was joined by the aforementioned individuals as well as David & Apolinar Liranzo, Rigoberto Lopez and Carlos Mercado. Our secondary task was to remediate the talcum powder fine dust that was everywhere inside the building as well as the facade and walks surrounding it. We did this, as instructed by the EPA, without protection other than ordinary workman's dust masks. During this work Gimbel Yee fractured two ribs.

In the days and weeks—out to months following, we were constantly subjected to the fumes of the smoldering fires that burned deep in the heap. I had a constant dry cough, sore throat and occasional asthma-like symptoms. While I was treated by my doctor at that time only time will tell what impact that has on my long-term health. It should be noted that the dust was impossible to completely remediate for well over 6 months since displaced residents slowly returned to clean out their apartments over this period. Each return brought up more dust.

As you are undoubtedly aware, many of our surrounding buildings have, or had been, deemed contaminated by the EPA. While I am aware what work was done in my building it is impossible to vouch that all work was done competently and comprehensively. Certainly the voids behind walls and other spaces that only air can reach were not remediated. Given the cornucopia of toxic agents that comprised that powdery cloud as well as its force and its density at ground level to 300 feet—the answer is apparent.

We were lied to by the government. Arguably, that lie was necessary as the lives of Lower Manhattan's residents had to be balanced against the overall needs of the Nation, and indeed the world. As home to the financial markets, it was almost a no-brainer that the entire western world's economies hung in the balance. All that understood, it is incumbent on those very economies and governments for which we were held as sacrificial lambs, to pay the debt for their continued health and existence.

At a minimum, comprehensive funding for medical research and comprehensive lifelong medical & mental health treatment approach acknowledgement of that debt.

It is within your hands whether or not this happens. If it doesn't, you will have condemned this country to a cynicism that will hamstring us all when future tragedy strikes or a need arises.

Do the right thing.

Respectfully,

DANIEL LENAHAN.

Hon. HILLARY RODHAM-CLINTON,
Hon. EDWARD M. KENNEDY,
Hon. MICHAEL B. ENZI.

Re: Post 9/11 Health Concerns

Senators, I would like to point to a potential problem related to post-9/11 environmental and health issues that seems to have received little attention. I have two

sons, one, Conner, who was just over 1-year old at 9/11 and another, Calvin, who was born 1 month after 9/11.

When Conner was 18-months old, he was diagnosed autistic and has been in special services since. Calvin was also speech delayed and required early intervention. I have also noted that there are a number of boys in our building of the same age as Conner and Calvin who have also exhibited signs of developmental delay or abnormality. I do not know if it can be called a "cluster" but it seems to be an abnormally high concentration.

Of special concern is that our Lower Manhattan cooperative, Chatham Green, which is located only a few blocks from Ground Zero on Park Row, was in the midst of a window replacement project when the planes hit. Unbelievably, the building continued with the window project as the fires continued to burn and the plume hung over our neighborhood for many days.

Given the unknown quantity of heavy metals and other neurotoxic substances in the air and given the known neurological effects of heavy metals on children, I believe that the Senate should look into this aspect of the environmental impact of the fallout from the fires and the collapse of the two towers. It is critical that a long-term monitoring program be established so that any trends in emergent health impacts will be recognized and intervened in.

Thank you,

DANNY CHEN.

DEAR SENATOR CLINTON: I want to thank you for all your hard work on behalf of the survivors and first responders of the attack on the World Trade Center.

Back in 2001, I was an executive assistant at Standard & Poor's at the Mellon Bank Building at 55 Water Street and I used to commute from 187th Street via the A train. On 9/11, I was at the corner of Fulton and Nassau Streets when the planes hit. After I realized that we were under attack, I went to my office but security wouldn't let me in the building—figuring that I would have to walk home, I proceeded to walk north on Water Street. Since I got to the corner of Fulton and Water Streets, the South Tower collapsed and I was covered in dust in seconds. We were out of work for 10 days and I was treated for minor respiratory problems for a short time. Since the area was deemed "safe" again, we were allowed to go back to work but, as you know, the site burned for months. Since 9/11, I have been under treatment for PTSD and I have gained 90 pounds. Before 9/11, I would get an occasional sinus headache but I would take a Tylenol Sinus and it would go away in an hour. Now, I have persistent sinus headaches that last for days and I developed a "morning smoker's cough" even though I have never smoked. I have thick mucus in my sinuses and my throat that sometimes impairs my ability to sleep (at the risk of sounding disgusting, the mucus is thick and yellow and sticky). My doctor keeps telling me that it's allergies but I know my body—I get seasonal allergies in the spring but the symptoms are not like the ones that I've been experiencing since 9/11/01—this is different and it's progressive. Lately, I have been getting more head colds than I normally do; I've had two in as many months and that's unusual for me—I usually get sick two or three times a year. The amount of colds I get has increased in the 6 years since 9/11. Economically, I am ruined. On 9/11, I was making over 60K a year as an executive assistant. Between my ex-husband and I, we were doing quite well financially.

As a result of 9/11, my marriage broke up and my income has steadily declined because of my PTSD. I have had trouble holding a job and I am currently working as a legal assistant in Scranton, PA for $10 an hour. I marvel at how much my life has changed as a result of that 1 day in September. Not only does something need to be done to help the first responders, the clean-up crew, and the survivors who were in the WTC but people like me need to be included as well. I've only got $400 of prescription reimbursement money left in the Red Cross 9/11 Recovery Fund—after that money is exhausted, I don't know how I'm going to afford my Lexapro. The copay is $50 and that's quite a bit of money when you're raising a child on $10 an hour. Obviously, there are no easy answers for this situation. My goal in sharing my story is to prevent others from having to endure what we have endured and will continue to endure. If sharing my story can save a future life then I will share as long as someone is willing to listen.

If you have any questions or if you need any further information, please do not hesitate to contact me.

Sincerely,

DEBORAH GEARY-AKS.

I live in Independence Plaza, an apartment complex located about six blocks from Ground Zero. For several months after 9/11 I had a severe and persistent cough and an irritated throat. When I'd go to the subway station near City Hall, the odor from the fumes made me nauseated. On several occasions I almost threw up on my way to work. When I'd go to and from work, I wore one of those ineffective paper masks long after other people stopped wearing theirs. I had not gotten a medical check up because just going about my daily routine left me exhausted. What stopped my symptoms from getting worse was the fact that in May 2002 I had a family emergency that forced me to leave New York for several weeks and allowed my lungs to clear out somewhat.

No research had been conducted on those of us who lived, worked and/or went to school around the area, exposed to indoor and outdoor debris from the disaster. There should be longitudinal studies and a long-term monitoring program of exposed people, to uncover both the short-term and long-term effects of the exposure to the toxic soup of chemicals we've been exposed to.

Sincerely,

DIANE STEIN.

MARCH 20, 2007.

DEAR SENATORS CLINTON, KENNEDY and ENZI: My son Kevin was a student at Stuyvesant High School on 9/11, blocks from the World Trade Center. The NYC Department of Education said the air was fine and said new filters had been put into the ventilation system, providing the school with 39 percent protection just a few days AFTER 9/11.

As soon as my son, Kevin, returned to Stuyvesant High School, he kept clearing his throat, blowing his nose all day long. He had nosebleeds and upper respiratory problems. It was especially noticeable when he was reading, e-mailing on the computer, or eating his meals.

For several months, the Parents' Association requested the upgrading of the air filtration system with charcoal and HEPA filters (ones with the highest efficiency possible) be used in all ventilation systems. Stuyvesant's inadequate ventilation system could not block out asbestos and other toxic dust from Ground Zero. In fact, it was later determined that The Department of Ed promised, but did not clean the ventilation system, (until 2 years later and under pressure from a group of active parents within the Parents Association, calling themselves Concerned Parents) especially the miles of ductwork in the school.

Another danger was the environmental hazards caused by the barge operation where the WTC debris was dumped several times daily. Large trucks, sometimes idled for hours, emitting toxic diesel fumes and soot. This barge was just 50 feet to the North of the school, right under the window of the school gym!

I gave my son an herbal supplement to clear the irritation to his throat, lung and nasal passages. This worked for about 3 weeks, the cycle began again. He kept clearing his throat, nasal passages, blowing his nose and the blood flowed profusely at times from the nosebleeds.

The eye doctor had said his contact lenses were coated with "protein" deposits and Kevin had to constantly wear a new pair or his eyes would burn. He finally had to stop wearing lenses altogether due to the irritation.

When we went on vacation and were away from downtown Manhattan, his symptoms improved dramatically. He would blow his nose and clear his nose less. As soon as he returned home from school the first day, the symptoms would all begin again!

ELIZABETH LEE,
Parent of Freshman at Stuyvesant High School on 9/11/01.

DEAR SENATORS: Hello. My name is Esther Regelson and I live three blocks south of the World Trade Center site. I was in the dust cloud on September 11, and moved back into my apartment 5 months after being displaced. Even after moving back, there were many reservoirs of toxic dust from 9/11 that permeated my neighborhood and my home. Many of our surrounding buildings had been deemed contaminated by the EPA. To this day I am not certain of the degree to which my apartment and the rest of my building have been cleaned. I worry about the dust in my windowsills, behind my heater, and in the air ducts.

Although I had a pre-existing asthma condition, my asthma worsened after 9/11. Subsequent tests at the Bellevue WTC Clinic showed that my lung capacity was

only 43 percent of normal. During this time I also suffered from severe acid reflux. In September 2003 I developed Graves disease, a hyperthyroid condition for which I must take a pill every day for the rest of my life. I am now on 5 medications for my ailments. I am very fortunate to be getting thorough treatment at Bellevue from doctors specially trained in recognizing and treating WTC illnesses. However, my condition cannot be cured. Unless the Federal Government is willing to fund WTC-related health care for residents, I will one day cease to get help from Bellevue.

The events of 9/11 have made me a victim of a crime. Now my health is suffering. I ask the government to support those of us who are suffering from this tragic event.

MARCH 20, 2007.

DEAR REPRESENTATIVE: I'm Irene Horvath, and I have been living at this address for the past 31 years. This area is Zone 2, in line of the WTC, towards the East River.

My health problems at first were breathing difficulties from the very beginning and for quite a few months I had this taste that I swallowed gasoline that created bronchial irritation and an upset stomach. Later, I became chemically sensitive to the most ordinary smells, odors, cleaning products, perfumes, etc. Exposure to these would cause coughing spells or shortness of breath. That burning jet fuel was overwhelming.

I remember that during the cleanup, late at night, the flatbed trucks moved the metal remains of the WTC on Water St. I would be sitting on the sofa, and suddenly had difficulty catching my breath. I also had skin irritation, itchiness and some lesions. In the winter, I would have double/triple bronchitis, something I never had before.

I continued to investigate my options for cure to all of these conditions, and a visit to a lung specialist and the following tests revealed that I have pulverized glass on my lungs. From time-to-time I have this sensation that I cannot catch my next breath. A more recent test indicates the beginning of emphysema in both layers of the lung traversing both sides of the lungs. Asbestos, at this stage, is too early to test for.

I have edema in my limbs, and doctors are not sure if its lymph edema or some side effect of heavy metal or other never heard of particles that are causing this condition that keeps getting worst. A full panel of heavy-metal testing is not available to the general public, neither is detoxification.

Just to show you how difficult some issues can be, here is an example. I went to Mt. Sinai to deal with breathing problems, and I was diagnosed with asthma, and was suggested to go on inhalants. Later, the glass infiltrates in my lungs discredited this diagnosis—asthma, I don't have.

The long-lingering general-health hazard in this area have affected me physically, emotionally and financially. I make every effort to participate in improving my health, and I am most hopeful that some attention is given to this long-neglected problem.

Thank you,

IRENE HORVATH.

Within 3 weeks of being caught in the toxic dust cloud, my husband, Rich Regis, succumbed to an autoimmune attack, which started with a skin rash and led to kidney failure, shock liver, bowel perforations, sepsis and life support by early November. The attack (the media labeled it an allergic reaction) ended after doctors opened him up twice, vacuumed him out, replaced his blood, dialyzed his kidneys and resectioned his intestines three times. Five years later they would have to replace both of his hips because of the powerful medicines used to cool the Henoch-Schoenlein they believe was triggered by the toxic cloud.

His claim was denied despite letters from five doctors on his behalf. At the time, our advocate at the Red Cross (the late Peter Cann) told me there were at least 600 cases in the same position as my husband. The September 11 Victim Compensation Fund simply rejected all of them because they were not hospitalized within 72 hours.

Connecting the dots is never easy. My husband could have been laid low by hydrocarbons, the antigens released by burning bodies or another poison but the culprit could have just as easily been the freshly fractured silica that made up most of the dust cloud.

The health effects of silica, (which can take form of sand, concrete, glass, wall board, rock, asbestos, computer innards) are well documented by the government and industry. You can read all about it on the Web site of U.S. Silica Co. I have provided the links. *http://www.cdc.gov/niosh/02-129A.html, http://www.cdc.gov/niosh/02-129I.html# threesix.*

Health effects include autoimmune disease, renal failure, emphysema, asthma, and lung cancer, to name a few. The problem with silica is that it is inert. You cannot test for it. It only shows up in autopsies, like the glass found in one late responder's lungs.

My husband is lucky. For now, he is back at work because he was properly diagnosed and got the right treatment. Who knows what lies ahead? It is time to recognize all the different ways the toxic 9/11 cloud sickened people so that the entire medical community will be better prepared to treat victims of the next catastrophe.

JANET BRANDSTRADER REGIS.

MARCH 16, 2007.

SENATOR HILLARY CLINTON: I am a World Trade Center survivor from the 92nd floor of the south tower. I evacuated via the stairwell but left the stairwell at the 76th floor when the building was hit. Orange beams came out of the walls with the ceiling and debris coming down on us. That is when I feel I inhaled the most. I had smoke inhalation, and injuries to my right knee, left leg trauma lymphedema requiring supportive therapy.

I have been diagnosed with a **World Trade Center-induced bronchial asthma and chronic irritative bronchitis**. Currently I am on three medications regularly, however my pulmonary function tests have **become significantly worse in the last 2 years** for which aggressive medications have been given for acute episodes.

Prior to September 11, I was an avid hiker and distant swimmer taking pride in my health. Today I am living with the worries and concerns about a change in my pulmonary function test, and an unknown future based on what I inhaled.

My life has changed with the fatigue of a chronic cough, difficulty breathing, and the diminished activity due to my chronic asthma/bronchitis, and difficulty with my leg. This impacts the quality of my activities of daily living.

Five-and-a-half years later, I still require long-term physical and mental support. I hope the U.S. Government does the right thing to continue monitoring the exposures and treating those effected by September 11, 2001.

Sincerely,

KATHLEEN A. STANTON.

My name is Linda Belfer. I have been a resident of Gateway Plaza in Battery Park City, which is directly across the street from Ground Zero, for the past 24 years. Some of the windows in my apartment overlooked the World Trade Center and I was in the apartment on 9/11/01.

I witnessed the destruction of the buildings and was blasted in the face with debris as the buildings came down. My apartment was coated with inches of WTC dust as the windows were open on a beautiful day. I was evacuated from my apartment and did not return to live about 4 months—although I visited the apartment a number of times in the aftermath of 9/11, I didn't return to live until January 2002. Since then I have had a number of health problems that I did not suffer before 9/11 including a kidney problem that put me in the hospital for 3 months and innumerable upper respiratory infections (including bronchitis, sinuses, colds, shortness of breath) and multiple pulmonary emboli (blood clots).

The Deutsche Bank Building still stands across the street from my home and my apartment is always full of dust. I am concerned that the dust is still contaminated.

To date, residents have all but been ignored in any federally funded project, except for the WTC HR which does not provide medical monitoring or treatment. Our lives are as valuable as any others and we were induced to come back to an area that may, in fact, be continuing to put our lives in jeopardy.

MARCH 20, 2007.

SENATOR CLINTON, SENATOR KENNEDY and SENATOR ENZI, my name is Linda and I am a parent of a former Stuyvesant High School Student (2001–2005). Stuy HS is three blocks away from the former WTC site. Stuy is not a neighborhood school and students of Stuy came from five boroughs, some with a 2-hour commute each

way. I live in Queens within 1 hour from Stuy. My daughter was a freshman at Stuy in September 2001. After both towers fell, she and all the students were evacuated in the WTC dust cloud.

The Stuy students stayed 1 month at a HS in Brooklyn (Brooklyn Tech) and came back to Stuy when told the school was cleaned and safe and the outside air was safe also. The students and parents were also told the barge right outside the HS where the WTC debris and contaminants were unloaded posed no threat to the students' health.

Two weeks after my daughter went back to Stuy, she suffered from severe asthma, and she was dependent on the bronchial dilator, steroids and nose spray to keep her going. She also had frequent headaches and bronchitis. Before 9/11, this same child usually had no respiratory problems and maybe one cold per year.

Throughout the first year and a half, I noticed a pattern that her asthma was milder on Monday, Tuesday and got more severe as the week progressed, and was worst on Friday. She got much better on weekends and spring break.

Some people suggested that her situation was due to stress of attending HS. My response is why her asthma didn't surface at Brooklyn Tech and happened 2 weeks after she went back to Stuy.

Some people may say this is all anecdotal. But my daughter was not the only one! I looked at the survey sent out by the Parents' Association, of the 450 respondents to the survey sent to 3,000 students, many of them indicated they had new onset of asthma, or their childhood asthma which was dormant for a long time had suddenly flared up; they had unexplained nose bleeding, headaches, chemical bronchitis, sinus problems and coughing.

I lived through the scary period where my child told me she could not breathe. Five years later, rather than needing to be on medication 24/7, my child's asthma situation is much better. She has an asthma attack only a few times a year and headaches twice a month. She walks around with her bronchial dilator, and she knows her systems are sensitized and she has limitations—things she should avoid exposure to.

As a mother, I want to know what is the long-term effect of my child being exposed to the unsafe air while attending Stuy HS, especially when she was only 14 in 2001, and how might it affect her for the rest of her life?

What can I do to keep her healthy? What can we do to keep her and many others students like her healthy? All those students at Stuy, the Borough of Manhattan Community College, and other schools that were affected.

We need a treatment program from doctors with the right expertise and we need a long-term monitoring program of kids who were exposed. We need to help these kids!

LINDA L.

TO WHOM IT MAY CONCERN: This letter is intended to briefly recount our experience, as residents of the Financial District in Lower Manhattan, of the attacks and aftermath of 9/11.

My wife, Elisa, and I have lived in our home at 20 Beaver Street for 27 years. We were at the World Trade Center's North Tower at the initial moment of attack on September 11, 2001. I was waiting outside with our dogs for Elisa to return from shopping in the mall when the loud approach of an aircraft caused me to look skyward, expecting to see a plane fly low overhead. Nothing prepared me for the shock of seeing the aircraft *plunge into* the building instead. I couldn't know then that this was the beginning of the most terrifying period of our lives.

We stayed, sheltering, in the alcove until the second plane struck and it became obvious we couldn't stay there any longer; we had to move. We took the most circuitous route possible to get back home, taking us east and then south through the crowds, out of fear of the towers toppling over. By the time we reached our home both towers had fallen and our apartment was filled with the same dust we were covered in.

By some miracle, we still had water and power in our place, and the next weeks were spent cleaning our apartment, trying to maintain contact with friends in the area, and attempting to learn from the few resources available exactly what was going on. As all local radio and television transmission had ended with the Tower's collapse, and all distribution of newspapers had ended, we had, essentially, been isolated from the outside world. What little news filtered in on faint radio signals told us that the air was safe to breath, that the debris from the towers posed no threat.

This condition of suspended life continued for weeks and worsened, as the fires beneath the Trade Center burned on and on, spewing out a toxic, choking cloud the likes of which, we now know, is unprecedented. This cloud flowed directly over our

neighborhood for it's entire duration. During this time, we attempted to carry on our normal lives, walking our dogs and so forth, and so we exposed ourselves to the toxins constantly.

As the weeks of burning turned into months, my wife began exhibiting what was soon diagnosed as World Trade Center cough, which she still has. She also finds it impossible to regulate her body temperature, chilling and burning alternately and unpredictably; a common symptom of chemical poisoning. Additionally, she has floating shooting pains and dizziness. I am rather less affected, but also experience shooting pains and dizziness. Neither of us has ever smoked.

We were among many who were not evacuated (no attempt was made), and who did not have an alternate residence to go to. We were here for the entire horrible experience and were told there was nothing to worry about.

I am a musician and my wife, an artist, and as such we did not have (and do not have) health insurance. Affordable health insurance is simply not available. Likewise, the vast majority of those who stayed in Lower Manhattan following the attack, are musicians and artists, the area's oldest residents, having lived here decades before Battery Park City even existed. We are, generally speaking, without access to health care.

Local hospitals have balked at performing any meaningful tests of our condition, refusing to test for metals and other toxins. Our landlord, like many others, never cleaned our building.

We respectfully urge that legislation be passed to address the health issues of ALL those affected by the events of 9/11, First-Responders and residents. This is absolutely necessary in light of the fact that all relevant information dispensed by the government (at all levels) described a "safe" environment, which encouraged people to stay, immersed in a toxic stew of unprecedented proportions.

Regards,

MICHAEL DAWE.

DEAR SENATOR CLINTON, SENATOR KENNEDY, SENATOR ENZI, and the members of the HELP Committee: 9/11 was very devastating. Everyone assured us that we were ok. We could live downtown. In fact, where I live, four blocks east of the WTC, no one came to inform us that we had to get out. That was left to the people living west of Broadway. No one told us how to clean our dusty apartments until 2 weeks later. Everything was after the fact.

My son, who was five at the time developed a hacking cough at night before going to bed. Two months later we entered the Emergency Room where I was informed that he had respiratory distress. I inquired if it was asthma but was informed that it was not because he had never been diagnosed with asthma. As the months went by, these episodes did not stop. I went to a pulmonary specialist who diagnosed him with asthma. She stated she could not relate it to 9/11 because there was no sufficient proof.

Proof! What more proof than to know that your child was not asthmatic until those buildings came down? What more proof than to say: "I lived down there and no one informed us how to clean; no one evacuated the people living in Southbridge Towers; that he developed one of these severe asthma attacks walking to school (on the day the school returned to their original site), and the site continued to burn; that none of my family smokes!" Proof is what the government wants when they know they committed a mistake.

All I want is help for them in the future. We do not know what is going to happen to our children. We already know the fireman and first responders are becoming ill. I thank God that although I was there at the site the following morning for just a couple of hours, I did not get ill. But I worry about the future. Right now all the studies conducted are for adults, everyone seems to be abandoning our children. I worry that one day we will wake up and we will have another Chernobyl Case.

Sincerely,

ALICIA SCHWARTZ.

MARCH 19, 2007.

TO WHOM IT MAY CONCERN: I am a resident of downtown New York, living only several hundred feet (approx. 700) from The World Trade Center. I was at home during the attack on 9/11/01 and did not escape (along with several other residents) until after the collapse of the South Tower. We were caught in the dust clouds for a considerable amount of time, our building was saturated with dust and debris inside and out, and we were continually exposed to the toxic atmosphere on our fre-

quent trips home to retrieve valuables, etc. In my case, I also worked only a block away from the "pile" and was also consistently exposed to smoke and fumes from the fires that burned for months. We were finally allowed to resume living in our homes several months later and found our building had not been adequately cleaned. In our case specifically, our cleanup consisted of just one man, the superintendent, shoveling piles of dust and debris. No one involved with any cleaning of our building (including the various "cleaning specialists" privately hired by tenants) had any ability to properly and safely clean and decontaminate the toxins proven to exist after 9/11.

We remain convinced we are not the only building improperly cleaned and that there are still many pockets of toxic dust in the surrounding buildings that we continue to be exposed to. I currently suffer from the following: chronic headaches, persistent sinusitis, upper respiratory irritation/bronchitis, frequent nosebleeds and acid reflux. In the recent past, I have also had severe dizzy spells, facial/eye twitches, and unexplained rashes. I have NEVER had any of these symptoms BEFORE 9/11 and am currently on the waiting list for the Bellevue Hospital WTC clinic. There are very few health resources for residents and without Federal help we will continue to suffer ill and worsening health. I believe the government needs to stand up for its citizens and protect them from further harm as victims of a crime.

Sincerely,

NANCY KEEGAN.

Hello, my name is Richard Pecorella. I lost my fiancée, Karen Juday, at the WTC 101st floor Cantor Fitzgerald on 9/11.

From that day forward I was at Ground Zero approximately 3 weeks including October 28, 2001 which was the first large memorial service given by the city. I was at the site numerous times as it was still burning. The stench was horrendous. I was there on my own the first 2 days showing missing person pictures to anyone who would look. Then the second week of 9/18 Mayor Giuliani was bringing family members by boat from the pier on 58th St. to show us the devastation. We walked through the ruins while it was still burning all with no masks or protection. We were given teddy bears and flowers to lay down. I would walk as close as I could get everyday hoping for a miracle. Since then I developed a cough. The following year 2002 I came down with severe bronchitis. I had several bouts throughout 2002 and 2003. Then in 2005 I developed a severe case of pneumonia, all the time never connecting it to Ground Zero. The end of 2006 one night at 2 a.m. I couldn't catch my breath. I was gasping while I called 911 and was taken to the hospital. I was treated and given a battery of tests when it was determined that I had *COPD*. I now am on Oxygen 24-hours a day and my life has once again changed dramatically. I refuse to give up working so I have bought equipment that allows me the freedom to move about, however my insurance would not pay for it. I truly believe that my exposure to Ground Zero without the proper protection is the reason for my illness. I am sorry to say that many, many more people will be getting sick down the road. Just the memorial service on October 28, 2001 there were over 10,000 men, women, and *children*! We were all put at risk that day and we were all lied to! There cannot be a timeframe set on what has to be done. This is only the beginning of the tragedy. Please get the help that is needed. We have paid enough with the losses of lives.

Angry and afraid for my children,

RICHARD A. PECORELLA,
Fiancée/Domestic Partner of Karen Juday,
Murdered 911, WTC 101st Floor, Cantor Fitzgerald.

DEAR SENATORS: My name is Rosalie Joseph and I live one block west of the World Trade Center site. I was in the dust cloud on September 11, and moved back into my apartment 5 months after being displaced. Even after moving back there were many reservoirs of toxic dust from 9/11 that permeated my neighborhood and my home. To this day I am not certain of the degree to which my apartment and the rest of my building have been cleaned. I worry about the dust in my windowsills, behind my heater, and in the air ducts.

As residents we have been the forgotten people in this nightmare and we need our government to deal with the health issues we may suffer after being exposed to 9/11 toxins. We are asking for funding, for research, and long-term monitoring and treatment programs where required. We want this to be co-coordinated by the current centers of excellence that is Bellevue and Mount Sinai hospitals. Since the Mayor at the time insisted that buildings in my community re-open as soon as pos-

sible, even before they were deemed safe, I and many of my neighbors and business owners have had health problems we did not have before.

The events of 9/11 have made me a victim of a crime. Now my health is suffering. I ask the government to support those of us who are suffering from this tragic event.

Yours faithfully,

ROSALIE JOSEPH.

I live at Independence Plaza North, about 6 blocks north of WTC and on Harrison Street, where the barges containing the ruble from WTC were loaded. For more than 6 months the trucks hauling the debris from WTC came, uncovered up West Street and turned around after dumping their cargo to go back to the site. This went on 24-hours a day for months on end. The dust spewing from the trucks permeated the air around our neighborhood. Not one soul living here escaped breathing this deadly airborne cocktail. Indeed many of us would not have returned had not the EPA declared the air safe. My family and I fled to our friends in Virginia and would have stayed there had we not been assured by Whitman that the air was safe to breathe. Despite NYC's efforts to wash the streets several times per day, this dust permeated our homes, autos, walkways and almost every facet of our lives.

My mother and father-in-law live in Southbridge Towers on Fulton Street in Manhattan. They are or were four or five blocks due west of the WTC site. The prevailing winds on 9/11 directed everything straight into there development. We begged them to leave with us but as they were in their late seventies at the time, they felt that the trip would be too tiring for them. Within 18 months of 9/11 my father-in-law was on oxygen 24-hours per day, having developed COPD. By 9/11/05 he was dead. It is hard to believe that to just be coincidence as he was fine just before
9/11/01. Again, the problem was exacerbated by this government's assurances that the air was safe. By the time we were told the truth we had already been over exposed and future problems from the WTC site eliminated.

As an observation, I would like to include one more note. In the 2 days before my wife, children and I fled the city, I made numerous trips to my in-laws, stocking them up with radios, a cell phone, a portable TV, gallons of bottled water, food, a dry ice cooler and batteries. The trip was made by foot across the island on Chambers Street to City Hall and then down Beekman Street to Gold Street. On this trip for those 2 days I observed police and National Guard Troops on every single corner, most of whom had no inhalant protection and no eye wear protection. This was during the time that the WTC site was still burning profusely and spewing huge amounts of smoke and dust. The work glasses that I was wearing were plastic and just from rubbing the dust out of the way to see, the lenses were scratched beyond usefulness before the 2 days was over. The masks that I wore were worthless after one round trip as they became clogged with debris. With the few exceptions of the kids who had and used gas masks, every one of those young people were exposed to death. Maybe not immediately but if asbestos kills, those kids will be dead because of it.

STEVEN VORILLAS.

DEAR SENATOR CLINTON: I would like to add my name to the many people who live and work in Lower Manhattan that now suffer from different illnesses since 9/11 and more specifically, from bronchial asthma.

I work at 74 Warren Street at the Church Street School for Music and Art, four blocks from Ground Zero. Before 9/11, I did not have asthma, nor was it in my family. Now, with every cold, every sinus infection, every cold day, I suffer with breathing problems. This is my greatest fear: feeling like I can't get enough breath, feeling like I am suffocating.

In addition, my son now suffers from allergies and asthma attacks that send him to the doctor's office for treatment with a nebulizer, and necessitate that he carry albuterol around in his backpack for attacks that catch him off guard.

It pains me to see that our government is choosing to act as if this is not happening, and that Ground Zero workers, volunteers, and people that stayed in the area to help restore the neighborhood are continuing to suffer without any acknowledgement of their health impacts.

There are many of us who feel helpless and are suffering without knowing that there are ears to hear us. I, for one, will let people I know who suffer with health effects that they should write to you.

Thank you for the opportunity to have my voice be heard.

SUSAN DUNCAN.

PREPARED STATEMENT OF THOMAS S. GOODKIND

THE LONG-TERM HEALTH IMPACTS FROM SEPTEMBER 11: A REVIEW OF TREATMENT, DIAGNOSIS, AND MONITORING EFFORTS

INTRODUCTION—9/11—THERE WAS NO GOVERNMENT GUIDANCE FOR EFFECTED RESIDENTS

Thank you to Chairman Kennedy, Ranking Member Enzi, and the committee members for this opportunity to participate in today's hearings on the Health, Education, Labor, and Pensions Committee's meeting on the long-term health impacts from September 11.

I greatly support your efforts to review the health impacts of 9/11, especially on those who live in the area. As our government, I ask you for guidance and leadership in helping those of us who lived through 9/11 and came back to support our neighborhood.

My family and I have lived blocks from the World Trade Center Site since 1989. At the time of the attack, I was at work at 26 Broadway, approximately five blocks south of the World Trade Center, my two daughters were at PS/IS 89, approximately two blocks north of the Center. My wife, after dropping my children off at the school was on her way to the subway in the World Trade Center.

When the buildings collapsed, the cloud of debris surrounded all of us. The debris entered our living space through our open windows at 375 South End Avenue, my work space at 26 Broadway, and my children's school at 201 Warren Street. We breathed in the debris as it clung to our bodies and clothing as we ran for our lives out of the area that day.

And the ensuing fire, filling our neighborhood with the awful smoke from the Site for months, filled our home, my workplace and our lungs for many months to come.

We needed guidance. In Florida, when there is a hurricane, the government guides its citizens to shelter. There was no such guidance on 9/11 for those thousands of displaced residents. After 9/11, my family and I lived wherever we could. In 1 week, we moved five times. There was no government guidance as to where we might find shelter, as the NYC hotels were all booked. After a month of traveling from place to place, the four of us finally settled into a studio apartment a few miles from our home due to the good will of a friend who was out of town. Our neighborhood was shattered. There is a difficult story for every one of my neighbors. Our public schools would not be available again until mid-winter—they were being used by our government to manage WTC cleanup. We had to find time to bring our children to other schools while trying to keep our focus on our jobs.

We were four of the many thousands of residents displaced on 9/11. My question was always: "Where do we live?" Without any government recognition of the displaced residents, we were on our own. We were not asking for money: we were asking for guidance.

I returned to our home daily to try to collect needed belongings for my family to live. Military blocks made this nearly impossible as we—displaced residents—were often told that our journey home was not allowed because streets nearby were restricted to "family" members only. These were the families of those who were searching for loved ones. With many of our children in strollers, we were turned back to walk the many miles home to wherever we were staying. There was no public transportation to and from our apartments—and there were no cars allowed for miles.

There was one guideline: we were told how to damp clean our apartments. With this assistance, a week after 9/11, I cleaned my apartment of 9/11 debris, sweeping the dust into a pile in my apartment (my apartment was filled with 1 inch of dust as the windows were open) and damp cloth cleaning. We had no electricity, no running water, and no phone lines. Then the owners of our apartment building told us that I could sign up for a cleaning service, and I did. This required keeping my front door unlocked—something I was cautious of, as many of my neighbors had had robberies where all of their valuables were stolen—even their children's toys—during the first few weeks after 9/11. I don't know whether or not these cleaning services

were conducted with any kind of professional guidelines. All debris was left in the hallways, which smelled. The entire neighborhood smelled for months—a rotten egg type of smell.

In late November, our family was told by the owners of our rental apartment at 375 South End, that we could return, and we did. The air was still foul. One family visiting our apartment from Connecticut immediately turned back to Connecticut when their son experienced his first asthma attack in years when entering our area. Our skies were often grey with smoke. My then 5-year-old daughter called me at work to tell me that it was snowing. I told her that it wasn't snow, but ashes falling, and that she should only play inside. By mid-January, the schools reopened, which was about the time our phones came back as well. There was a school Web site parents could view which monitored testing of the school's air. It appeared to indicate nothing irregular.

My family and I returned home in late November. I was placed on our local Community Board 1 by our Manhattan Borough President in 2003.

OUR CURRENT HEALTH—MARCH 2006

Similarly, there appears to be no guidance from our government over the continued health of our effected 9/11 residential community.

I am 53-years old, eat well, exercise, and never experienced any feelings of ill health in the years before 9/11 when I lived near the World Trade Center.

Since 9/11, in the summer of 2004, and again in the summer of 2005, I contracted double pneumonia. In late September 2005, my heart stopped while I was on a subway home from uptown, and I was given a pacemaker. And last month, I was informed I have a nodule on my vocal cords that will restrict my speech. I am a Grammy nominated singer, and was hoping to continue my career upon my retirement. My doctor at Cornell University feels that the pneumonia and the vocal cord ailment could be 9/1l-related, but not definitively, as there have been no 9/11 studies he can refer to.

In 2004, as the anniversary of the attack was approaching, I found myself lying in bed with this case of double pneumonia. The diagnosis had surprised my doctor because I'd never had serious chest ailments before. "Look," I said to my wife as I turned on the television in our Battery Park City apartment. "It's Christie Whitman at the Republican Convention!" Was this a cough-medicine induced hallucination or was it indeed the former head of the Environmental Protection Agency, who had assured us in the days following 9/11 that the smoke-filled air of Lower Manhattan was safe to breathe? We wondered whether it was really OK for our young children as they slept at night across from the fires that burned for months at Ground Zero. Were the thick noxious clouds nothing to worry about? My wife assured me that Whitman was not a vision brought on by my reduced lung capacity.

I believe that, if it weren't for 9/11, I would be in good health. I am not in good health. I have not been able to walk up a set of stairs without feeling winded. I can no longer participate in sports with my children.

My wife constantly complains of acid reflux and has also not been well since 9/11.

My daughters appear well but at least my younger daughter, still surrounded by children living in our area is noticing health problems.

In October 2005, my younger daughter asked me for an inhaler.

"All the other girls have them," she commented. Alarmed, I took the register book of PS89 4th graders in her class and asked her to circle the students in her class of 24 children that used inhalers—there were 8 of 24 or ⅓. I asked my daughter, "prior to 9/11, did any children use inhalers?" She said that only one did. To my knowledge, no one is even monitoring our children.

The ventilation system in our apartments have never been cleaned of 9/11 debris. Our building was covered in 9/11 debris, and much of it obviously wound up in the central ventilation system. Even though our apartments might be free of debris, we could be re-contaminated through our vents which tend to back up and blow air out into our apartments and into our hallways.

When a visiting doctor from an east side health clinic came to our Community Board to discuss 9/11 health effects, she asked if we had been experiencing anything. I was shocked when I found that many neighbors, my own age, had also had double pneumonia. Many of us on the Board appear to have illnesses that could be 9/11-related.

No one is monitoring.

When I ask my own doctors, they sometimes comment that they have recently seen many patients from downtown living near the World Trade Center Site with illnesses.

No one appears to be collecting this data.

CONCLUSION

Although I've read about a small 9/11 clinic near Midtown, my family and I see our own doctors. This is true of nearly everyone I know who lives near the World Trade Center Site. It is my understanding that this clinic is for those who cannot afford doctors, and fortunately, my wife and I both work and can afford to see our own doctors. We would not want to take advantage of something set up for those in need.

Most all of the residents living around the World Trade Center Site are working and have the ability to pay, and prefer their own doctors.

We are fortunate, but are in need of your assistance.

We need you, our leaders to wrap your hands around the 9/11 community and offer guidance to those of us who are sick due to the debris and fire. We need your guidance.

It could start by simply acknowledging that there were thousands of residents who were displaced who came back to rebuild.

We may be sick, but we are solid citizens, who believe in our leaders, and are trying our best to remain in good health.

MARCH 19, 2007.

SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

Re: The Long-Term Health Impacts from September 11: A Review of Treatment, Diagnosis, and Monitoring Efforts Hearing, March 21, 2007.

SYNOPSIS

Honorable Senators: I am a witness to the September 11, 2001 attacks on the World Trade Center in New York City. At the time, I was a resident of Minneapolis, MN and had arrived in New York on September 10 for a business meeting scheduled for the 11th and 12th. I became stranded for several days in the city when the airlines were grounded. After returning home, I continued to suffer from the mental effects of my experience, eventually losing my job and my marriage due in large part to the effects of the trauma. Because no experienced professionals were available locally, I reached out to New York city-based organizations for assistance and found I was ineligible due to location. I eventually moved to New York City to obtain assistance. I currently am receiving free and low-cost assistance and have recovered enough to return to work.

I am requesting that the Senate Committee consider that thousands of people from across the country were visitors to New York City that day and became caught up in the September 11 attacks as I was. Many others have since moved out of the area for various reasons. However, these people, who suffer from the mental and physical effects of that day as much as New Yorkers did and still do, have little or no access to professionals experienced in treating the symptoms of this specific event. I believe only federally funded awareness and treatment programs can reach across State and local boundaries to assure that people, regardless of geography, have access to the care they need to fully recover from the trauma of September 11, 2001.

DETAILED STORY

On the morning of the 11th, around 9 a.m., just as my meeting was about to begin, someone came into our conference room to tell us a plane had flown into the World Trade Center. Although the office I was in was in Midtown Manhattan, our conference room had a clear view of the north tower, the first tower hit. We watched for about a half hour, and not realizing that the other tower had also been hit, resumed our meeting.

My presentation was first on the agenda, and I went through the entire set of slides, all the time watching the fire grow larger, the helicopters unable because of the flames and smoke to land on the tower roof to remove people I knew were trapped at the top of the building, knowing also that people were jumping although I was too far to see that clearly. By the end of the presentation, the office was in chaos as word spread that both towers were hit along with the Pentagon, and that one tower had already collapsed. I was watching through the conference room window when the second tower finally went down.

By noon, co-workers who had been in or near the towers or in our offices in the World Financial Center across the street from the World Trade Center had begun to arrive in our mid-town office. One man told of how he ran over dead bodies as the first tower was going down, feeling the heat of the fire on the back of his neck, knowing the police and firefighters who were urging him to run were almost certainly crushed in the falling tower. We were told we could leave for the day since we were on a high floor or we could stay if we weren't sure about the potential for toxic air or radiation or bombs outside. Outside was an endless line of stunned dust-covered workers making their way up Broadway, masks on their faces and sometimes bottles of water in their hands.

Our meeting resumed the next day, nominally, at 9 a.m. Most of the attendees were from out of town so we spent most of the time frantically chasing down rumors of local buses and trains running, rides with cousins of friends of friends, trying to get onto the jammed Web sites for information about Amtrak and Greyhound, trying to find a way out of Manhattan. I was lucky; I rounded up an Amtrak ticket from a colleague for the next day. That night I fell asleep in my hotel while the smell of burning jet fuel, pulverized concrete, and burning bodies permeated the room.

I arrived back in Minneapolis near midnight on September 14. While I was grateful to be home, I immediately felt isolated. While friends, neighbors and co-workers were understandably affected, their experience was indirect and they appeared to almost be afraid to even talk with me. The following Monday, September 17, I was back at my desk in the Minneapolis office attempting to work but mostly sitting and staring at the computer screen, terrified to even be in an office setting again. It was all I could do, day after day, to walk into the office. I couldn't concentrate or think clearly. Although we lost one colleague in the first tower and our offices in the World Financial Center were heavily damaged, my company did not do anything to assist those outside the New York City area who were also affected. I spoke to my pastor and a therapist who, not having any experience in this type of trauma, could do little to help me. They appeared uncomfortable even hearing my story.

I began trying to get information about services being offered in New York for people affected by the attacks but most initially focused on the families of those who were killed. Gradually, as my mental state did not improve, my job performance and marriage began to suffer. A year after the attacks, I was put on probation at work for lack of productivity. Again, I was lucky because a number of people had recommended that I be fired. No one had spoken to me about my situation the entire time.

I kept my job and kept struggling to find support. I got in touch with organizations but the answer was always the same: I did not qualify for assistance either on the basis of being too far from the trade center at the time of the attacks or because I was currently out-of-state. I e-mailed with counselors from Project Liberty for a while which was helpful but eventually they stopped responding. When I asked, I was told that they preferred face-to-face contact, and because I could not be there in person, they could not help me. By the summer of 2003, I filed for divorce and lost my job within weeks of each other.

With most of my ongoing counseling now focused on the immediate issues of the divorce and job loss, I began seeing another therapist to work on September 11 issues. Unfortunately, she had no experience with this sort of trauma either. I even called the VA hospital, figuring that September 11 was more in line with combat situations and although they were understanding, they could not see me or recommend anyone in the area who had the appropriate experience. I continued to call New York-based organizations which again turned me down. Several of them accused me of purposefully leaving New York after the attacks and seemed not to comprehend that thousands of people like me had just happened to be visiting the city that day and had gotten caught up in it. Several said that they couldn't accommodate me because their therapists were uncomfortable with phone or e-mail contact, or because they weren't licensed to practice outside of a specific State and talking with me would be considered out-of-State.

I did eventually find peer support through the World Trade Center Survivors' Network and Voices of September 11. Both were enormously helpful but I was still struggling to focus enough to look for a job, let alone interview and land one. In the meantime, I was paying for my health insurance out of pocket, as well as the weekly visits with both of my therapists.

Finally in early 2005, it occurred to me that it might be better for me in the long run to simply move to New York to get the specialized treatment I needed. I made the move in August 2005 and now live in New York City. I am now able to get free and low-cost treatments through specially funded September 11 programs, which have helped enormously. After 2½ years of unemployment, I am back at work, in

a job comparable to the one I had on September 11, 2001. Just last week, I celebrated my first anniversary with this company.

In the long run, I was lucky. I had enough savings to weather long-term unemployment plus the hardship of refinancing the house and paying the mortgage and utilities on my own after my husband moved out. Without a job or family to consider, I was able to move across the country to seek the assistance I needed to recover. Because I had a house that had appreciated in value, I was able to finance the move to a city with a higher cost-of-living without having a job in place because I could live off the proceeds of the sale. Most people are not in this position.

I would urge the Senate committee to consider that New York City attracts people from all over the country (and world) on a daily basis for business and pleasure. On a day, such as September 11, 2001, thousands of non-residents were in the city, indeed, 3 World Trade Center, one of the buildings destroyed was a hotel. Yet once these people disperse back to their homes, there are little or no services available for them locally and no effort that I am aware of to make services currently based in the New York City area available across the country. Many people, like me, have suffered for years without proper medical and mental health treatment, simply because they are left to rely on local professionals who do not have the experience or training to treat them properly. I would ask that the committee consider that funding be extended not only time-wise but across geographies. Now, as much of the funding is winding down for programs, there are still people all over the country who have not received any treatment at all and perhaps are not even aware that symptoms they have could be related to their experience on September 11. In my former company alone, there were two others from the Minneapolis office who were in New York City that day, one of whom escaped from the towers. But I know from first-hand experience that both of them will encounter the same problems I ran into if they decide now or in the future to seek treatment. I am aware of others in other States who similarly were visitors in New York City on that day, or have since moved to other States.

I believe only federally funded awareness and treatment programs have the ability to reach across the boundaries of local and State geography to reach all those affected by the attacks of September 11, 2001.

Thank you for your time and attention to this important issue.

Sincerely,

LISA FENGER,
Member of the Steering Committee of the World Trade Center Survivors' Network.

(Witness to the September 11, 2001 attacks on the World Trade Center)

DEAR SENATOR CLINTON and other members of the HELP Committee: Fortunately for me, at this time I don't have major, documented medical illnesses related to WTC contamination. **Not yet, anyway.** Many others haven't been so lucky. Oh, I have serious coughing spells at times, severe nasal congestion, etc. (none of which I ever experienced before 9/11), but so far that's been manageable. **It's the future I worry about**, having been thoroughly inundated by that cloud of toxic dust that swept through Lower Manhattan on September 11. That, and having lived in the closest residential structure to Ground Zero, has made me concerned and apprehensive ever since.

I worked for an entire year to clean out my apartment of the dust and debris that visited us through the broken windows following the towers' collapse, trying to make that place habitable again, until EPA finally came in to help clean, 1 year to the day after 9/11—and that, largely due to the lobbying efforts of myself and many others, through the aegis of 9/11 Environmental Action. I personally removed and discarded over 2.5 tons of contaminated (and treasured) personal property there. This is documented in a small book I wrote about my experiences of it all, which includes photographs of what my home looked like on September 15, 2001—and what it looked like a year later, in September 2002.

Because I do not have any health insurance (as I cannot afford it, being either self-employed or essentially unemployed since then), I have not been able to pursue the diagnostics needed to evaluate what my risk-factors may be, nor even to get treatment for the symptoms I have experienced: the chronic periods of coughing and congestion, sinusitis, nasal congestion, obviously reduced lung capacity, etc., and PTSD (which I **have** been clinically diagnosed with). But this is something extremely important to consider in regard to future appropriations for WTC health clinics in New York City, because these effects for so many will just escalate over

the years. Of that I have no doubt. To a large degree, for myself, I just don't want to know.

But for reasons of being unable to afford medical care, a great number of people will pursue a similar course of denial in their medical symptoms too—which will just exacerbate the problems when they finally are diagnosed. They (we), the residents downtown, are among the most vulnerable population, and if the Federal Government cannot provide funding of clinics for first responders, residents, office workers, and students exposed, we may get ill and even die from that exposure, for lack of adequate medical care, as so many others already are/have, even in a relatively short timeframe.

Yet I can assure you that we will "not go gentle into that good night," as more and more of us succumb to WTC-related medical conditions, because we are not people who will easily accept being ignored by Washington. **This attack was not something we asked for.** And it is not solely the responsibility of New York City to provide medical oversight and treatment for this, either. This was an attack upon America, not an attack on New York City only, nor even an attack on the World Trade Center, or Wall Street, or merely the residents downtown. Yet we are all suffering as a result. That needs to be addressed and responded to by the Federal Government. Only **you** have the resources available to adequately fund the medical attention that so many of us need—and will require, in the future.

I must say that in regard to proposals floated by the Bush administration recently to gut funding for Centers of Excellence for treatment, to eliminate or reduce funding for the collaboration of sound medical research, collection of data, and intervention—in lieu of paying some private physicians to treat the affected population, this would be a horrendous mistake, and seems more a mendacious, disingenuous attempt at "sleight-of-hand" than anything else—to push off victims of this debacle onto their own increased co-payments for coverage—and should not even be considered.

At a time when I was incapacitated by coughing fits and illness (probably due to the ingestion of potentially deadly spores while cleaning up black mold in my apartment in the spring of 2002), I contacted the Mount Sinai Hospital group for some treatment possibilities, only to learn that I was not eligible for that. Please don't leave the recent efforts of the Bellevue Clinic here to wither. Funding for such facilities should be increased now, not cut off. They are doing an important job, and one that is sorely needed now. The work that is ongoing there is critical to address this problem, but has been largely, if not exclusively, financed only through the resources of the city of New York—and this needs to change to an infusion of funding for it on a Federal level. These kinds of community resources can make a world of difference to people like myself, and/or those who may find themselves in a similar situation before long.

I hope for the best in my case, and am reluctant to "project" anything. I do not want to become ill, nor appear before your committees some months from now, carting an oxygen canister, just to be able to speak to you. I implore you to do the right thing now: Provide adequate funding for the people who have already suffered enough from this, as well as those who will likely experience these effects in the future from that attack on our Nation on September 11. I know from personal experience that far too many people are in my situation.

Sincerely,

MICHAEL COOK.

MT. SINAI SUPPLEMENT MATERIALS

Hon. EDWARD M. KENNEDY,
Chairman,
U.S. Senate HELP Committee.

DEAR SENATOR KENNEDY and members of the HELP Committee: Please allow me to submit on behalf of the Mount Sinai—World Trade Center Medical Monitoring and Treatment Center—the following additional information for the record, to be joined with information already submitted by Dr. Robin Herbert for your Wednesday, March 21, 2007 committee hearing in Washington, DC. focusing on the "Long-Term Health Impacts from September 11."

The following statistics supplement information provided as to the ongoing resource needs of both our federally funded WTC Medical Programs and WTC responders.

The Mount Sinai WTC Program's treatment arm currently documents a wait of up to 13 weeks for new patients coming in for their first treatment appointments and 15.8 weeks for patients returning for follow up visits. While the wait for new

patients was recently shortened from what it had been owing to recent program staff additions (enabled by recent Federal funding, supporting treatment services for just the balance of this fiscal year), there remains a considerable wait for follow up appointments, which are also critical for patient care. Most patients require follow up visits every 45 to 60 days, which places great demands on resources.

Another important issue is that treatment program resources have always been carefully planned and allotted, based more on available resources than need, given funding uncertainty and the time-limited nature of our funding to date. As a result, we have not placed as great an emphasis on outreach, making program availability more well known, as we would like. It is certainly clear that there is far greater need for treatment, based on scientific findings and the number of medical monitoring program participants, than all our treatment efforts for responders have been able to accommodate to date.

Finally, there is an approximate 90-day wait for new patients to enter the monitoring program for their first medical screening examination, as at least 400 new responders enroll each month.

Sincerely,

JACQUELINE MOLINE, MD, MSC,
Director and Principal Investigator, Mount Sinai WTC Medical Monitoring and Treatment Program Clinical Center.

RESPONSE TO QUESTIONS OF SENATORS KENNEDY, ENZI, AND CLINTON BY ROBIN HERBERT, M.D.

QUESTIONS OF SENATOR KENNEDY

Question 1. The Mt. Sinai Consortium and its clinics collect vital information about the number of patients seen, their conditions, treatment, and other information. Please provide the committee with the aggregated data that you have received.

Answer 1. The World Trade Center (WTC) Medical Monitoring and Treatment Program (MMTP) that this Congress has so strongly supported is made up of two principal components:

1. The WTC Clinical Centers, which are funded to provide comprehensive medical monitoring examinations for WTC responders as well as treatment for covered WTC conditions; and
2. The WTC Data and Coordination Center, which is funded to provide clinical and logistical coordination of the multi-site program as well as to collect, analyze, and report on data from these examinations.

We and our partners in the Mount Sinai-coordinated New York/New Jersey WTC MMTP Clinical Consortium have now provided medical examinations for, and collected clinical data on, 20,000 non-FDNY WTC responders. These include police officers, construction workers, transit and communications workers, EMTs, building cleaners, and volunteers. A full set of reports on these examinations for the past year is included in the enclosed binder. The reports include:

1. A table summarizing the total number of initial examinations (Visit 1), and first and second follow up examinations (V2 and V3) conducted, with a breakdown by year and type of examination and location of examination (this includes National Program examination numbers).
2. A table showing the number of newly-registered responders deemed eligible for examinations by month for the past 6 months.
3. A table showing the language monitoring examinations were performed in.
4. Detailed information on visit rates, retention rates and waiting times for baseline and monitoring examinations by Clinical Center.

To maximize the efficiency of this data collection system and to enhance our ability to detect emerging patterns of disease in WTC responders, the New York/New Jersey WTC MMTP Consortium, which is coordinated by Mount Sinai, has recently developed a web-based system to capture more extensive data about diagnoses, visit types, services provided, and referrals from both the Monitoring and Treatment Program. This new system was instituted after the federally funded World Trade Center Treatment Programs began in November 2006, and it has been phased in by the Clinical Centers over the past few months, as they were also phasing in their expanded treatment activities. Based on this system, we present in the enclosed binder a series of tables summarizing the information we received from the Consortium clinics about: (a) diagnoses, (b) visit types and numbers, (c) types of medications ordered, and (d) diagnostic and therapeutic procedures ordered. While this data has only been collected for a short time, it provides a stark snapshot of the health prob-

lems WTC responders are experiencing as well as the intensity of clinical care needed.

Question 2. In addition to what you stated in your testimony, do you think there are other steps that need to be taken to ensure that research into the conditions and treatment of 9/11-related health problems continues?

Answer 2. A major gap, to date, is that there has been neither Federal nor other funding to support the analysis of the vast and vitally important set of data that is collected by the Mount Sinai WTC Consortium and the FDNY program. The Data and Coordination Center at Mount Sinai has developed databases for, and entered data on, more than 20,000 examinations of World Trade Center responders. Similarly, the FDNY Bureau of Health Services has collected extensive clinical data on over 14,000 New York City firefighters who responded at Ground Zero. Yet neither of our two programs has been funded to perform any analyses beyond basic descriptive statistics on these extensive data. This lack of funding is extremely unfortunate, because the data that are being collected in the Medical Monitoring examinations include extremely detailed information obtained at the time of examination on exposures related to the WTC attack, other occupational exposures, physical health (both symptoms and conditions diagnosed), mental health and socio-economic information. Additionally, we collect high quality data from extensive physical examinations, chest x-rays, blood tests, and breathing test (spirometry) results.

In summary, if we are to conduct research on the conditions being experienced by WTC responders, and if we are to identify and evaluate the most effective measures that will allow for the treatment and prevention of disease in these brave men and women, dedicated Federal funding is needed. By analyzing data from the largest post-disaster medical monitoring program ever developed, lessons will be learned that will benefit both current responders and those who may be called upon to respond to attacks and other disasters in the future.

We are deeply grateful for your interest in these programs. Please do not hesitate to ask any additional follow up questions. Thank you.

QUESTIONS OF SENATOR ENZI

Question 1a. Did most patients with very severe respiratory illnesses get sick by working for a prolonged period of time at Ground Zero?

Answer 1a. The following paragraphs present the summary/abstract of our recent paper on the health effects of the WTC disaster. It was published in the fully peer-reviewed medical journal, *Environmental Health Perspectives*:

> Approximately 40,000 rescue and recovery workers were exposed to caustic dust and toxic pollutants following the September 11, 2001 attacks on the World Trade Center (WTC). These workers included traditional first responders, such as firefighters and police, and a diverse population of construction, utility, and public sector workers.
>
> To characterize WTC-related health effects, the WTC Worker and Volunteer Medical Screening Program was established. This multi-center clinical program provides free standardized examinations to responders. Examinations include medical, mental health, and exposure assessment questionnaires; physical examinations; spirometry; and chest x-rays.
>
> Of 9,442 responders examined between July 2002 and April 2004, 69 percent reported new or worsened respiratory symptoms while performing WTC work. Symptoms persisted to the time of examination in 59 percent of these workers. Among those who had been asymptomatic before September 11, 61 percent developed respiratory symptoms while performing WTC work. Twenty-eight percent had abnormal spirometry; forced vital capacity (FVC) was low in 21 percent; and obstruction was present in 5 percent. Among nonsmokers, 27 percent had abnormal spirometry compared with 13 percent in the general U.S. population. Prevalence of low FVC among nonsmokers was 5-fold greater than in the U.S. population (20 percent vs. 4 percent). Respiratory symptoms and spirometry abnormalities were significantly associated with early arrival at the site.
>
> In conclusion, WTC responders had exposure-related increases in respiratory symptoms and pulmonary function test abnormalities that persisted up to 2.5 years after the attacks. Long-term medical monitoring is required to track persistence of these abnormalities and identify late effects, including possible malignancies. Lessons learned should guide future responses to civil disasters.

A key finding in our study, and in virtually all studies of WTC responders, is that time of arrival at the WTC site has a very strong and consistent relationship with prevalence of respiratory illness. Total duration of exposure, while also related to

risk of respiratory disease in some studies, has been less strongly related than time of arrival.

Time of arrival at the WTC site has generally been categorized as follows:

- Those who arrived on 9/11/2001 and were engulfed in the dust cloud;
- Those who arrived on 9/11/2001 and were not engulfed in the dust cloud;
- Those who arrived between 9/12/2001 and 9/13/2001;
- Those who arrived between 9/14/2001 and 9/30/2001; and
- Those who arrived on or after 10/1/2001.

In our EHP paper, we reported that early arrival at the WTC site was significantly associated with an increased reported prevalence of both newly incident and worsened respiratory symptoms. We observed the highest prevalence among those who arrived on September 11 and were exposed to the dust cloud (54 percent lower respiratory and 66 percent upper respiratory symptoms). We also found a statistically significant relationship between time of arrival at Ground Zero and some lung function test abnormalities. It is important to note, however, that higher than expected rates of illness were also seen among less highly exposed workers, including those who did not begin their WTC-related work until on or after October 1, 2001.

While time of arrival and duration of exposure has been related to disease risk on a population basis, we have individual patients who have developed severe WTC-related disease after sustaining less intense exposure. This is because susceptibility to disease almost always varies among individuals, regardless of whether the exposure is to an infectious agent or an environmental agent.

Question 1b. How then did Manhattan residents acquire these illnesses? Hasn't prolonged exposure, not brief exposure, to the dust been linked to severe cases?

Answer 1b. Many Manhattan residents, office workers, students, and others were engulfed by the plume created by the collapse of the Twin Towers and would therefore be considered to be highly exposed. However, as mentioned above, the degree of exposure (highly exposed vs. less highly exposed) is not the only factor affecting whether or not an individual manifests WTC-related health effects. Some people may be more likely to experience WTC-related adverse health effects than others for a variety of reasons.

Question 2a. Given that you say many of your patients are uninsured, whom is responsible for paying for their care?

Answer 2a. Until November 2006, funding to provide outpatient treatment for responders experiencing WTC-related illness was provided by a number of philanthropic organizations, including the American Red Cross Liberty Fund September 11th Recovery Program, the Bear Stearns Charitable Foundation, the September 11th Fund, the Robin Hood Foundation Relief Fund, and many others.

For responders eligible to participate in the WTC Medical Monitoring and Treatment Program, the cost of treatment for certain covered conditions is now covered by either the Workers Compensation system or the Federal funding which was made available in November 2006.

Question 2b. To what extent do physicians within the consortium bill private or public insurance or worker's compensation before paying for care out of Federal funding?

Answer 2b. Everyone served by the Medical Monitoring and Treatment Program (MMTP) has to have performed either paid work or volunteered for WTC recovery work to be eligible for the program. Therefore, medical care for any WTC-related condition is supposed to be paid for under either Workers Compensation or Line of Duty Injury Programs. In the consortium, Workers Compensation/LODI is supposed to be the payor of first resort for treatment provided by the WTC Treatment Programs. Consortium physicians and social workers assist patients with Workers' Compensation claims and physicians bill Workers' Compensation for WTC-related care whenever possible. However, many patients have experienced great difficulty in receiving care paid for through a Workers' Compensation claim. Therefore, MMTP funding is used to provide the vast majority of diagnostic testing and treatment for responders with WTC-related conditions.

The MMTP is now authorized to use Federal funding to cover the cost of selected inpatient procedures and hospital visits in addition to covered outpatient services and medications. To date, NIOSH has approved 20 hospitalizations (not including responders seen in the FDNY program). Of these, 9 were for mental health conditions, 1 was for a musculoskeletal condition, and 10 were for physical health conditions (including asthma, GERD, interstitial lung disease, pulmonary fibrosis, throat irritation, and vocal cord lesion). Nine patients had their hospitalizations pre-

authorized; 11 patients were admitted on an emergency basis. Costs per admission ranged from $4,000 to 28,000. The most expensive procedure to date was a biopsy of a mediastinal mass.

Question 3. Keeping the cohort of affected individuals intact seems to make sense. Could you explain then how maintaining *a number of different monitoring programs* for the long-term achieves this goal? Why has there been no effort to consolidate the data from the various programs so the cohort of recovery crews, firefighters, law enforcement officers and others can be analyzed together, as well as separately?

Answer 3. At the present time, to the best of my knowledge, there are only two federally funded clinical/medical monitoring programs for WTC responders.

- One is coordinated by the Bureau of Health Services of the New York Fire Department and serves FDNY employees.
- The other, coordinated by the Mount Sinai Medical Center, consists of the New York/New Jersey Clinical Consortium, which is comprised of Clinical Centers of Excellence located at Mount Sinai, Bellevue/NYU, SUNY Stony Brook, Queens College of the City University of New York, and University of Medicine and Dentistry of New Jersey (UMDNJ) as well as a National Program. Each of the New York/New Jersey Consortium clinics is staffed by clinicians with unsurpassed expertise in monitoring and treating WTC responders; data from each clinical center is provided to the consortium DCC at Mount Sinai. They serve all other WTC responders who meet exposure based eligibility criteria.

The two programs work very closely together. We meet regularly and use virtually identical questionnaires and protocols, which were developed as a collaborative effort between the 2 programs. The two separate but parallel programs are maintained because the FDNY had a pre-established comprehensive Bureau of Health Services with pre-existing records from annual exams and ready access to contact info for FDNY-affiliated responders, and because WTC monitoring examinations fit well with their annual fitness for duty examinations. The FDNY Data and Coordination Center coordinates the FDNY program only.

In contrast, the New York/New Jersey Clinical Consortium, which is coordinated by Mount Sinai, was developed in the months following September 11 in response to a growing public health need and therefore has data and coordination needs that extend beyond the requirements of the FDNY program. The Mount Sinai Data and Coordination Center (DCC) must identify and track a very mobile, heterogeneous group of responders that includes law enforcement officers, non-FDNY firefighters and paramedics, heavy machinery operators, laborers, ironworkers and others from the building and construction trades, telecommunication workers, transportation workers, sanitation workers and volunteers, and others from the public and private sectors. In order to accomplish this, the DCC must perform outreach in partnership with a large number of unions and other organizations representing responders in order to maintain the consortium's cohort. In addition to coordinating patient tracking and retention efforts, the DCC coordinates the clinical activities of the New York/New Jersey Consortium clinics which are located at Mount Sinai, Bellevue/NYU, SUNY Stony Brook, Queens College of CUNY, and UMDNJ. Each of these clinics is staffed by clinicians with unsurpassed expertise in monitoring and treating WTC responders; data from each clinical center is provided to the consortium DCC at Mount Sinai. Both the Mount Sinai and FDNY Data and Coordination Centers and their clinical partners were selected by a competitive peer-reviewed process.

The leadership of the FDNY and Mount Sinai Data and Coordination Centers, and the Directors and other key staff of each of the Clinical Centers meet on a monthly basis in order to discuss programmatic issues and ensure that responders receive standardized care of the highest quality.

Question 4. To what extent do you know which individuals in your program also signed up for the WTC Health Registry, which is the most comprehensive database of those potentially affected?

Answer 4. Due to Federal privacy regulations, the WTC Medical Monitoring and Treatment Program (MMTP) cannot ascertain which of our examinees also received telephone interviews or follow up mail interviews from the WTC Health Registry.

Respectfully, we would disagree with the characterization of the Registry as "the most comprehensive database." The data compiled by the two programs (or three, if a distinction between the FDNY MMTP and the NY/NJ Consortium MMTP is made) are comprehensive in different ways and should be viewed as supplementing each other. A key difference is that, while the WTC Health Registry is comprehensive in that it includes residents and others in addition to responders, the information collected is limited to self-reported data collected via telephone interview and a follow up mail survey, which is much less comprehensive information on health

than that obtained by the MMTP. The MMTP, supported by the National Institute for Occupational Safety & Health, provides standardized physical and mental health examinations and treatment to all workers and volunteers who participated in the WTC rescue and recovery effort. The WTC MMTP data is derived from extremely comprehensive medical examinations of over 20,000 individuals who will be followed over time. Information obtained from periodic medical evaluations of the responders who participated in the rescue and recovery efforts is comprehensive in the detailed nature of the information collected. The data is extremely rich in clinical detail because it includes not only data from in-person, extremely detailed medical examinations which include a 65-page interviewer-administered medical questionnaire and a mental health examination. The data also include physical examination findings, pulmonary function test results, chest x-rays, and the findings from routine blood and urine analysis. The New York/New Jersey MMTP Consortium currently maintains a database which contains richly detailed clinical information linked to exposure data on over 20,000 workers including a wide array of other uniformed and civilian responders.

QUESTIONS OF SENATOR CLINTON

Question 1. We understand that the Mt. Sinai Consortium routinely collects and reports information on the number of patients seen in the monitoring and treatment programs along with additional information, including diagnoses, referral from monitoring to treatment program, type of treatment provided, employment status, occupation, insurance status, and workers' compensation claim status. Could you provide the committee with the most recent aggregate data for the overall Consortium as well as each individual clinic?

Answer 1. As of April 30, 2007, the Medical Monitoring and Treatment Program New York/New Jersey Clinical Consortium has provided at least a baseline screening examination to 20,029 participants, and an additional 681 participants have been screened through the National Program. Of these, an additional 7,936 participants have received a first follow up (Visit 2) exam, and 347 have also received their second follow up (Visit 3) exam. This information is provided in the enclosed binder.

The patient population is an extremely diverse group of men and women, many of whom are still dealing with the aftermath of the September 11, 2001 disaster. Indeed, between January 1, 2007 and March 31, 2007, more than 1,100 new patients were referred for additional diagnostic testing and/or treatment for a WTC-related condition. We are also continuing to observe high prevalences of WTC-related illnesses even now, more than 5½ years after September 11. Indeed, among the roughly 1,200 Monitoring Program Participants examined between January and March 2007, there were 988 upper airway conditions, 429 lower airway conditions, and 502 mental health conditions either diagnosed by WTC clinicians or self-reported by the participants. These findings suggest not only that many responders are reporting or being diagnosed with multiple conditions, but also that these conditions are persistent and may require long-term treatment.

Additionally, the MMTP has recently begun systematically collecting information on each patient's employment status, occupation, and insurance status at the time of examination, as well as the referrals made to specialists and the types of medications prescribed. Most importantly, we have found that, among the patients who were seen in the Treatment Program from January through March 2007, roughly 26 percent lacked any kind of health insurance (please note that the rates of uninsurance vary over time and by clinic). These patients are dependent on the federally funded MMTP for all diagnostic services and treatment for their WTC-related conditions. This information is provided in the enclosed binder.

Question 2. We also understand that each clinic in the Consortium also reports information on the monitoring program on a monthly basis that includes information on the number of people examined, the type of exam (initial, follow up, etc.), and the waiting times for scheduling examinations. Could you provide the committee with these monthly reports for the past year?

Answer 2. The provision of comprehensive, compassionate care remains the primary goal of the WTC Medical Monitoring and Treatment Program, and the clinicians who staff each of the five NY/NJ Consortium clinics continue to serve as primary resource for WTC responders both in the tri-state area and across the Nation. As mentioned above, the MMTP patient population is a very diverse group of individuals. Indeed, as of April 30, 2007 12.8 percent of NY/NJ Consortium Medical Monitoring Program examinations were conducted in a language other than English. In addition, demand for baseline examinations continues unabated; in April 2007 alone 431 responders who met the exposure-based eligibility criteria were registered to participate in the Monitoring Program. Indeed, depending on the clinic

and the type and language of the examination required (i.e., baseline, first follow up, or second follow up), the wait time for an appointment can be as long as 18 weeks. This information is provided in the enclosed binder.

RESPONSE TO QUESTIONS OF SENATORS KENNEDY, ENZI, AND CLINTON BY JIM MELIUS, M.D., DRPH.

QUESTIONS OF SENATOR KENNEDY

Question 1. After the World Trade Center attack, tens of thousands of responders arrived at the site. While some workers had respiratory protection from the hazards on the site, many others did not. In addition, in the days following the disaster, thousands of workers sifted through the rubble without respirators and other needed protective gear. It may be that some of the conditions we are now seeing could have been avoided, or would be much less grave, if these protective steps had been taken. Can you tell us, as an occupational health expert, what steps should have been taken, and what steps should our Federal disaster agencies take in the future to ensure that this doesn't happen again?

Answer 1. Much of the response to the WTC site after the attack was not based on a previously prepared and rehearsed response plan. Given the magnitude of the disaster and the immediate concern about rescuing possible survivors, the governmental agencies involved at the disaster scene did a remarkable job of assembling the necessary equipment and personnel for the rescue and recovery operations. The agencies also recruited several key private contracting operations to assist them in these operations. Although there was precedent for this in the previous World Trade Center bombing, the scope and speed of this operation and the number of construction and other private sector workers needed was many times larger than the previous operations.

This ad hoc approach proved to be very efficient for the rescue operations and for clearing the WTC site to be able to utilize nearby buildings, etc. However, the absence of prior planning and the employment of large numbers of workers immediately after the disaster and in the fast-paced recovery efforts made it very difficult to implement a program to provide proper safety and health protection for this workforce. As a result there was much confusion about the air quality on the site and about the need for respiratory protection for this workforce. An appropriate respiratory protection program was only gradually implemented and enforced. Other health and safety measures (such as site specific training) were also delayed. On the other hand, the involved agencies and contractors did a remarkable job in preventing serious injuries and fatalities during these operations while working under what were potentially very dangerous conditions.

We must take steps to prevent similar problems occurring in any future terrorist incidents. These preparations must include proper planning for the type of personnel and equipment that might be needed to respond to such an incident including the availability of appropriate respiratory protection and other protective equipment for those involved. This plan must also include appropriate health and safety requirements and a means for enforcing those requirements (probably through OSHA). To the extent possible, we must properly protect people working in these operations from both short-term and long-term health and safety hazards. This program and the oversight of health and safety requirements must be integrated into the initial response plan and must be implemented immediately.

Another important part of this health and safety program must be to provide proper safety and health training for the potentially large workforce that may be needed at these operations. In a given geographic area, those likely to be needed immediately at the site should be trained ahead of time including in the use of appropriate protective equipment (e.g., respirators). For those who may be needed to work at the site with less urgency, some training on disaster response should be provided. Then there must be in place a mechanism to rapidly provide additional training and protective equipment needed for working at a specific disaster site before these people are allowed to enter the site.

Question 2. It is clear that close tracking and monitoring the condition of 9/11 responders and residents is vital to recognizing these conditions and treating them early and effectively. Many conditions will require additional research so that we may learn how to treat them. How can we ensure that this data continues to be collected? Why do you think that continuing and expanding these programs will reduce costs down the road?

Answer 2. We are very fortunate to have enrolled so many of the rescue and recovery workers from the WTC disaster in the two medical monitoring programs (the New York City Fire Department and the Mount Sinai Consortium). Although a sig-

nificant proportion of the involved workforce has not yet participated in these programs, the large number that have provide a solid basis for evaluating the health effects and the treatment of those health effects in this population. It is essential that these medical monitoring programs be continued.

In order to ensure that these programs be continued, I believe that Congress should pass legislation that provides the framework for the ongoing funding of the medical monitoring and treatment programs. Such legislation should include provisions for periodic medical examinations directed at detecting and evaluating conditions associated with the WTC exposures; collection of this medical information in a way that allows the involved programs to track the health of the participants both as individuals and as a larger group; and provisions for treating WTC-related medical conditions in this population by expert physicians experienced in the diagnosis and treatment of this population..

As I stated in my testimony, I believe that continuing and expanding these programs will also help to reduce the eventual costs of this problem. Many of the WTC-related health conditions (such as respiratory disease and mental health conditions) are responsive to medical treatment particularly if that treatment is provided early in the course of the illness. Early expert treatment can prevent long-term disability among these patients. Failure to provide comprehensive monitoring and treatment will only lead to more of these people becoming disabled and, therefore, greater long-term costs to our society.

QUESTIONS OF SENATOR ENZI

Question 1. Given your background in epidemiology and overseeing insurance and compensation systems, can you give us a brief overview of those systems—both private and public—that are available to cover health expenses of 9/11 responders?

Answer 1. **Health Insurance.**—As might be expected in a large population working for many different employers, there is also a diversity of health insurance coverage among this WTC worker population. I will try to briefly describe those plans:

• *New York City Workers.*—Workers for the city of New York are all covered by a general health insurance plan that offers a variety of options for different health care networks operating in the New York City area. These different networks offer slightly different benefit packages. The city of New York only provides basic health coverage for their employees. Pharmaceutical benefits and other supplemental coverage plans are provided through the union-managed plan. There is considerable variation in these plans among the different NYC unions.

• *Other Government Workers.*—Federal and State workers employed at the World Trade Center site are covered by their respective government health insurance plans which are generally similar to those offered by the city of New York.

• *Construction Workers.*—Health insurance for construction workers is provided through trust funds that are jointly run by union and construction contractor representatives and provide health insurance for union members working for multiple construction contractors. These funds are administered in a variety of ways. Some are self-insured; others buy health insurance from a private insurance company; and others are self-insured but hire an insurance company to administer their benefits. One important characteristic of these funds is their eligibility requirements. Due to the high turnover common within the construction industry, members who are out of work for even a few months may lose their health insurance eligibility.

• *Other Private Sector Workers.*—Most of the private sector employers who worked in conjunction with the WTC recovery operations provide general health insurance for their employees through a variety of general medical insurance plans.

Workers' Compensation.—In general, there are five main categories of workers' compensation coverage for WTC rescue and recovery workers:

• *Self-insured Coverage.*—Private or public entities in New York meeting certain requirements may be self-insured for workers' compensation. For example, the city of New York is self-insured. In general, self-insured entities then handle the administration of workers' compensation benefits for their employees as well as all appeals, etc. Oversight is provided by the New York State Workers' Compensation Board, and these self-insured employers must follow the procedures and requirements of the Board.

• *Private Workers' Compensation Insurance.*—Most construction companies and other private sector companies working in the WTC rescue and recovery operations carried workers' compensation coverage through a private insurance company operating under New York State Workers' Compensation Board requirements.

• *Federal Workers.*—Federal workers working on WTC rescue and recovery operations would be covered through the Federal Employee Compensation Act or FECA and would receive benefits through that program.

• *Disability Retirement.*—Fire fighters, police officers, and municipal sanitation workers are not covered by New York State Workers' Compensation but instead have a line of duty disability retirement program that covers them if they are injured or become ill on the job. These programs cover their medical costs and wages if they become ill due to work-related factors while on duty (not if the illness occurs after they retire). They can then become eligible for retirement incentives should they be disabled and unable to return to work.

• *Volunteers.*—Workers' compensation coverage for people who worked as volunteers at the WTC site are eligible for workers' compensation through a special New York State Workers' Compensation Board program funded by the Federal Government.

Question 2. In your testimony, you indicated that the New York Workers Compensation may not be well-suited to compensate 9/11 victims. I have been informed that New York has made a number of changes, some due to the infusion of Federal funding, which would make it far easier for these victims to utilize. Volunteers have been made eligible, the statute of limitations for 9/11 injuries was eliminated and medical and lost wage benefits are paid for up to 1 year while a claim is adjudicated.

Why should we not look to this existing system with mechanisms in place to evaluate injuries and provide medical care, disability benefits and lost wages, to aid 9/11 victims? If further improvements need to be made to the system in order to provide adequate aid, hasn't New York shown it is willing to make those changes?

Answer 2. The State of New York has made a number of changes that were intended to facilitate workers' compensation for 9/11 workers. These include:

1. *Coverage for Volunteers.*—Through Federal funding, New York State established a compensation program for people who worked as volunteers at the WTC site after 9/11. This program appears to be operating efficiently for those individuals although establishing that a person worked as a volunteer at the site can be difficult due to the lack of initial documentation of people present at the site.

2. *Extension of Statute of Limitations.*—Last summer, New York State passed a law establishing a 1-year time period for WTC workers to register with the Workers' Compensation Board in order to document that they had worked (or volunteered) at the WTC site. This registration extended the statute of limitations and allowed them to later file a workers' compensation claim for an illness related to their WTC exposures. Several thousand people have already registered with the Board. The registration period ends in August. On the other hand, the city of New York has appealed this extension of the statute of limitations on claims in at least one individual case.

3. *Medical Costs.*—Another law passed by the legislature last year provided a mechanism for the payment of medical care costs for individuals with possible WTC-related conditions while their claim is being adjudicated. Ordinarily, the costs for medical diagnosis and treatment are not paid until the claim has been established in the Compensation system. This change could help to avoid delays in medical treatment for WTC workers. However, this optional payment mechanism must be initiated by the insurance carrier, and few companies appear to be utilizing this mechanism at present.

4. *Workers' Compensation Reform.*—New York State recently adopted a number of major changes in its workers' compensation system. These reforms substantially increase the potential level of compensation by indexing it to the average weekly wage and change many other aspects of the compensation system. For example, diagnostic testing should be more readily available without long delays. This and other changes when implemented should help WTC workers applying for workers' compensation. However, the changes are not retroactive and thus will not assist people who have already filed claims, and the reforms are still in the process of being implemented.

Question 3. What kind of outreach is ongoing through the labor unions and other membership organizations to inform response and recovery workers of available health programs? To what extent are these individuals covered by health insurance or worker's compensation?

Answer 3. There has been an extensive outreach effort to make response and recovery workers aware of the available health programs. In addition to the outreach conducted by Mount Sinai and the other clinics, most of the labor unions have informed their members of their program through union meetings, newsletters, and other direct communication with their members. For example, our union (the Laborers' Union) urged eligible members to participate in the health programs through our quarterly magazine and by sending letters to each individual who we know

worked at the WTC site. We have also established a weekly outreach session at our training school where members can fill out the Workers' Compensation registration and obtain information about the medical monitoring program. We have also held outreach sessions where volunteers from the union call other members to encourage them to participate. Other labor unions have conducted similar outreach efforts.

We do not have data on what proportion of our members in the monitoring and treatment programs currently are covered by workers' compensation or the unions' health insurance programs. We know of very few that have received health care or compensation payments from Workers' Compensation Insurance. Many of our ill members are using the union's health insurance to pay for the care of their WTC-related condition. We are also aware of many individuals in our union with WTC-related medical problems who have lost their health insurance coverage because they can no longer work due to health problems.

I understand that Mount Sinai Hospital and the other clinics are now collecting more comprehensive information on the available health insurance and workers' compensation coverage for people in the monitoring and treatment programs. These data may better address these questions.

QUESTIONS OF SENATOR CLINTON

Question 1. In your testimony, you mention your survey of major union groups to evaluate their health insurance and disability coverage. While the information is not yet complete, we would appreciate a detailed preliminary analysis of this survey, including an analysis of the ways in which 9/11-related conditions are or are not covered by such plans. In such analysis, please detail the various components of care that may be covered, including prescription drug coverage, inpatient and outpatient care, and mental health coverage, and the ways in which each group provides these benefits.

Answer 1. The WTC workers are covered by a variety of different health insurance programs as described in the answer to Senator Enzi's question. The attached table describes two of the health insurance plans covering the WTC workers:

a. The Mason Tenders District Council plan is a typical construction trades' plan offered by Aetna USHealthcare. The benefits program is administered through a joint labor-management trust fund. Members are entitled to this plan only if they have worked at least 400 hours in the previous 6 months. Other construction trades unions have similar plans.

b. The New York City health care benefits over a variety of coverage plans. I used the GHI plan as an example. These plans are available to all NYC workers (including the Fire and Police Departments). Pharmaceutical coverage is not provided but is offered through individual unions. I used the District Council 37 plan which covers a large number of city workers not in the Uniformed Services. The drug plans are collectively bargained with the city by each union.

As I mentioned in my testimony, these health insurance plans do not provide coverage for work-related illnesses. All claims are administratively reviewed, and those found to be due to work-related illnesses or injuries are denied.

	Mason Tenders Health Plan	NYC Health Plan (GHI as example) with DC37 Drug Plan
Annual Deductible	None ($200 if out of network)	None ($200 if out of network)
Coinsurance	100 percent (80 percent if out of network).	100 percent (80 percent if out of network)
Out-of-Pocket Limit	N/a ($1500)	N/A ($500)
Lifetime Maximum	$1,000,000	$2,000,000
Office visits, medical care, etc.	100 percent after $20 copay	100 percent after $15 to $20 copay (more if out of network)
Surgery, inpatient care	100 percent (80 percent after deductible if out of network).	100 percent after $300 deductible (more if out of network)
Emergency Room	100 percent after $25 copay	100 percent after $50 copay
Mental health	100 percent after $20 copay up to 30 visits per year (80 percent if out of network).	100 percent after $15 to $20 copay in network
Prescription Drugs	100 percent after $10 copay generic and $30 copay for brand name drugs.	$100 percent with $5 to $70 copay depending on drug list and mail order

QUESTIONS OF SENATORS KENNEDY, ENZI, AND CLINTON TO THE HON. MICHAEL R. BLOOMBERG

QUESTIONS OF SENATOR KENNEDY

Question 1. New York City's report, "Addressing the Health Impacts of 9-11," provides an estimate for the treatment and monitoring costs for 9/11 related illnesses of $393 million per year. In addition, the National Institutes of Occupational Safety and Health estimates costs of $257 million per year to continue operating the Mt. Sinai Consortium and Fire Department of New York programs. Yet, elsewhere, the city has also stated that the funds needed to continue operating the current programs will be approximately $150 million a year.

Question 1a. Please account for the difference between these two estimates. In particular, please enumerate what you believe the total cost will be to treat and monitor affected populations, not simply the costs to the City.

Question 2. Please explain how you arrived at the "treatment rate" estimates provided in your report. Were these data drawn from the World Trade Center Health Registry Initial Enrollment survey? Do they incorporate information from NIOSH, Mt. Sinai Consortium, Bellevue Hospital, and FDNY programs for that survey?

QUESTIONS OF SENATOR ENZI

Question 1. After reviewing the report you outlined at the hearing, it is clear you are asking for a great deal of Federal funding for a number of different programs and initiatives. Given these requests, can you delineate for us how much you would request for each program and describe the overall outer limit of your funding request?

Question 2. Are you seeking Federal funding to treat any New York City resident requesting mental health services based on 9-11? How would you prioritize funding to ensure that those most in need receive care first? What evidence-based treatment protocols would you follow in providing this care?

Question 3. With your background in financial information technology, you certainly understand the benefit of consolidating diverse data under a single roof. What is the rationale for maintaining 5 or 6 different monitoring programs?

Even if these different programs are maintained, what is the rationale for not providing a single point of access for all the aggregated data? Without it, we seem to miss a global perspective of the health effects that could be illuminating and residents and recovery workers have difficulty help and services.

Question 4. Why should monies for treatment go to the City and the Centers for Excellence instead of into funds that can be tapped by the victims themselves to pay for care as they need it?

Question 5. You recommend reopening the 9/11 Victim's Compensation Fund to compensate individuals for possible 9/11 related illnesses. How would you suggest this direct, lump sum system be used to provide for long-term care for those with chronic conditions or to take emerging conditions into account?

Question 6. In your testimony, you indicated that the New York Workers Compensation may not be well-suited to compensate 9/11 victims. I have been informed that New York has made a number of changes, some due to the infusion of Federal funding, which would make it far easier for these victims to utilize. Volunteers have been made eligible, the statute of limitations for 9/11 injuries was eliminated and medical and lost wage benefits are paid for up to one year while a claim is adjudicated.

Why should we not look to this existing system with mechanisms in place to evaluate injuries and provide medical care, disability benefits and lost wages, to aid 9/11 victims? If further improvements need to be made to the system in order to provide adequate aid, hasn't New York shown it is willing to make those changes?

QUESTIONS OF SENATOR CLINTON

Question 1. In "Addressing the Health Impacts of 9-11," the total projected annual costs for treatment and monitoring programs is $393 million per year. However, at the hearing, you noted that the funds needed to continue to operate and expand the current World Trade Center health-related programs are approximately $150 million per year.

Could you please outline in greater detail the ways in which you arrived at the $150 million estimate? What accounts for the differences between these $150 million estimate and the $393 million estimate, and how will the differences between these estimates be accounted for by other sources of funding?

Question 2. The Mayor's report cites the National Institute of Occupational Safety and Health's estimate of $257 million in total annual costs for the treatment and monitoring programs funded by the federal government. This estimate covers the currently existing programs at the Fire Department of New York (FDNY) and the Mount Sinai Consortium, and does not cover the program at Bellevue, which is operated by New York City. Your $150 million estimate calls for funding to sustain both the FDNY and Mt. Sinai programs, as well as to sustain and expand the Bellevue Program. Can you please explain the differences between the NIOSH estimate and your $150 million estimate?

Question 3. In this report, New York City estimates that the treatment rate for "Other City Workers" and "Other Workers and Volunteers" is:

- 3.50 percent for respiratory disease,
- 1.67 percent for mental health conditions that require medication, and
- 3.33 percent for mental health conditions that do not require medication.

These estimates have been derived from the World Trade Center Health Registry Initial Enrollment survey. Please explain when and how this survey was conducted, the populations included in the survey, and the ways in which treatment estimates were derived from this survey.

Question 4. The NIOSH estimate of treatment rates, which come from the Mt. Sinai and FDNY programs, is:

- 30 percent for respiratory diseases,
- 10 percent for mental health conditions that require medication, and
- 15 percent for mental health conditions.

What accounts for the difference in estimates in treatment rates?

Question 5. In preparing this report, what lead to the decision to use estimates from the World Trade Center Registry, rather than the NIOSH treatment rates based on the monitoring and treatment needs in existing programs?

QUESTIONS OF SENATORS ENZI AND CLINTON TO KERRY KELLY, M.D.

QUESTIONS OF SENATORS ENZI

Question 1. What happens when firefighters who need it don't get treatment for Post-Traumatic Stress Disorder and how are these responders diagnosed?

To what extent are firefighters and paramedics NOT receiving mental health services?

Question 2. Given that FDNY responders are the only group with baseline medical data and the ones exposed earliest and longest after 9/11, do you think these responders are the best sentinel population for monitoring health effects—even long-term unknown effects?

Question 3. The FDNY has had a long-standing internal medical monitoring and treatment program for firefighters, EMTs, and retirees. How did this infrastructure help or hinder your ability to use Federal funds efficiently? Without this infrastructure, what obstacles would the FDNY have had to overcome to administer the program?

QUESTIONS OF SENATOR CLINTON

Question 1. We understand that the FDNY routinely collects and reports information on the number of patients seen in the monitoring and treatment programs along with additional information, including diagnoses, referral from monitoring to treatment program, type of treatment provided, employment status, occupation, insurance status, and workers' compensation claim status. Could you provide the committee with the most recent aggregate data for the FDNY program?

Question 2. We also understand that the FDNY also reports information on the monitoring program on a monthly basis that includes information on the number of people examined, the type of exam (initial, follow-up, etc.), and the waiting times for scheduling examinations. Could you provide the committee with these monthly reports for the past year?

QUESTIONS OF SENATOR ENZI TO JOAN REIBMAN, M.D.

Question 1. Given that the World Trade Center Health Registry, with more than $30 million in Federal funds, has a system in place to capture health effects of area residents and workers, why do you think an additional monitoring program at your Hospital is necessary to capture this information?

Question 2. You mentioned that any area resident or worker can receive treatment at your medical center for World Trade Center-related conditions. How is their eligibility for treatment at the hospital determined? Can anyone claiming that an illness is related to 9/11 receive treatment or get screened at Bellevue?

Question 3. How would Bellevue Hospital Center prioritize Federal funding for treatment of residents and non-response workers to ensure those most in need receive care with Federal dollars? Would you establish more clearly defined eligibility criteria?

QUESTIONS OF SENATOR ENZI TO JEANNE STELLMAN, PH.D.

Question 1. With the numerous monitoring and treatment programs for 9/11 responders, there has been some confusion as to what population is at highest risk for having a 9/11-related health condition.

From an epidemiologic perspective, who would be the most at-risk for developing these conditions and what spectrum of conditions should we expect to see in this population?

Question 2. How would you characterize the difference in exposure and development of an illness between a responder that worked on the pile for a few months after 9/11 and a resident in the vicinity of the site for a few hours on 9/11?

[Editor's Note: Responses to the above questions were not available at time of print.]

[Whereupon, at 12:55 p.m., the hearing was adjourned.]

○