PROGRESS SINCE SEPTEMBER 11TH: PROTECTING PUBLIC HEALTH AND SAFETY OF THE RESPONDERS AND RESIDENTS

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS, AND INTERNATIONAL RELATIONS

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED NINTH CONGRESS

SECOND SESSION

SEPTEMBER 8, 2006

Serial No. 109–246

Printed for the use of the Committee on Government Reform

Available via the World Wide Web: http://www.gpoaccess.gov/congress/index.html
http://www.house.gov/reform

U.S. GOVERNMENT PRINTING OFFICE

36–998 PDF WASHINGTON : 2007

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 GOVERNMENT REFORM

TOM DAVIS, Virginia, *Chairman*

CHRISTOPHER SHAYS, Connecticut
DAN BURTON, Indiana
ILEANA ROS-LEHTINEN, Florida
JOHN M. MCHUGH, New York
JOHN L. MICA, Florida
GIL GUTKNECHT, Minnesota
MARK E. SOUDER, Indiana
STEVEN C. LATOURETTE, Ohio
TODD RUSSELL PLATTS, Pennsylvania
CHRIS CANNON, Utah
JOHN J. DUNCAN, JR., Tennessee
CANDICE S. MILLER, Michigan
MICHAEL R. TURNER, Ohio
DARRELL E. ISSA, California
JON C. PORTER, Nevada
KENNY MARCHANT, Texas
LYNN A. WESTMORELAND, Georgia
PATRICK T. MCHENRY, North Carolina
CHARLES W. DENT, Pennsylvania
VIRGINIA FOXX, North Carolina
JEAN SCHMIDT, Ohio
BRIAN P. BILBRAY, California

HENRY A. WAXMAN, California
TOM LANTOS, California
MAJOR R. OWENS, New York
EDOLPHUS TOWNS, New York
PAUL E. KANJORSKI, Pennsylvania
CAROLYN B. MALONEY, New York
ELIJAH E. CUMMINGS, Maryland
DENNIS J. KUCINICH, Ohio
DANNY K. DAVIS, Illinois
WM. LACY CLAY, Missouri
DIANE E. WATSON, California
STEPHEN F. LYNCH, Massachusetts
CHRIS VAN HOLLEN, Maryland
LINDA T. SANCHEZ, California
C.A. DUTCH RUPPERSBERGER, Maryland
BRIAN HIGGINS, New York
ELEANOR HOLMES NORTON, District of Columbia

BERNARD SANDERS, Vermont
(Independent)

DAVID MARIN, *Staff Director*
LAWRENCE HALLORAN, *Deputy Staff Director*
BENJAMIN CHANCE, *Chief Clerk*
PHIL BARNETT, *Minority Chief of Staff/Chief Counsel*

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS, AND INTERNATIONAL RELATIONS

CHRISTOPHER SHAYS, Connecticut, *Chairman*

KENNY MARCHANT, Texas
DAN BURTON, Indiana
ILEANA ROS-LEHTINEN, Florida
JOHN M. MCHUGH, New York
STEVEN C. LATOURETTE, Ohio
TODD RUSSELL PLATTS, Pennsylvania
JOHN J. DUNCAN, JR., Tennessee
MICHAEL R. TURNER, Ohio
JON C. PORTER, Nevada
CHARLES W. DENT, Pennsylvania

DENNIS J. KUCINICH, Ohio
TOM LANTOS, California
BERNARD SANDERS, Vermont
CAROLYN B. MALONEY, New York
CHRIS VAN HOLLEN, Maryland
LINDA T. SANCHEZ, California
C.A. DUTCH RUPPERSBERGER, Maryland
STEPHEN F. LYNCH, Massachusetts
BRIAN HIGGINS, New York

EX OFFICIO

TOM DAVIS, Virginia

HENRY A. WAXMAN, California

R. NICHOLAS PALARINO, *Staff Director*
ROBERT A. BRIGGS, *Clerk*
ANDREW SU, *Minority Professional Staff Member*

CONTENTS

PROGRESS SINCE SEPTEMBER 11TH: PROTECTING PUBLIC HEALTH AND SAFETY OF THE RESPONDERS AND RESIDENTS

FRIDAY, SEPTEMBER 8, 2006

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS, AND INTERNATIONAL RELATIONS,
COMMITTEE ON GOVERNMENT REFORM,
New York, NY.

The subcommittee met, pursuant to notice, at 10:30 a.m., in Auditorium, 1st Floor, District Council 37, 125 Barclay Street, Hon. Christopher Shays (chairman of the subcommittee) presiding.

Present: Representatives Shays and Maloney.

Also present: Representatives Fossella, Nadler, and Weiner.

Also present: Senators Schumer and Clinton.

Staff present: R. Nicholas Palarino, Ph.D., staff director; Robert A. Briggs, analyst; and Andrew Su, minority professional staff member.

Mr. SHAYS. The Subcommittee on National Security, Emerging Threats, and International Relations field hearing entitled, "Progress Since September 11th: Protecting Public Health and Safety of the Responders and Residents," is called to order.

Five years after the cataclysmic attacks on the World Trade Center, shock waves still emerge from Ground Zero. Diverse and delayed health problems continue to emerge in those exposed to contaminants and psychological stressors unleashed on September 11th.

Firefighters, police, emergency medical personnel, transit workers, construction crews, and other first responders, as well as volunteers, came to Ground Zero knowing there would be risks, willing to take those risks, but confident their community would sustain them and not let them down. Make no mistake, these individuals did not just go to work on that day, they went to war. However, as we will hear today, Federal, State, and local health support has not provided the care and comfort they need and rightfully deserve.

After the 1991 war in the Persian Gulf, veterans suffering a variety of unfamiliar syndromes faced daunting official resistance to evidence linking multiple, low-level toxic exposure to subsequent, chronic ill health. In part due to work by this subcommittee, long-term health registrants were improved, an aggressive research agenda pursued, and sick veterans now have the benefit, in law, of presumption that wartime exposures cause certain illnesses.

When the front line is not Baghdad, but Lower Manhattan, occupational medicine and public health practitioners still have much to learn from that distant Middle East battlefield. Proper diagnosis, effective treatment, and fair compensation for the delayed casualties of a toxic attack require vigilance, patience, and a willingness to admit what we do not yet know, and might never know, about toxic synergies and syndromes. Health surveillance has to be focused and sustained, and new treatment approaches have to be tried to restore damaged lives before it is too late.

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

We asked our invited witnesses to discuss how the Federal investment in World Trade Center health programs has been used and how these efforts can be better coordinated and more sharply focused. We value their perspectives, appreciate their expertise, and look forward to their testimony.

This Monday our Nation will observe a moment of silence for those who lost their lives on September 11th. We convene today in remembrance of those lost, and on behalf of those who came to save them, the first responders who are suffering physically, mentally, and in some cases who are dying prematurely, as a result of the toxic terrors unleashed on that terrible day.

I would like to, before recognizing my fellow member, the ranking member in this effort, Mrs. Maloney, I would like to thank my committee staff for the work they have done for this hearing, the one they did 2 days ago, and the work they are doing next week on the Gulf war on Monday, Wednesday, and Friday. We are putting together five hearings in just 9 days, and I do appreciate what the staff, both the Republican and Democratic staff, have done.

And then, just to say to my left is Mr. Fossella, who had requested this hearing, to my right is Ms. Malone is who had requested this hearing, and if the truth be known she requested the one before that and the one before that and the one before that. So I give you Mrs. Maloney.

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

Statement of Rep. Christopher Shays
September 8, 2006

Five years after the cataclysmic attacks on the World Trade Center, shock waves still emanate from Ground Zero. Diverse and delayed health problems continue to emerge in those exposed to the contaminants and psychological stressors unleashed on September 11, 2001.

Firefighters, police, emergency medical personnel, transit workers, construction crews and other first responders as well as volunteers came to Ground Zero knowing there would be risks, but confident their community would sustain them.

Make no mistake, these individuals did not just go to work on that day, they went to war. However, as we will hear today, federal, state and local health support has not provided the care and comfort they need and rightfully deserve.

After the 1991 war in the Persian Gulf, veterans suffering a variety of unfamiliar syndromes faced daunting official resistance to evidence linking multiple, low-level toxic exposure to subsequent, chronic ill-health. In part due to work by this Subcommittee, long term health registrants were improved, an aggressive research agenda pursued and sick veterans now have the benefit, in law, of presumption that wartime exposures cause certain illnesses.

When the front line is not Baghdad, but Lower Manhattan, occupational medicine and public health practitioners still have much to learn from that distant Middle East battlefield.

Proper diagnosis, effective treatment and fair compensation for the delayed casualties of a toxic attack require vigilance, patience and a willingness to admit what we do not yet know, and might never know, about toxic synergies and syndromes. Health surveillance has to be focused and sustained and new treatment approaches have to be tried to restore damaged lives before it is too late.

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

We asked our invited witnesses to discuss how the federal investment in World Trade Center Health programs has been used and how these efforts can be better coordinated and more sharply focused. We value their perspectives, appreciate their expertise and look forward to their testimony.

This Monday, our nation will observe a moment of silence for those who lost their lives on September 11, 2001. We convene today in remembrance of those lost, and on behalf of those who came to save them, the first responders who are suffering physically, mentally and dying, as a result of the toxic terrors unleashed on that terrible day.

Mrs. MALONEY. OK. Thank you very much, Chairman Shays, and I thank you for holding this hearing. I thank our panelists, and I thank everyone who is attending and pointing a spotlight on this very important issue.

This is the fourth hearing that has been held on this issue—four hearings that have been absolutely invaluable to the September 11th responders and others who are sick. Amazingly, Chairman Shays is the only chairman to ever call a hearing on this issue. Now there is a lot of focus on it, but when I started asking for these hearings there was not, and he came forward and started building the scientific data and the support that has moved us forward with our monitoring programs and our reaction to our heroes and heroines and trying to help them.

I would also like to take this opportunity to thank DC 37 for allowing us to use their space today, and especially Lillian Roberts, the head of the union. You should stand and say hello. She is here in attendance, as well as her health and safety officer—[applause]—Lee Clarke. They have done such a great job advocating for a better Federal response to this issue, and I must say it was Lee Clarke who was the first one to sound the alarm and tell me and others that the important $125 million for worker's compensation had been unbelievably removed from the Federal budget, and we worked very hard jointly to get that restored.

From the immediate aftermath of September 11th, and now on the fifth anniversary, DC 37 was not only on the site, but they have played a very, very important part in helping us move forward with the Federal assistance. And we are exactly one block away from where the Twin Towers once stood, and at the home of so many of the responders who heroically rushed the workers from DC 37 and were part of it.

On Monday we mark the fifth anniversary of September 11th, and once again our Nation will pause to remember that tragic day, and many of us will renew our pledge never to forget. But as we do this, we must remember that we lost nearly 3,000 people on September 11th, but many, many thousands more lost their health.

And to this day, not one single Federal dollar has been spent on the treatment of the health care needs of the heroes and heroines of September 11th. And our purpose today is to make sure that every single person who was exposed to the deadly toxins receives medical monitoring, and every single person who is sick is treated.

Regrettably, we have seen government running from the sick victims instead of standing beside them and trying to help them. And I must mention that with us today is Mr. Zadroga, and his son James Zadroga died prematurely in the bloom of his youth, and to this day many people will not acknowledge that his death was related to September 11th. His lungs, according to science, weighed three times more than the normal lung, it was totally black, and it was filled with phlegm. How dare anyone not acknowledge his heroic efforts and the fact that he died because of his work saving the lives of others.

I must tell you that my office and other offices, we are receiving more information, more of our constituents are coming to us, who are sick years after the disaster. For some the illness did not emerge until recently, but we have to be there to help.

I do congratulate the New York delegation, and the Connecticut delegation, the New Jersey delegation, and really the entire Congress and our two Senators who worked so hard to set up the World Trade Center medical monitoring program that is located at Mt. Sinai, and this week their very important scientific data that 70 percent of September 11th responders suffered respiratory problems. and 60 percent are still sick as a direct result of their work at Ground Zero, 40 percent of whom have no health care coverage.

This provides a concrete scientific link between the exposures of the toxins of Ground Zero and the health problems many are suffering. Earlier this year we learned from the fire department that the average fire department responder has lost 12 years of lung capacity following their service at Ground Zero, and that many have been forced to retire or to be reassigned because of their September 11th illness.

And we know at least seven responders' deaths, according to the press, are directly related. We believe there are many more, and we are calling for a fatality investigation to document what has happened. And I asked the city, how can you come forward after the heatwave and say authoritatively that 20 New Yorkers died because of the heatwave, yet the city to this day has not acknowledged one death or taken any steps to affirm that these heroes and heroines lost their lives because of their work at Ground Zero.

[Applause.]

Mr. SHAYS. I need to do something I should have done sooner, and I understand the applause and the support. This is not a judicial hearing, but it is a very official hearing of Congress with a transcriber. And we are going to request that there be no signs of applause, boos, or whatever. That is something that we just need to have, and so I would like to do this.

If I could, I would like to acknowledge—I have already acknowledge—and I am going to give you back the mic, ma'am—but I want to acknowledge the presence of Jerry Nadler, who has been at all of our hearings, and Mr. Weiner as well. And they have been totally engaged in this effort, and I—and Vito Fossella, and I would like you to applaud of your members for what they have done. And if we could do that, and that will be the last applause of the day. Thank you.

[Applause.]

Mrs. MALONEY. Very importantly, today we will hear the testimony of Dr. John Howard, the Federal coordinator of September 11th health. Dr. Howard was appointed before our last hearing back in February when Vito Fossella and I led a push by the entire New York delegation for his appointment. He has been very busy.

In April we met with Dr. Howard here in New York, and he explained to us that he would have a plan of how to take care of those who are sick by this fall. We look forward to hearing and seeing this plan. I commend him for admitting that the funding that has been made available to date will not go very far, but that it is only one small part of the problem. We need you, Dr. Howard, and the administration to give us a full assessment of the need and a commitment to include funding in the President's budget.

Yesterday, at a delegation meeting with Dr. Howard and Secretary Leavitt, three Senators were there, our two from New York

and Senator Menendez, and 10 Members of Congress, we received a commitment from Dr. Howard and Secretary Leavitt that the $75 million that Congress appropriated last December will finally start flowing in October, and that all of the money will be made available for this fiscal year. Now that does deserve an applause. The first Federal money will be flowing to help our sick heroes and heroines.

At the meeting yesterday we also received a commitment from Secretary Leavitt that the long-term needs of those sick from September 11th need to be met in a coordinated effort. Secretary Leavitt also announced the creation of a new task force on September 11th health coordination to be headed by Dr. John Agwunobi. I welcome this commitment from the Secretary, but quite frankly the sick responders of September 11th did not need another task force.

They truly do not need another task force or point person. What they need is medical treatment and medical monitoring. Our responders did not wait 5 years before they rushed down to Ground Zero to help others, and government should not wait 5 years to get the treatment to them.

I, for one, have supported giving Dr. Howard more authority to do his job. He is the one person in the administration that has dedicated his time to get to know the problem, and we ought to let him finish the job. I just hope that he is not getting pushed aside for speaking the honest truth of how serious the problem is.

One example of how serious the need for a better response can be seen in the more than 30,000 individuals who enrolled in the World Trade Center Registry but are ineligible for any of the federally funded medical monitoring programs or soon-to-be treatment programs. That is why I have introduced with Mr. Shays and Hillary Clinton the Remember the September 11th Health Act, H.R. 566, back in 2004.

And this legislation would make available medical monitoring to anyone exposed to the deadly toxins of Ground Zero, including residents, office workers, children, and treatment to anyone who is sick. It would also provide for much needed research and coordination, but I also recognize that we need to do more than just provide medical monitoring and health care.

We need to make sure that sick September 11th responders who have lost their jobs, have no medical care, and cannot pay their bills, they cannot support their families because of their selfless service, we need to make sure that they are taken care of. And that's why I have introduced the James Zadroga Act with Congressman Fossella to reopen the Victims Compensation Fund to help these people.

Let us not just call them heroes and heroines. Let us take care of them. If there was ever a case that demonstrates that need it is James Zadroga.

I really want to make a commitment to everyone that I will not stop this fight until everyone exposed to the toxins at Ground Zero is medically monitored and everyone who is sick is treated. And our true test as a Nation will not be what is the response today, which is a highly visible, 5-year anniversary, but what our government's response is 5 years from now, 10 years from now, 30 years from

now, when the carcinogens have turned to cancer and are causing deadly problems to the men and women who rushed to save the lives of others.

I thank everyone, and particularly the chairman, Christopher Shays, for his consistent work and attention on the health care needs of the September 11th responders.

Thank you.

[The prepared statement of Hon. Carolyn B. Maloney follows:]

CAROLYN B. MALONEY
14TH DISTRICT, NEW YORK
2331 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–3214
(202) 225–7944
COMMITTEES:
FINANCIAL SERVICES
GOVERNMENT REFORM
JOINT ECONOMIC COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515–3214

DISTRICT OFFICES:
1651 THIRD AVENUE
SUITE 311
NEW YORK, NY 10128
(212) 860–0606

28–11 ASTORIA BOULEVARD
ASTORIA, NY 11102
(718) 932–1804

WEBSITE: www.house.gov/maloney

Statement of Congresswoman Carolyn B. Maloney
Hearing on 9/11 Health Effects
September 8, 2006

I would like to thank Chairman Shays for holding today's hearing. This is the fourth such hearing that he has held on this issue – four hearings that have been invaluable to the 9/11 responders and others who are sick. Amazingly, you are still the only chairman to ever call a hearing on this issue. I would also like to take this opportunity to thank DC 37 for allowing us use of this space and especially Lillian Roberts, who had along with, health and safety officer Lee Clarke have done such a great job advocating for a better federal response to this issue. From the immediate aftermath of 9/11 and now at the fifth anniversary, DC 37, under the direction of Lillian Roberts, has never wavered in their fight to do right by all 9/11 responders. It is very fitting that we are here at DC 37. We are only a block away from where the Twin Towers once stood and at the union home of so many of the responders who heroically rushed to the site, but are now sick.

On Monday, we mark the fifth anniversary of September 11th. Once again, our nation will pause to remember that tragic day and many of us will renew our vow to "never forget". As we do this, we must finally remember the thousands who are sick as a direct result of their exposure to the toxins of Ground Zero. There should no longer be any doubt that these physical and mental health effects are real. We learned from Mount Sinai and the World Trade Center Medical Monitoring Program this week that 70% of 9/11 responders suffered respiratory problem and 60% are still sick as a direct result of their work at Ground Zero. This study provides a concrete scientific link between exposure to the toxins of Ground Zero and health problems.

Earlier this year we learned from the fire department that the average FDNY firefighter has lost 12 years of lung capacity following their service at Ground Zero and many have been forced to retire or be reassigned due to their 9/11 illnesses. We also know that at least seven deaths can be directly attributed to their 9/11 service. In a few minutes you will hear from Joseph Zadroga, father of New York City Detective James Zadroga. James died on January 5th of this year at the age of 34 and he is the first confirmed death related to work at Ground Zero. Yet despite the medical evidence that links his death to his 9/11 service, there are some who still question the findings. This needs to stop.

We will also hear the testimony of Doctor John Howard, the federal coordinator of 9/11 Health. Dr. Howard was appointed before our last hearing on this back in February, when Vito and I, along with the rest of the NY delegation pushed for his appointment. Since then, he has

been busy. In April we met with Dr. Howard here in New York and he explained to us his job as he saw it and promised a plan by the fall. Today I look forward to learning his plan on how to deal with this health emergency. I commend him for admitting that the funding that has been made available to date simply will not go very far. But that is only part of the problem. We need you and the administration to give us a full assessment of the need and a commitment to include funding in the President's budget.

Yesterday, at a delegation meeting with Dr. Howard and Secretary Leavitt, we received a commitment that the $75 million we appropriated last December will finally start flowing in October and that all of this money will be made available for this fiscal year. I know that everyone here will be watching to make sure that this happens. At the meeting yesterday we also received a commitment from Secretary Leavitt that the long-term needs of those sick from 9/11 need to be met in a coordinated approach. Secretary Leavitt also announced the creation of a new task force on 9/11 health coordinated by Dr. John Agwunobi. I welcome this commitment from the secretary, but quite frankly the sick responders of 9/11 don't need another task force or another point person. They need medical monitoring and treatment. They did not wait five years before rushing to Ground Zero, they should not have been forced to wait five years for treatment. I for one would have supported giving Dr. Howard more authority to do his job. He is the one person in the administration that has dedicated his time to get to know the problem, we ought to let him finish the job. I just hope that he is not getting pushed aside for speaking the honest truth of how serious this problem is.

One example of how serious the need for a better response can be seen in the more than 30,000 individuals who enrolled in the World Trade Center Registry but are ineligible for any of the federally funded medical monitoring programs. That is why I introduced the Remember 9/11 Health Act, H.R. 566 back in 2004. This legislation would make available medical monitoring available to anyone exposed to the toxins of Ground Zero, including residents and office workers, and treatment to anyone who is sick. It would also provide for much needed research and coordination. But I also recognize that we need to do more than just provide medical monitoring and health care. We need to make sure that sick 9/11 responders can also pay their bills and support their families. That is why I have introduced the James Zadroga Act with Congressman Fossella to reopen the Victims Compensation Fund. If there ever was a case that demonstrates the need to reopen the fund it is James Zadroga's.

In closing, I want to make a commitment to everyone here that I will not stop this fight until everyone exposed to the toxins of Ground Zero is medically monitored and anyone who is sick gets treatment.

Mr. SHAYS. Thank the gentlelady. We have heard from the two members of the committee. I need to ask unanimous consent that Mr. Fossella, Mr. Nadler, and Mr. Weiner can participate as full members of the committee. Without objection, so ordered.

And let me take care of this now. If Senators Clinton or Schumer or Menendez also come to participate, that without objection they may participate as if they were members.

And at this time, Mr. Fossella, thank you for your work, and you are recognized.

Mr. FOSSELLA. Thank you, Mr. Chairman, and I would like to thank you up front, as others have already, for convening this hearing, the fourth of its kind, and I know it won't be the last. As my colleague, Mrs. Maloney, has stated, you have provided a venue and an opportunity for the unsung heroes and victims of September 11th to continue to tell their story.

And I think it is bearing fruit, and I urge you not to let up, and I know you won't. So it is greatly appreciated on behalf of not just so many who suffer from across the city, but in particular the people I represent in Staten Island and Brooklyn.

Let me thank my colleagues, in particular Congresswoman Maloney, who have basically argued I think very effectively in our Congress to get the attention that it deserves to help those who have suffered.

We know that there were at least two sets of victims of September 11, 2001—the dramatic image of those who came with the burning building whose lives were destroyed, and we continue to mourn and honor their loss and memory. But there is another set of victims where their lives are broken, and I think that our country needs to do everything physically possible to make their lives more whole.

We forget sometimes that it was not the United States that was attacked but New York City. In fact, it was America that was attacked. It happened to be in New York City. And as a result, that attack on America requires, demands, and deserves an American commitment, an American response, to those who didn't ask any questions but rushed to the pile at Ground Zero, who helped out for months without hesitation at the Fresh Kills Landfill or other ports around the city, digging and participating in the rescue and recovery effort.

As they did not ask questions in an effort to save other lives and to help rebuild the city, our Congress should not be asking questions on how we are going to go about paying to help them rebuild their lives. We know over the last several years, and now substantiated with a report released this week, what many of us already know—that common sense, anecdotal, just observation, just reality, that people's lives have been taken away from them in many ways.

Young men and young women who had no problem running a mile in 6 minutes now have difficulty walking up a flight of stairs. We know from the fire department studies how they see young men constantly leaving way before their prime, because they can't continue to do the job that they love—helping to save and rescue others—because they can't take the risk of running into the burning building, physically and/or mentally.

We know that there are thousands of victims who continue to suffer and it will only get worse. We have learned to discover that while there have been attempts to help, it is insufficient. As Mrs. Maloney has indicated we were successful to obtain $125 million, $75 million for the first time to go to treatment from the Federal Government, but there needs to be more done.

With the appointment of Dr. Howard as the health coordinator, and now with Secretary Leavitt committing another task force, we know that action is needed and studies become less important, although important less important than the treatment action that will follow.

We know earlier this week that the mayor of the city of New York has, as he has done for the last several years, constantly reminded us how important it is not to forget the victims of September 11th. But let me clear: it should not be just borne by the city taxpayers or the State taxpayers. We need help from the Federal Government, which is why these hearings I think lend a hand.

As we go forward, I know there will be many who want to point fingers and look back and undo history. We can't. There will be many who want to say, "How come we didn't follow this advice or do this?" We can learn from that, but I think the responsible thing we need to do is everybody who responded to Ground Zero who is suffering today, we need to help them get their lives back.

We need to keep the Congress and the Federal Government at the table participating to the fullest extent possible, to complement the work of the city and the State government, as well as the nongovernmental organizations. And you have our commitment that we will not rest until that job is done.

Thank you, Mr. Chairman, for convening this. I look forward to hearing from not just the first panel but others as we continue to hear those stories of the untold victims of September 11th.

Mr. SHAYS. At this time, we would welcome Senator Clinton, but we will give her a chance to catch her breath, and we will go to Mr. Nadler. And, Mr. Nadler, thank you for all you do.

Mr. NADLER. Thank you, Mr. Chairman, and thank you for holding this hearing, and welcome to the 8th Congressional District.

Mr. Chairman, the barbaric attacks of September 11, 2001, posed a true test of our collective and individual characters. Unfortunately, the Federal, State, and city governments failed the test of September 11th.

The EPA told residents, workers, and school children that it was safe to return to the area, when clearly it was not, placing all these people in harm's way. In addition to outright deceptions, September 11th residents and workers have had to endure so-called "cleanup plans" that are totally lacking in scientific merit, and inexcusable delays that continue to endanger the health and lives of countless people.

Beginning just days after September 11th, with EPA Administrator Christie Todd Whitman's completely false statement, based on no empirical data, that the air is safe to breathe and the water is safe to drink, the EPA began systematically lying to the public about the safety of the environment. To this day we have still not had the comprehensive indoor testing and cleanup program that is so desperately needed to avoid thousands of more people being

slowly poisoned, and that the EPA's own Inspector General called for 3 years ago.

There is no doubt that people are sick from World Trade Center contamination. The most recent study to show this released by Mt. Sinai earlier this week found that 70 percent of the more than 9,000 first responders studied suffered health problems related to their work at Ground Zero. But this is not really news. We have known for years that people are sick.

In fact, this very subcommittee has been holding hearings on this topic since 2003. And while some funds have been appropriated for first responder monitoring and treatment, it is not a fraction of what is needed. It is a national disgrace that Hollywood has spent more money making and promoting a film on the World Trade Center than the Federal Government has set aside for the medical monitoring and treatment of our first responders—much less of the students, residents, workers, and tourists whose health was also assaulted.

The President talks about the war on terror. In an earlier war, President Lincoln spoke of society's obligation to "care for him who shall have borne the battle." One can only conclude that the Federal, State, and city governments have betrayed those who have borne the battle—the residents and workers caught in the plume on September 11th, or still working or living today in contaminated spaces, and the 40,000 first responders, the heroes of September 11th, who worked in a highly toxic environment for weeks and months without proper protection. Thousands of these people are now sick and are being shown the back of the hand when they seek medical or other assistance.

But events of the last few days show that the 5-year cover-up is finally rapidly breaking down. On Wednesday Governor Pataki finally admitted we were misled by the EPA. Yesterday Christie Todd Whitman and former officials of the Giuliani administration began pointing their fingers at each other. But we can sort out the blame—moral, political, probably criminal—later. The important thing now is to provide comprehensive medical treatment for all those exposed to World Trade Center contamination.

That is why yesterday I announced the introduction, along with a number of other co-sponsors, of the 9/11 Comprehensive Health Benefits Act, which would provide medical care to all those suffering adverse health impacts from September 11th in a sensible, easy-to-access and cost-effective manner through the Medicare system. This includes mental health benefits where necessary.

All costs—all costs—including premiums, deductibles, and copays related to September 11th-connected illnesses would be covered, and the benefits would provide total care. The bill authorizes the necessary funds to cover these costs, so as not to impair the solvency of the Medicare Trust Fund.

Under this bill, people will be able to use the long-established Medicare framework to see their own doctors, or practically any specialist they feel necessary, without having to navigate a bureaucracy designed to contest their claims.

The September 11th victims' frustrating experience with the adversarial bureaucracy of the State worker's compensation system has shown that we need a very different approach from one based

on worker's compensation. There is no time limit on Medicare, so people will be able to receive treatment 10 or 20 years down the line when people are no longer focused on this, should their symptoms persist. And people will be able to receive treatment when what I am afraid will be thousands of cases of asbestosis, mesothelioma, and lung and other cancers begin to emerge in the years ahead.

Medicare has a low overhead and administrative costs of only 2 percent. And since it already covers over 40 million people and routinely accepts approximately 2 million new people each year, it can easy absorb this new population which might eventually total 50,000 or 60,000 people.

There is no need to reinvent the wheel or create a new bureaucracy or force September 11th victims to wait until the Federal Government gets its act together. All we need to do is give the September 11th victims immediate access to Medicare, just as we do for millions of other people every year. My bill would do just that, and I hope that Republicans and Democrats in Congress, and the Bush administration, will support this approach.

The bill would also establish a federally funded consortium of institutions, practitioners, and community-based organizations with expertise in providing outreach, screening, monitoring, treatment, and research for September 11th-related health conditions, and a state-of-the-art clinical facility would be established in Lower Manhattan.

Recovering from September 11th is not simply a matter of building skyscrapers, transit hubs, and memorials. It is also about coping with the long-term health and environmental consequences of this unprecedented attack on American soil. The terrorists attacked the United States, and the City and State of New York should not be expected to shoulder the enormous financial burdens associated with providing essential health care. Not to mention the fact that the Federal Government is largely to blame for sending people back into contaminated spaces, and for not enforcing occupational safety and health laws at the World Trade Center site.

Until we adequately protect the health and safety of all those still at risk from the attacks of September 11th, we perpetuate and exacerbate the tragedy of that day. It would be truly a national disgrace if future historians are compelled to record that dishonest actions by the city and State and Federal Governments, followed by callous inaction by the Federal and local governments, ultimately were responsible for more deaths than was Osama bin Laden.

Thank you for this opportunity to address the committee, and I look forward to the witness testimony.

[The prepared statement of Hon. Jerrold Nadler follows:]

JUDICIARY COMMITTEE
SUBCOMMITTEES:
RANKING MEMBER
CONSTITUTION
COMMERCIAL AND ADMINISTRATIVE LAW

TRANSPORTATION AND INFRASTRUCTURE COMMITTEE
SUBCOMMITTEES:
HIGHWAYS AND TRANSIT
RAILROADS

ASSISTANT WHIP

Congress of the United States
House of Representatives
Washington, DC 20515

JERROLD NADLER
8TH DISTRICT, NEW YORK

REPLY TO:
WASHINGTON OFFICE:
2334 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5635

DISTRICT OFFICE:
201 VARICK STREET
SUITE 669
NEW YORK, NY 10014
(212) 367-7350

DISTRICT OFFICE:
445 NEPTUNE AVENUE
BROOKLYN, NY 11224
(718) 373-3198

Web: http://www.house.gov/nadler

Congressman Jerrold Nadler
Opening Statement
House Government Reform Committee
Field Hearing on 9/11 Health Impacts

September 8, 2006

Thank you, Mr. Chairman and welcome to the 8th Congressional District.

The barbaric attacks of September 11th, 2001 posed a true test of our collective and individual character. Unfortunately, the Federal, State, and City governments failed the test of 9/11.

No failure is more stark than that of the Environmental Protection Agency. Instead of leading the effort to respond to the environmental catastrophe of 9/11, the EPA told residents, workers and school children that it was safe to return to the area, when clearly it was not, placing these people in harm's way. In addition to outright deceptions, 9/11 residents and workers have had to endure so-called 'cleanup plans' that are totally lacking in scientific merit, and inexcusable delays that continue to endanger the health and lives of countless people.

Beginning just two days after 9/11, with EPA Administrator Christie Todd Whitman's completely false statement, based on NO empirical data, that "the air is safe to breath and the water is safe to drink," the EPA began systematically

misleading the public about the safety of the environment. To this day, we have still not had the comprehensive indoor testing and clean-up program that is so desperately needed, and that the EPA's own Inspector General called for three years ago.

There is no doubt that people are sick from World Trade Center contamination. Studies come out every few months that keep demonstrating that a majority of the people exposed to 9/11 dust and debris suffer severe adverse health effects. The most recent of these is the Mt. Sinai study released earlier this week, which found that 70% of the more than 9,000 first responders studied suffer health problems related to their work at Ground Zero. But this is not really news. We have known for years that people are sick. In fact, this very subcommittee has been holding hearings on this topic since 2003. And while some funds have been appropriated for first responder treatment, it is not a fraction of what is needed.

It is a national disgrace that Hollywood has spent more money making and promoting a film on the World Trade Center than the Federal government has set aside for the medical monitoring and treatment of our first responders - much less the students, residents, workers, and tourists whose health was affected.

The President keeps talking about the War on Terror. In an earlier war, President Lincoln spoke of society's obligation to "care for him who shall have borne the battle." One can only conclude that the Federal, State, and City governments have betrayed those "who have borne the battle" – the residents and workers caught in the plume on 9/11 or still working or living in contaminated spaces and the 40,000 first responders – the heroes of 9/11 - who worked in a

highly toxic environment for weeks and months without proper protection. Thousands of these people are now sick, and are being shown the back of the hand when they seek medical or other assistance.

But events of the last few days show that the five-year cover-up is finally and rapidly breaking down. Just yesterday, Governor Pataki admitted we were misled by the EPA. Today, Christie Todd Whitman and former officials of the Giuliani administration are pointing their fingers at each other. But we can sort out the blame – moral, political, perhaps criminal – later. The important thing now is to provide comprehensive medical treatment for all those exposed to World Trade Center contamination.

That is why yesterday, I announced the introduction of the 9/11 Comprehensive Health Benefits Act, which would provide medical care to all those suffering adverse health impacts from 9/11 in a sensible, easy-to access and cost-effective manner through the Medicare system. This includes mental health benefits where necessary.

All costs, including premiums, deductibles and co-pays, related to their 9/11-connected illnesses, would be covered and the benefits would provide total care. The bill authorizes the necessary funds to cover these costs so as not to impair the solvency of the Medicare Trust fund.

Under this bill, people will be able to use the long-established Medicare framework to see their own doctors, or practically any specialist they feel necessary, without having to navigate a bureaucracy designed to contest their

worker's comp claims. The 9/11 victims' frustrating experience with the adversarial bureaucracy of the state worker's comp system has shown that we need a very different approach. There is no time limit on Medicare, so people will be able to receive treatment 10 or 20 years down the line should their symptoms persist, or worse, should new ones emerge.

Medicare has a low overhead and administrative cost of only 2%, and since it already covers over 40 million people, and routinely accepts approximately 2 million new people each year, it can easily absorb this new population, which might eventually total 50,000 or 60,000 people. There is no need to reinvent the wheel or create a new bureaucracy, or force 9/11 victims to wait until the federal government gets its act together. All we need to do is give the 9/11 victims immediate access to Medicare, just as we do for millions of other people every year. My bill would do just that and I hope that the Republicans and Democrats in Congress, and the Bush Administration, will support this approach.

The 9/11 Comprehensive Health Benefits Act would also establish a federally-funded Consortium of institutions, practitioners, and community-based organizations with expertise in providing outreach, screening, screening, monitoring, treatment, and research for 9/11-related health conditions. A state-of-the-art clinical facility would also be established in Lower Manhattan.

Recovering from 9/11 is not simply a matter of building skyscrapers, transit hubs, and memorials, it is also about coping with the long-term health and environmental consequences of this unprecedented attack on American soil. The terrorists attacked the United States, and the City and State of New York should

not be expected to shoulder the enormous financial burdens associated with providing essential health care. Not to mention the fact that the Federal Government is largely to blame for sending people back into contaminated spaces, and for not enforcing occupational safety and health laws at the World Trade Center site.

Until we adequately protect the health and safety of all those still at risk from the attacks of 9/11, we perpetuate and exacerbate the tragedy of that day. It would be a disgrace if future historians are compelled to record that dishonest actions followed by callous inaction by the Federal and local governments ultimately were responsible for more deaths than was Osama bin Laden.

Thank you for this opportunity to address the committee and I look forward to the witness' testimony.

Mr. SHAYS. I thank the gentleman very much. I am torn between whether I recognize a future President or a future mayor of this city, but I think protocol will lead me to recognize our Senator, and to thank you, Senator Clinton, for all that you do and your concern about this issue. And thank you for honoring this House committee with your presence.

Senator CLINTON. Thank you, Congressman, but I am not running for mayor. [Laughter.]

I want to thank my colleagues in the House of Representatives, Congressman Shays, Congresswoman Maloney, Congressman Fossella, Congressman Nadler, and Congressman Weiner. They have been part of our bipartisan New York regional team to bring this issue to public attention and to work until we obtain support for those who are suffering the consequences of their exposures to the toxic stew at the World Trade Center site and at Fresh Kills.

I also want to thank Lillian Roberts, Executive Director of DC 37, for welcoming us to your home, all the labor leaders who are here who have been absolutely instrumental in pursuing this struggle to get attention to the needs of so many thousands of responders, workers, volunteers, and residents, and all of the people who have been directly affected, those who did respond, those who worked, those who live, those who volunteered. Thank you for being here and being part of this important hearing.

I also want to recognize and thank some of the people with whom I have worked on this for now nearly 5 years. I see Dr. Carrie Kelly, Dr. David Prezant in the audience. They were among the very first to sound the alarm on behalf of the fire department, the firefighters, and fire officers. I will never forget Dr. Kelly's extraordinarily vivid testimony before a committee in the Senate on which I sat within weeks of September 11th about what the physical and mental challenges and stresses confronting the firefighters would be going forward because of their experiences.

I also want to thank Dr. Robin Herbert and Dr. Steven Levin who were among the very first to take up this cause, working out of Mt. Sinai to try to help create a system to conduct the monitoring and screening that would give us the evidence that we needed to support what we could see, feel, smell, and taste ourselves, that what happened with the collapse of the buildings, with the implosion and sending into the atmosphere the pulverized concrete, the minuscule glass shards, the asbestos particles, and so much else, was going to impact over many years the health and well being of thousands and thousands of men and women.

We are about to have the fifth anniversary of this horrible event, and we will rightly recognize and honor the sacrifice and commitment of our first responders who conducted the greatest rescue mission in the history of the world. It is not in any way an overstatement to suggest that probably 25,000 people's lives were saved because we had brave men and women who went into danger on behalf of others.

It is also going to be a time for us to take stock in our country as to what lessons we have learned, what work we are doing to ensure our safety going forward, and whether we are honoring our commitments to those who were affected, directly and directly, by the events of September 11th.

The work that commenced from the very moment the first plane hit was hazardous and different. And for as long as 9 months, you had first responders, trade and construction workers, and others who were working amidst the dust and the fog and the smog, a toxic mix of debris, smoke, and chemicals.

From the very first visit that I made, within 24 hours of the attacks, I met people who were emerging from that dark curtain of hell covered with the results of the collapse of the buildings. Standing there with other public officials I could feel and smell what they were working in. It was clear to us that these were not healthy working conditions and that the air was not safe to breathe.

Unfortunately, different assurances were provided, and there wasn't a concerted effort to try to convince obviously committed workers on that pile to where whatever respiratory protective devices were available.

Starting in October 2001 I began, with the support of people like those whom I have mentioned, along with Dr. Phil Landergen, one of the Nation's experts in the environmental impacts of various working conditions and exposures on people's health, to agitate for a program to monitor and screen those who had been exposed, and to make sure that the fire department had the resources it needed to conduct its own monitoring and screening, which was fully appropriate because they had the information available from before September 11th that they could compare to post-September 11th health conditions.

I was very grateful that we were able to secure $12 million in December 2001 to establish the World Trade Center Worker and Volunteer Medical Screening Program at Mt. Sinai. When it was obvious that money was woefully inadequate, we all worked together to get an additional $90 million to expand the number of workers and volunteers who were eligible.

This week the report was released, and it confirmed our worst fears, and it confirmed an earlier report from the fire department's study that also confirmed our worst fears. Thousands, I would say tens of thousands, of first responders, workers, volunteers, and residents have experienced mental and medical health problems. You know the litany all too well—asthma, bronchitis, persistent sinusitis, laryngitis—and for these individuals their illnesses are a constant reminder of that terrible day and of the days and weeks and months later.

But so many had much more serious illnesses develop, and we are only beginning to understand the extent of those. You will hear from some witnesses on the first panel who will tell their stories or the stories of their loved ones. And the prayers and love and compassion that were offered in the wake of September 11th were a wonderful tribute to our spirit and our resilience, but it is not enough.

It is not enough to say we stand with our police officers or our firefighters or our iron workers or our laborers or anyone else. Words at this point, nearly 5 years later, are really inadequate. That is why we must stand up for and obtain the support and the resources required to treat those who are suffering.

I was proud to work with DC 37 and others who formed a coalition to fight to get the resources we thought we needed. We secured money, more than $100 million, for medical screening and health monitoring, and then there was a dispute over the money, the $125 million all together. We made an allocation, $50 million for workers comp claims related to the September 11th attacks, and $75 million for long-term medical and mental health needs.

Just yesterday the group before you, along with some other of our colleagues, met with Secretary Leavitt. He made a commitment to us that the $75 million which has been sitting in the Federal treasury that has been designated to get out to help people will finally be delivered. And we are going to hold him to that promise. We have heard these promises before. If promises counted for anything, everybody would be taken care of by now, because we have had more than our fill of them.

And we have to make sure that this time the money is delivered, and I want to thank Dr. John Howard, who was put into the position of helping to move this along at the Federal level, given no staff, no budget, and he, despite some considerable obstacles, has been a real support to those of us waging this struggle.

So we hope out of this hearing will come a greater awareness even than we have now, a greater commitment than we have had until now, and an absolute rock-solid decision that we are going to get the help we need from all levels of government for everyone who requires it.

There is nothing we can do to turn the clock back. There is nothing we can say to comfort those who have lost loved ones. And there is very little we can say to healthy young men and women who on September 10th 5 years ago were running marathons and lifting weights and just feeling full of vigor and vitality who today can hardly breathe.

But one thing I know for certain is that we cannot rest until we put into place a system to take care of every single person who was affected by September 11th. And I thank my colleagues, and I particularly thank the witnesses and all of those who have worked so hard to make the progress on this important issue for what we have done up until now, but let us keep going, because we have a long way to go, we have miles to go and promises to keep.

Thank you very much.

Mr. SHAYS. Thank you very much, Senator. And at this time we will have Mr. Weiner be our closer, and to thank him for his patience and to thank him for all his good work on this issue over so many years.

And then, we will get to our witnesses, and I will just say to our witnesses, this is part of the process of members going on the record beforehand, your listening to the comments we are making and, of course, hearing what we are saying may want to include in your comments, references that you agree or disagree with comments that were made by us.

So at this time, Mr. Weiner, thank you so much for being here.

Mr. WEINER. Thank you very much, Mr. Chairman, and I won't take the full time allotted. So much of the foundation has been laid, and we are eager to hear from the witnesses. I want to thank

you for continuing to do what I think we haven't done enough of in this process, and that is vigorous oversight.

It is customary to call hearings like this fact-finding hearings. But, in fact, the facts have largely been established. It is a fact that thousands of New Yorkers, in fact thousands of citizens from the entire country, rushed to Ground Zero to rescue, to recover, and to help honor those who were the targets of this attack. We are joined in the room by Secretary—by Commissioner Scoppetta of the fire department, 343 were lost that day, many of those in my district.

It is also now a fact that thousands of people are sick, getting sicker, and tragically dying for the service that they gave to their country and to their neighbors. This is not speculation. This is not an anecdote from a neighbor. These are now the facts as we have seen this week.

It is also, I would say, a fact that it is the Federal Government's responsibility, both for the sickness that they are experiencing and to help them recover. Former Secretary Whitman we learned yesterday is engaged in a Herculean effort in behind-covering about her actions. It has now become a fact that Secretary Whitman has lied.

She either was telling the truth on September 12, 2001, September 14, 2001, September 16, 2001, September 18, 2001, when she repeatedly told the public, told those that were down at the rubble, told members of government, told average citizens that it was safe to be there, or, alternatively, she is lying on September 7, 2006, when she said that she knew better.

Either way we know that the Secretary of the Environmental Protection Agency, whose job it was on that day, was not to rush into a burning building like the heroic firefighters, was not to help dig out their neighbors and friends from the rubble, her job was to answer a simple question: is it safe down there? And she didn't say it once, she didn't say it twice, she said it at least four times, including at least twice after evidence had emerged within our own agency, that led all of us to know, and especially her to know, that what she was saying was not true.

Now to reveal after the fact, 5 years later, as her contribution to honoring those lost, to her contribution to furthering the discussion about how it is we make those people whole who are sick and dying, her contribution was today that she whispered into the ear of government officials, "Oh, by the way, disregard what I have said publicly, disregard what I have said repeatedly, I am telling you, it might not be so safe."

She was either lying then, or she is lying today. Either way it is a scandal, and I believe it might be criminal.

So now that we have established those facts we need to focus on what we are going to do about it. The studies have ben done, the facts are clear, now, how do we act? Congressman Nadler has suggested we fold these workers into Medicare. That is an excellent idea. It allows us to act quickly with an established infrastructure.

The Daily News and Congresswoman Maloney and others have suggested we create a compensation fund similar to that we did in the Feinberg Commission. This time we have to recognize having a one- or 2-year statute of limitations is simply not going to work. Tragically, there are people who are walking around today who

might feel healthy, who may find out in 6 months or a year or 5 years that they are not, but the fact is, the final fact is, that we have to act soon.

The President, Secretary of Health, met with us yesterday and say they are putting in the A team. We are gratified for that, but it is not enough just to say we are going to do $75 million. We have to make a commitment that we are going to make those people who are sick—as much as we can we have to honor what they have done. That is the fact.

And I yield back the balance of my time.

Mr. SHAYS. I thank the gentleman. At this time I—before recognizing the witnesses, I want to just thank District Council 37 for allowing us to conduct our oversight hearing in their auditorium. Ms. Lillian Roberts, Executive Director of DC 37, as well as her staff, have provided the subcommittee with all of the resources and tools necessary to conduct this field hearing, and their help has been very, very, very appreciated.

At this time I do want to recognize the witnesses. I need to swear our witnesses in, so I will wait until we have all our witnesses here. But I recognize Ms. Cynthia Bascetta, Director, Health Care, Government Accountability Office; Mr. Joseph Zadroga, Little Egg Harbor Township, NJ; Mr. Steven Centore, Flanders, NY; Ms. Lea Geronimo, New York, NY; and Sergeant Lawrence Provost, from Virginia Beach, VA.

I will—I am going to do what I don't usually do and just have you, Ms. Bascetta, start your testimony before you are sworn in. But when we have all our witnesses, I will be swearing all our witnesses in at the same time. So we will start with you.

STATEMENTS OF CYNTHIA BASCETTA, DIRECTOR, HEALTH CARE, GOVERNMENT ACCOUNTABILITY OFFICE; JOSEPH ZADROGA, LITTLE EGG HARBOR TOWNSHIP, NJ; STEVEN CENTORE, FLANDERS, NY; LEA GERONIMO, NEW YORK, NY; AND LAWRENCE PROVOST, VIRGINIA BEACH, VA

STATEMENT OF CYNTHIA BASCETTA

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

Mr. SHAYS. Here is what I am going to—these are the kind of mics that singers tend to use. They have to be a little closer to you.

Ms. BASCETTA. How is that?

Mr. SHAYS. Yes, that is better. I am sorry. They are not the ones that you can keep further away.

Ms. BASCETTA. OK. I am pleased to participate in this hearing on programs that monitor and provide treatment for people whose health was adversely affected by the September 11 attack on the World Trade Center. Our work for you has focused on the estimated 40,000 responders, who include New York City firefighters and police officers, Federal Government personnel, and other government and private sector workers and volunteers from New York, and many other areas, who risked their lives to help in the rescue response and cleanup operations.

Ongoing studies of the health effects experienced by these responders documents the serious long-term physical and mental

health toll resulting from their heroic efforts. The results of the Mt. Sinai study published yesterday are especially sobering.

This February we testified that officials from the fire department, the worker and volunteer program, and the registry were concerned that Federal funding may run out before monitoring could identify all long-term health problems. We also reported that the program for Federal responders had accomplished little and lagged behind programs for other responders.

In revisiting these issues today, I will discuss actions CDC has taken to award $75 million appropriated to it in December 2005 to support responder programs. As you've noted, this appropriation provided the first Federal dollars for treatment in addition to continued support for screening and monitoring.

But first I will update you on the status of HHS's Federal responder program. Since it began, HHS has registered more than 1,700 Federal responders. About 1,400 of the total have been registered since your February hearing, including about 1,100 current Federal workers and 250 former Federal workers.

Unfortunately, we don't know the percentage of Federal responders this represents, because the total remains uncertain. For those registered, Federal occupational health have completed screening examinations for just over 900 by late August, 380 of them since February. The worker and volunteer program is now screening former Federal workers under an agreement with NIOSH, and as of July 31st had provided exams for about 13 former Federal workers and scheduled 11 more. Most of the former Federal workers reside outside the New York Metro area, but NIOSH has not yet completed making arrangements with providers to screen and provide treatment for them.

Turning to the appropriations, the law gave priority for funding to the existing programs that provide screening, monitoring, and treatment services. So far, as you have noted, CDC has awarded less than $5 million, beginning with $2 million for the registry. A few weeks ago in August CDC made two emergency awards, $1½ million to the fire department for leasing treatment space, and $1.1 million to the worker and volunteer program to hire administrators and a medical assistant, as well as an additional physician to help reduce the 3 to 4-month waiting time that recently developed at the Mt. Sinai Clinical Center.

The waiting time was caused by a spike in people seeking monitoring who had seen media reports about illnesses and responders, and notably because the proportion of responders who needed to be referred for treatment had increased. CDC also expects to award a total of $4½ million this month to the POPA program and Project Hope to help meet the mental health needs of responders.

CDC's proposed spending plan shows that the bulk of the funds, more than $50 million, will be awarded to the fire department and the worker and volunteer programs. Until yesterday CDC had not expected to make awards until February 2007 after it had reached certain decisions about the coverage of treatment services such as which prescription drugs would be covered.

The proposed spending plan showed that about 63 percent of the funds would have been awarded in fiscal year 2008. During the course of our work this summer it became clear that CDC did not

know how quickly treatment costs may deplete the available funds, but the fire department and the worker and volunteer program officials told us that they expected that the funds would be depleted well before the end of 2008.

In summary, the results of the study released yesterday suggest an upward trend in the costs for responders due to the chronic nature of the health effects they sustained in the aftermath of the September 11th attack. CDC has proposed a plan to award the $75 million appropriation it received last year, but it still hasn't made decisions about what treatment services will be covered by Federal funds.

Moreover, responders who live outside the New York City area, including former Federal workers, continue to have limited access to services, because screening arrangements for them are still incomplete. Resolving these issues in a timely manner is critical, so that the funds appropriated will be available to help ensure that the responders who risked their lives have access to the treatment services they need.

That concludes my comments.

[The prepared statement of Ms. Bascetta follows:]

United States Government Accountability Office

GAO

Testimony

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

For Release on Delivery
Expected at 10:30 a.m. EDT
in New York, New York,
Friday, September 8, 2006

SEPTEMBER 11

HHS Has Screened Additional Federal Responders for World Trade Center Health Effects, but Plans for Awarding Funds for Treatment Are Incomplete

Statement of Cynthia A. Bascetta
Director, Health Care

GAO-06-1092T

September 8, 2006

GAO
Accountability · Integrity · Reliability

Highlights

Highlights of GAO-06-1092T, a testimony before the Subcommittee on National Security, Emerging Threats, and International Relations, Committee on Government Reform, House of Representatives

SEPTEMBER 11

HHS Has Screened Additional Federal Responders for World Trade Center Health Effects, but Plans for Awarding Funds for Treatment Are Incomplete

Why GAO Did This Study

Responders to the World Trade Center (WTC) attack—individuals involved in rescue, recovery, or cleanup—included New York City Fire Department (FDNY) personnel, federal government workers, and others from New York and elsewhere. They were exposed to numerous hazards, and concerns remain about the long-term effects on their physical and mental health.

In February 2006, GAO testified that four of the five key federally funded programs that were monitoring health effects in responders had made progress but that the Department of Health and Human Services' (HHS) WTC Federal Responder Screening Program, implemented by the Office of Public Health Emergency Preparedness (OPHEP), lagged behind (GAO-06-481T). GAO also reported that the Congress appropriated $75 million in December 2005 to HHS's Centers for Disease Control and Prevention (CDC) for monitoring and treatment for responders and that CDC was deciding how to allocate the funds.

This statement updates GAO's February 2006 testimony. GAO examined (1) progress made by HHS's WTC federal responder program and (2) actions CDC has taken to award the $75 million appropriated. GAO reviewed program documents and interviewed HHS officials and others involved in WTC monitoring and treatment programs.

www.gao.gov/cgi-bin/getrpt?GAO-06-1092T.

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

What GAO Found

The WTC federal responder program has registered and screened additional federal responders since February 2006, and arrangements are being developed to screen responders who are former federal workers residing outside the New York area. An additional 1,385 federal responders have registered for screening, including 1,134 current federal workers and 251 former federal workers, bringing the total number registered as of late August 2006 to 1,762, including 283 former federal workers. Because the total number of federal responders is uncertain, the proportion of the total who have registered is unknown. As of late August 2006, Federal Occupational Health Services (FOH) had completed screening of 907 federal workers, 380 of whom were screened since February 2006. Under an OPHEP agreement with CDC's National Institute for Occupational Safety and Health (NIOSH), former federal workers are being screened through the worker and volunteer WTC program, one of the five key federally funded programs. As of July 31, 2006, the worker and volunteer WTC program provided screenings to 13 former federal workers and scheduled 11 more, and 139 former workers had been screened by FOH as part of the 907 workers. Most of the former federal workers reside outside the New York area, where the worker and volunteer WTC program is located, and NIOSH is working to establish a national network of providers to screen these workers.

CDC has awarded a small portion of the $75 million appropriated for screening, monitoring, and treatment and plans to make decisions about treatment coverage before awarding most of the funds. The agency plans to award the $75 million to the five organizations that the law identified as having priority for funding. CDC officials expect to make awards to the WTC Health Registry, the Police Organization Providing Peer Assistance (the POPPA program), and the New York City Police Foundation's Project COPE over a 3-year period and to award funds to the FDNY WTC and worker and volunteer WTC programs in response to the treatment costs they incur. CDC officials have a proposed spending plan that allocates about $53.5 million for the latter two programs' treatment costs, but the officials told GAO that because they are uncertain about how quickly treatment costs could deplete the available funds, they may need to make adjustments. Officials from the FDNY WTC and worker and volunteer WTC programs told GAO that they anticipated that their estimated portion of the funds would be depleted well before the end of 3 years. As of August 2006, CDC awarded about $4.5 million of the $75 million: about $1.9 million to the WTC Health Registry, $1.5 million to the FDNY WTC program, and almost $1.1 million to the worker and volunteer WTC program. In addition, CDC expects to award $1.5 million to the POPPA program and $3 million to Project COPE in September 2006. CDC is waiting to make further awards until it has reached certain decisions about the coverage of treatment services, such as which prescription drugs would be covered. CDC expects to begin making further awards around February 2007.

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me to participate in today's hearing on programs that monitor and provide treatment for health effects of the World Trade Center (WTC) terrorist attack on September 11, 2001.[1] My testimony today updates information we reported to you in February 2006.[2] An estimated 40,000 people served as responders in the aftermath of the WTC disaster, including New York City Fire Department (FDNY) personnel, federal government personnel, and other government and private-sector workers and volunteers from New York and elsewhere. By responders we are referring to anyone involved in rescue, recovery, or cleanup activities at or near the vicinity of the WTC or Staten Island site.[3] These responders were exposed to numerous physical hazards, environmental toxins, and psychological trauma. Five years after the destruction of the WTC buildings, concerns remain about the long-term physical and mental health effects of the attack on responders as well as other affected individuals, including residents and workers.

As we testified in September 2004,[4] in the aftermath of the WTC attack, five key federally funded programs were implemented to assess the short-term, and in some cases long-term, effects on the physical and mental health of WTC responders. These programs are the FDNY WTC Medical Monitoring Program; WTC Medical Monitoring Program, which we refer to as the worker and volunteer WTC program;[5] New York State responder screening program; WTC Health Registry;[6] and the Department of Health and Human Services' (HHS) WTC Federal Responder Screening Program.

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

[2]GAO, *September 11: Monitoring of World Trade Center Health Effects Has Progressed, but Program for Federal Responders Lags Behind*, GAO-06-481T (Washington, D.C.: Feb. 28, 2006). See also GAO, *September 11: Monitoring of World Trade Center Health Effects Has Progressed, but Not for Federal Responders*, GAO-05-1020T (Washington, D.C.: Sept. 10, 2005).

[3]The Staten Island site is the landfill that is the off-site location of the WTC recovery operation.

[4]GAO, *September 11: Health Effects in the Aftermath of the World Trade Center Attack*, GAO-04-1068T (Washington, D.C.: Sept. 8, 2004).

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

[6]The WTC Health Registry also includes residents and other workers affected by the attack.

We provided information on the progress of these monitoring programs[7] in our February 2006 testimony.[8] We noted that federal employees who responded in an official capacity in the aftermath of the WTC attack were eligible only for the federal responder program but that it had accomplished little and lagged behind the other four programs. The other programs had provided thousands of health screenings and collected information that could contribute to better understanding of the health consequences of the attack and improve treatment for affected individuals. Officials of the three programs that planned to conduct long-term health monitoring—the FDNY WTC program, the worker and volunteer WTC program, and the WTC Health Registry—told us they were concerned, however, that federal funding for their programs could end before sufficient monitoring occurred to identify all long-term health problems related to the WTC attack, some of which, such as cancer, might not appear until decades after exposure to a harmful agent.[9] We also reported that HHS's Centers for Disease Control and Prevention (CDC) had recently received a $75 million appropriation to fund programs providing health screening, long-term monitoring, and treatment for WTC responders and was deciding how to allocate those funds.[10]

My testimony today revisits these issues. I will discuss (1) progress made by HHS's WTC Federal Responder Screening Program, and (2) actions CDC has taken to award the $75 million that the Congress appropriated to the agency in December 2005 for programs that provide screening, monitoring, or treatment for WTC responders.

To assess progress made by HHS's WTC Federal Responder Screening Program, we obtained and reviewed program data and documents from HHS, including applicable interagency agreements and budget documents. We interviewed officials from the Agency for Toxic Substances and Disease Registry (ATSDR); CDC's National Institute for Occupational

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

[8]GAO-06-481T.

[9]At that time, funding for the FDNY WTC and worker and volunteer WTC programs was available through mid-2009, and funding for the WTC Health Registry was available through April 29, 2008.

[10]See Department of Defense Appropriations Act, 2006, Pub. L. No. 109-148, §5011 (b), 119 Stat. 2680, 2814 (2005). These funds are available to CDC until expended.

Safety and Health (NIOSH); Federal Occupational Health Services (FOH);[11] and the Office of Public Health Emergency Preparedness (OPHEP). To determine actions taken by CDC to award funds from the $75 million appropriated, we obtained documents and interviewed officials from NIOSH and ATSDR. We also interviewed officials from organizations implementing programs designated in the appropriations act as having first priority for receiving the funds—including the Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine, one of the clinical centers of the worker and volunteer WTC program; FDNY's Bureau of Health Services (FDNY-BHS); the New York City Department of Health and Mental Hygiene; the Police Organization Providing Peer Assistance (the POPPA program); and the New York City Police Foundation's Project COPE—and officials from the American Red Cross, which has funded treatment services for responders. We relied on data provided by agency officials and contained in government publications and did not independently verify the data we obtained. Although we could not independently verify the reliability of all of this information, we compared it with other supporting documents, when available, to determine data consistency and reasonableness. Based on these efforts, we believe the information we obtained is sufficiently reliable for this report. We conducted our work from July 2006 to September 2006 in accordance with generally accepted government auditing standards.

In summary, since February 2006, HHS has registered and screened additional federal responders, and arrangements are being developed for screening responders who are former federal workers residing outside the New York metropolitan area. An additional 1,385 federal responders have registered for screening examinations, including 1,134 current federal workers and 251 former federal workers, bringing the total number registered on the WTC Federal Responder Screening Program Web site as of late August 2006 to 1,762, including 283 former federal workers. Because the total number of federal responders involved in the WTC disaster is uncertain, it is not possible to determine what proportion of the total number of federal responders have registered. As of late August 2006, FOH had completed screening examinations for a total of 907 federal workers; 380 of the 907 were screened since February 2006. Under an OPHEP agreement with NIOSH, screening examinations for former federal workers are to be provided through the worker and volunteer WTC program. As of July 31, 2006, the worker and volunteer WTC program

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

provided screening examinations to 13 former federal workers and scheduled 11 more. Most of the former federal workers reside outside the New York metropolitan area, where the worker and volunteer WTC program is located, and NIOSH is working to establish a national network of providers to screen these workers.

CDC plans to award the $75 million appropriated for screening, monitoring, and treatment to the five organizations that the law identified as having priority for funding. CDC officials expect to make awards to the WTC Health Registry, Project COPE, and the POPPA program over a 3-year period and to award funds to the FDNY WTC and worker and volunteer WTC programs in response to their treatment costs. CDC officials have a proposed spending plan that allocates about $53.5 million for the latter two programs' treatment costs, but the officials told us that because they are uncertain about how quickly treatment costs could deplete the available funds, they may need to make adjustments. Officials from the FDNY WTC and worker and volunteer WTC programs told us that they expected that their estimated portion of the appropriated funds would be depleted well before the end of 3 years. As of August 2006, CDC awarded about $4.5 million of the $75 million. The agency awarded about $1.9 million to the WTC Health Registry, $1.5 million to the FDNY WTC program, and almost $1.1 million to the worker and volunteer WTC program. In addition, CDC expects to award $1.5 million to the POPPA program and $3 million to Project COPE in September 2006. CDC is waiting to make further awards until it has reached certain decisions about the coverage of treatment services, such as which prescription drugs would be covered in the FDNY WTC and worker and volunteer WTC programs. CDC expects to begin making further awards around February 2007.

Background

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

agencies and private organizations as well as other workers and volunteers, were also exposed.[12]

Health Effects

A wide variety of physical and mental health effects have been observed and reported among people who were involved in rescue, recovery, and cleanup operations and among those who lived and worked in the vicinity of the WTC.[13] Many health effects have persisted or worsened over time.

Physical health effects included injuries and respiratory conditions, such as sinusitis, asthma, and a new syndrome called WTC cough, which consists of persistent coughing accompanied by severe respiratory symptoms. Almost all firefighters who responded to the attack experienced respiratory effects, including WTC cough. A recent study suggested that exposed firefighters on average experienced a decline in lung function equivalent to that which would be produced by 12 years of aging.[14]

Commonly reported mental health effects among responders and other affected individuals included symptoms associated with posttraumatic stress disorder—an often debilitating disorder that can develop after a person experiences or witnesses a traumatic event, and which may not develop for months or years after the event. Behavioral effects such as alcohol and tobacco use and difficulty coping with daily responsibilities have also been reported.

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

[13]See, for example, CDC, "Mental Health Status of World Trade Center Rescue and Recovery Workers and Volunteers—New York City, July 2002-August 2004," *Morbidity and Mortality Weekly Report*, vol. 53 (2004); CDC, "Physical Health Status of World Trade Center Rescue and Recovery Workers and Volunteers—New York City, July 2002-August 2004," *Morbidity and Mortality Weekly Report*, vol. 53 (2004); CDC, "Surveillance for World Trade Center Disaster Health Effects among Survivors of Collapsed and Damaged Buildings," *Morbidity and Mortality Weekly Report*, vol. 55 (2006); and G.I. Banauch et al., "Pulmonary Function after Exposure to the World Trade Center in the New York City Fire Department," *American Journal of Respiratory and Critical Care Medicine*, vol. 174, no. 3 (2006).

[14]Banauch et al., "Pulmonary Function," vol. 174, no. 3 (2006).

Monitoring Programs

The five programs that were created for monitoring the health of WTC responders vary in aspects such as the implementing agency (i.e., federal, state, or local governments or private organizations) and eligibility requirements. (See table 1.) Each program received federal funding, the majority of which was provided by the Department of Homeland Security's Federal Emergency Management Agency (FEMA),[15] as part of the approximately $8.8 billion in federal assistance that the Congress appropriated to FEMA for response and recovery activities after the WTC disaster.[16] FEMA is authorized to use a portion of its WTC-related funding for screening and long-term monitoring of responders.[17] With regard to treatment, however, FEMA may generally fund only short-term care after a disaster, such as emergency medical services, and not ongoing clinical treatment.[18] FEMA entered into interagency agreements with HHS to fund most of the health monitoring programs. OPHEP, which coordinates and directs HHS's emergency preparedness and response program, entered into separate interagency agreements with FOH to implement the federal responder screening program for current federal workers and with NIOSH to implement the screening program for former federal workers.

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

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

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

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

Table 1: Key Federally Funded WTC Health Monitoring Programs

Program	Implementing agency or organization	Eligible population	Completed monitoring activities, as reported by GAO in September 2005[a]	Federal funding
FDNY WTC Medical Monitoring Program[b]	FDNY Bureau of Health Services (FDNY-BHS)	Firefighters and emergency medical technicians	Through June 2005, 15,284 firefighters and emergency medical technicians received screening examinations, and 522 of these participants completed a follow-up examination.	$4.8 million was provided beginning in October 2001 for initial program; additional $25 million is available through June 2009.
WTC Medical Monitoring Program (worker and volunteer WTC program)[b]	Five clinical centers, one of which, the Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine, also serves as a data and coordination center[c]	Rescue and recovery workers and volunteers,[d] excluding NYC firefighters and emergency medical technicians	Through June 2005, 14,110 people received screening examinations, and 1,699 of these participants completed a follow-up examination.	$15.9 million was provided for initial program;[e] additional $56 million is available through July 2009.
New York State responder screening program[f]	New York State Department of Health	New York State employees and National Guard personnel who responded to the WTC attack in an official capacity	As of November 2003, 1,677 employees and National Guard personnel received screening examinations.	$2.4 million was provided in January 2002 and is available through mid-January 2007.[g]
WTC Health Registry[h]	NYC Department of Health and Mental Hygiene	Responders and people living or attending school in the area of the WTC, or working or present in the vicinity on September 11, 2001[i]	As of November 2004, the program completed baseline data collection through interviews with the 71,437 people who enrolled in the registry;[j] in 2005, the program updated contact information obtained at the time of enrollment.	$20 million was provided beginning in July 2002,[k] and as of September 2005, additional funding of about $3 million had been provided.[l]
WTC Federal Responder Screening Program	HHS Office of Public Health and Emergency Preparedness (OPHEP); Federal Occupational Health (FOH) Services; and CDC's National Institute for Occupational Safety and Health (NIOSH)	Federal workers who responded to the WTC attack in an official capacity[m]	From June 2003 through March 2004, 394 screening examinations were completed. When the program resumed in December 2005, an additional 133 examinations were completed as of early February 2006.	$3.74 million was provided beginning in March 2003 and is available through December 2006.

Source: GAO analysis of information from ATSDR, FDNY, Mount Sinai, National Center for Environmental Health, New York City Department of Health and Mental Hygiene, New York State Department of Health, and NIOSH. Some of the information in this table originally appeared as tables 1 and 2 in GAO-06-481T.

[a]GAO-05-1020T. The monitoring activities completed by the WTC Federal Responder Screening Program are as reported by GAO in February 2006 (GAO-06-481T). The monitoring methods used by all programs except the WTC Health Registry consist of screening examinations that include a medical questionnaire and physical examination; the Registry's monitoring method is a telephone-based health and exposure interview.

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

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

[j]The worker and volunteer WTC program excludes NYC firefighters and emergency medical technicians, as they are eligible for FDNY's program. The program initially excluded responders who were paid as New York State employees for their WTC work and were eligible for the New York State responder screening program. That program ended its screening examinations in November 2003, and as of February 2004, New York State responders became eligible for the worker and volunteer WTC program. Beginning in February 2005, former federal workers enrolled in the HHS WTC Federal Responder Screening Program were eligible to be screened in the worker and volunteer WTC program.

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

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

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

[n]The registry includes health and exposure information obtained through interviews with participants and was designed to track participants' health for 20 years and to provide data on the long-term health consequences of the WTC attack.

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

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

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

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

[s]Screening examinations for current federal workers are provided by FOH under an agreement with OPHEP. Screening examinations for former federal workers are provided by NIOSH through the worker and volunteer WTC program.

We reported in February 2006 that four of the five monitoring programs had made progress in screening and monitoring affected individuals and gathering data.[19] (See table 1.) These four programs—the FDNY WTC Medical Monitoring Program, the worker and volunteer WTC program, the New York State responder screening program, and the WTC Health Registry—had collected information that monitoring officials said could be used by researchers to help better understand the health consequences

[19]GAO-06-481T.

of the attack and improve treatment, such as by identifying which types of treatment are effective for specific conditions. In contrast to the progress made by the other programs, the HHS WTC Federal Responder Screening Program had lagged behind and accomplished little.[20] The program was established to provide free voluntary medical screening examinations for federal workers[21] whom their agencies sent to respond to the WTC disaster from September 11, 2001, through September 10, 2002,[22] and who were not eligible for any other WTC health monitoring program.[23] Through March 2004, the program—which started about a year later than the other WTC monitoring programs—completed screenings of 394 federal workers.[24] HHS put the program on hold in January 2004, when it stopped scheduling new examinations, because it wanted to resolve several operational issues, including HHS's determination that FOH did not have the authority to provide examinations to people who are no longer in federal service. Under an agreement between OPHEP and FOH that was established in July 2005, the program resumed providing examinations for current federal workers in December 2005, and in February 2006, OPHEP executed an agreement with NIOSH calling for NIOSH to arrange for the worker and volunteer WTC program to provide examinations to former federal workers.

[20]GAO-06-481T.

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

[22]In addition to the federal responder program, we identified three other, smaller-scale programs that were implemented by two federal agencies to assess the health of their own employees who responded in the aftermath of the WTC attack. The Army established two screening programs—one specifically for Army Corps of Engineers personnel and one that was designed as a voluntary medical screening for Army military and civilian personnel, including contractors. As of August 2004, 92 Corps of Engineers employees had participated in the first program, with 40 receiving follow-up examinations, and 162 employees had completed and returned questionnaires in the second program. In the third program, 88 employees of the U.S. Marshals Service, within the Department of Justice, had obtained a one-time assessment including a screening questionnaire and a medical examination as of August 2005.

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

[24]We testified in February 2006 that OPHEP entered into an agreement with FOH in April 2003 to provide screening examinations for federal workers who had responded to the WTC disaster and that these examinations began in June 2003.

Many participants in the monitoring programs required additional testing or needed treatment for health problems that were identified during screening examinations. The FDNY WTC Medical Monitoring Program referred participants to the FDNY Bureau of Health Services, but the other programs primarily referred participants to their primary care physician or to privately funded programs available to responders, such as treatment services provided by the Mount Sinai clinical center that are funded by the American Red Cross. We previously reported that officials told us that finding treatment services for such participants was an important, but challenging, part of the programs' responsibility.[25] For example, officials from the worker and volunteer WTC program stated that identifying providers available to treat participants became a major part of their operations, and was especially difficult when participants lacked health insurance.

New Federal Funding for Monitoring and Treatment

In December 2005, the Congress appropriated $75 million to CDC to fund programs providing baseline screening, long-term monitoring, and health care treatment for emergency services and recovery personnel who responded to the WTC disaster. The law required CDC to give first priority to programs coordinated by the FDNY-BHS, Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine, and New York City Department of Health and Mental Hygiene, which have existing monitoring programs, and to programs coordinated by the POPPA program and Project COPE.[26] The mission of the POPPA program, which offers peer-to-peer mental health counseling to New York City Police Department (NYPD) officers, is to reduce unresolved emotional trauma that can result in problems ranging from poor performance to suicide. The POPPA program counseled over 5,000 NYPD officers in the 10 months following the WTC attack. Project COPE, a collaboration of the New York City Police Foundation and Columbia University Medical Center, uses a hotline and outreach efforts to encourage NYPD uniformed and civilian employees to obtain mental health services, which are provided by Columbia University Medical Center and private providers. As of August 2006, over 18,000 employees had attended educational sessions held at police facilities, and over 5,000 had received individual counseling or therapy consultations.

[25]GAO-06-481T.

[26]Both organizations operate independently of the New York City Police Department.

HHS Has Registered and Screened Additional Federal Responders, and Arrangements for Screening Former Federal Workers outside the New York Metropolitan Area Are under Development

Since February 2006, an additional 1,385 federal responders have registered for screening examinations, bringing the total number registered on the WTC Federal Responder Screening Program Web site to 1,762 as of late August 2006, including 283 former federal workers. Because the total number of federal responders involved in the WTC disaster is uncertain, it is not possible to determine what proportion of the total number of federal responders have registered. HHS's efforts to conduct outreach to federal agencies resulted in the identification of 2,200 federal responders. As of late August 2006, FOH had completed screening examinations for a total of 907 federal workers, 380 of whom were screened since February 2006. Through OPHEP's agreement with NIOSH, the worker and volunteer WTC program has provided screening examinations to 13 former federal workers and scheduled 11 more. Most of the former federal workers reside outside the New York metropolitan area, where the worker and volunteer WTC program is located, and NIOSH is working to establish a national network of providers to screen these workers.

HHS's Outreach Resulted in Registration of Additional Federal Workers Involved in WTC Disaster Response

HHS reported that as of late August 2006, a total of 1,762 federal responders had registered for screening examinations on the WTC Federal Responder Screening Program Web site, including 1,479 current federal workers and 283 former federal workers. Of the 1,762 federal responders who registered, 1,385 had registered since February 2006, including 1,134 current federal workers and 251 former federal workers. It is not possible to determine what proportion of the total number of federal responders involved in the WTC disaster have registered because the total number involved is uncertain. In determining the total number of individuals eligible for its program, the WTC Health Registry developed an estimate of 8,621 federal responders, based on information from 31 federal agencies in the New York area and information from FEMA on 22 Urban Search and Rescue teams that were deployed to the WTC area.[27] This estimate does not account for all federal responders from other geographic areas.

As we reported previously, in the aftermath of the WTC disaster, HHS did not have a comprehensive list of all federal agencies and federal responders who were involved. In an effort to develop such a list, OPHEP and ATSDR entered into an agreement in April 2005 for ATSDR—which

[27]This estimate consisted of 5,122 responders from the 31 federal agencies and 3,499 responders from the 22 Urban Search and Rescue teams.

had developed the WTC Health Registry—to identify and register federal responders.[28] Under the agreement, ATSDR, through a contractor, contacted federal agencies, developed a list of WTC federal responders, and conducted outreach to encourage the responders to register on the new Web site that the contractor established.[29] As a result of this effort, 46 federal agencies were identified and provided contact information for 2,200 federal responders.[30]

The agreement between OPHEP and ATSDR expired on April 30, 2006, ending the outreach efforts to federal agencies.[31] Under an agreement with OPHEP, NIOSH assumed responsibility for maintaining the WTC Federal Responder Screening Program Web site through December 31, 2006.[32]

[28]Before the federal responder program was placed on hold in January 2004, its principal action to communicate with the federal responders had been to place program information and registration forms on FEMA's National Disaster Medical System Web site.

[29]See "The WTC Federal Responder Screening Program," https://wtcophep.rti.org/, downloaded Aug. 30, 2006.

[30]Of the 90 other agencies contacted, 60 were determined to be ineligible because some were found to be nongovernmental agencies, some did not have federal workers at the WTC or Staten Island site, and some, such as the Department of Defense, participated in other screening programs; 21 opted to contact their federal workers on their own; and 9 refused to provide information.

[31]ATSDR spent $372,961 of the $491,000 OPHEP originally allocated to the activities carried out under this agreement. The $491,000 was part of $3.74 million that FEMA had provided to OPHEP to develop and implement a monitoring program for federal responders. According to OPHEP, it will reallocate the $118,039 remaining from its expired agreement with ATSDR to FOH or NIOSH for screening, depending on where there is a need.

[32]According to OPHEP officials, FEMA funds are to expire at this time.

HHS Has Screened Additional Current Federal Workers

As of late August 2006, FOH had completed screening examinations for a total of 907 of the federal workers who had registered;[33] 380 of the 907 were screened since February 2006.[34] Under its agreement with OPHEP, FOH is responsible for regularly retrieving from the registration Web site requests for screening examinations for current federal workers and for assigning individuals to a provider for screening.[35] FOH officials told us that they contact the individual and the provider to inform them of the need to arrange an appointment for screening. The program relies on individuals to call the designated provider and schedule their appointment. FOH officials told us that individuals who have registered do not always contact the provider to schedule an appointment or may not keep an appointment or call to reschedule it. FOH officials said that they have attempted to contact such individuals but often received no response.

We reported in our February 2006 testimony that under the July 2005 agreement FOH clinicians can refer current federal workers for follow-up care if the screening examination—which includes a medical questionnaire, clinical tests such as a chest X-ray, and a full physical examination—reveals significant physical or mental health symptoms.[36] On July 31, 2006, FOH told us that it had referred 39 current federal workers with mental health symptoms to an FOH employee assistance program (EAP) for counseling;[37] 24 to ear, nose, and throat specialists; 19 to pulmonary medicine specialists; and 1 to a cardiology specialist.

[33]Some of these federal workers registered on FEMA's National Disaster Medical System Web site, which was used before the WTC Federal Responder Screening Program Web site was created.

[34]The 907 workers screened by FOH include 139 former federal workers that FOH screened after the program resumed because FOH thought they were current federal workers. In addition, FOH also screened an unknown number of former federal workers before the federal program was placed on hold, and they would also be included in the 907. FOH officials told us that they have taken steps to ensure that they can better identify which registered workers are current federal employees.

[35]Individuals are assigned to either an FOH clinic or a private provider participating in FOH's network, based on their proximity to either type of provider. Appointments are made within 50 miles of an individual's designated zip code.

[36]The estimated cost of each screening examination is between $400 and $500, and additional costs may be incurred depending on the need for further diagnostic testing.

[37]FOH can refer individuals with mental health symptoms to an FOH EAP for a telephone assessment. If appropriate, the individual can then be referred to an EAP counselor for up to six in-person sessions.

Screening of Former Federal Workers Has Resumed, but Group Is Widely Dispersed and Nationwide Network of Providers Is Still Being Established

As of late August 2006, 283 former federal workers had registered to receive screening examinations, which under OPHEP's agreement with NIOSH are to be provided by the worker and volunteer WTC program.[38] Under the agreement, former federal workers receive a one-time examination comparable to the examination that FOH is providing to current federal workers. As of July 31, 2006, 13 screening examinations had been completed and 11 were scheduled. These completed and scheduled examinations are in addition to the 139 former federal workers that FOH screened after the WTC Federal Responder Screening Program resumed because FOH thought they were current federal workers.[39]

A key challenge in providing screening examinations to former federal workers has been that a large number do not reside in the New York metropolitan area, where the worker and volunteer WTC program is based. The 283 former federal workers who have registered for screening examinations reside in 40 states, and about 240 of them reside outside the New York metropolitan area. NIOSH officials said that making arrangements to screen these widely dispersed responders has presented challenges, such as ensuring that the arrangements comply with federal privacy protections. NIOSH is negotiating with the Association of Occupational and Environmental Clinics (AOEC)[40] in an effort to establish a national network of providers to screen these federal workers.

[38]This agreement also provides for examinations for other federal responders who are ineligible to receive examinations from FOH, such as Department of Defense employees, and responders having intermittent periods of federal employment such as Urban Search and Rescue workers.

[39]When FOH officials realized those individuals were former federal workers, they communicated this information to NIOSH so NIOSH could take responsibility for any follow-up care the workers might need.

[40]The AOEC is a nonprofit organization committed to improving the practice of occupational and environmental health through information sharing and collaborative research. The AOEC consists of a network of university-affiliated and other private clinics across the United States and in other countries.

CDC Has Awarded a Small Portion of the $75 Million Appropriation and Plans to Make Decisions about Treatment Coverage before Awarding Most of the Funds

CDC plans to award the $75 million appropriated for screening, monitoring, and treatment to the five organizations that the law identified as having priority for funding. CDC officials expect to make awards to the WTC Health Registry, Project COPE, and the POPPA program over a 3-year period and to award funds to the FDNY WTC and worker and volunteer WTC programs in response to their treatment costs. CDC officials have a proposed spending plan but told us that because they are uncertain about how quickly treatment costs could deplete the available funds, they may need to make adjustments. Officials from the FDNY WTC and worker and volunteer WTC programs told us that they expected that their estimated portion of the appropriated funds would be depleted well before the end of 3 years. As of August 2006, CDC awarded about $4.5 million of the $75 million—about $1.9 million to the WTC Health Registry, $1.5 million to the FDNY WTC program, and almost $1.1 million to the worker and volunteer WTC program. In addition, CDC expects to award $1.5 million to the POPPA program and $3 million to Project COPE in September 2006. CDC is waiting to make further awards until agency officials have reached certain decisions about the coverage of treatment services, such as which prescription drugs would be covered in the FDNY WTC and worker and volunteer WTC programs. CDC expects to begin making further awards around February 2007.

CDC Plans to Award the $75 Million to the Five First-Priority Organizations

CDC has decided to award the $75 million for screening, monitoring, and treatment that was appropriated to the agency in December 2005 to the five organizations identified as having first priority for funding.[41] The organizations to which CDC plans to provide funds are

- the FDNY WTC program, for monitoring and treatment;
- the worker and volunteer WTC program, for monitoring and treatment;
- the WTC Health Registry, for monitoring;
- Project COPE, for treatment; and
- the POPPA program, for treatment.

CDC plans to make awards through cooperative agreements with the programs.[42] In general, it plans to send letters to the organizations inviting

[41]Within CDC, NIOSH has lead responsibility for making decisions about the $75 million, and ATSDR is involved in decisions relating to the WTC Health Registry.

[42]A cooperative agreement is a mechanism used to provide financial support when substantial interaction is expected between a federal agency and a state, local government, or other recipient carrying out the funded activity.

them to submit applications for funding; the applications would then undergo a two-stage peer review process. At the first stage a panel of outside experts would assess the merit of the application, and at the second stage CDC officials would determine the amount of funding the applicant would receive.

CDC has made preliminary decisions about how to allocate the $75 million among the five organizations. As of September 1, 2006, CDC's proposed spending plan indicated that awards would be made in the following way:

- $53.5 million for treatment and $8 million for monitoring, to be divided between the FDNY WTC and worker and volunteer WTC programs;[43]
- $9 million for the WTC Health Registry;
- $3 million for Project COPE; and
- $1.5 million for the POPPA program.

CDC officials expect to make awards to the WTC Health Registry, Project COPE, and the POPPA program over a 3-year period, but are not sure over what period they will make awards to the FDNY WTC and worker and volunteer WTC programs. A CDC official told us that the agency would award funds to the latter two programs in response to the treatment costs they incur. He said that agency officials are uncertain about how quickly treatment costs could deplete the available funds, because CDC does not know how many additional people will seek monitoring and what the extent of their treatment needs will be. For example, previous media reports about illnesses diagnosed in responders have resulted in increases in responders seeking examinations. Officials from the FDNY WTC and worker and volunteer WTC programs told us that they expected that their estimated portion of the appropriated funds would he depleted well before the end of 3 years. CDC has developed a proposed spending plan that indicates that about 36 percent of the funds would be awarded by the end of fiscal year 2007 and about 63 percent would be awarded during fiscal year 2008, although a CDC official told us that, depending on the extent of treatment needs, the funds could be used more quickly. The current plan is based in part on an agreement CDC made with the American Red Cross in April 2006.[44] According to a CDC official, under this agreement, American Red Cross funds would be used for the treatment services that are eligible

[43]Any funds not needed for monitoring could be used for treatment.

[44]This agreement provides for the American Red Cross to assist CDC in estimating program costs and developing the federally funded treatment programs.

for American Red Cross support—such as basic clinical examinations and certain tests—for as long as such funds are available and the CDC funds would be used to cover other program expenses—such as infrastructure costs, more sophisticated diagnostic tests, and the conversion of medical records into an electronic format.

CDC Has Awarded about $4.5 Million of the $75 Million Appropriated

As of August 2006, CDC had awarded a total of about $4.5 million of the $75 million to the WTC Health Registry, FDNY WTC program, and worker and volunteer WTC program. According to CDC officials, the WTC Health Registry applied for about $1.9 million in April 2006 for continuation of its collection of health data, and CDC awarded the registry $1.9 million in May 2006 and about $56,000 in July 2006.[45] On August 10 and 11, 2006, respectively, the worker and volunteer WTC and FDNY WTC programs submitted applications to CDC for funds related to treatment services. In response to these applications, CDC made what an agency official termed emergency awards to the FDNY WTC and worker and volunteer WTC programs on August 11, 2006.[46] CDC provided $1.5 million to the FDNY WTC program for leasing treatment space that previously had been provided by New York City at no cost. CDC provided almost $1.1 million to the worker and volunteer WTC program to hire an additional physician to help reduce the 3- to 4-month waiting time for treatment appointments that recently developed at the Mount Sinai clinical center, as well as to hire three administrators and a medical assistant. Officials from the clinical center told us that this waiting time had developed because additional people were seeking monitoring due to media reports about illnesses diagnosed in responders and because the proportion of responders who needed to be referred for treatment had increased.

In addition to having awarded about $4.5 million, CDC plans to award an additional $4.5 million in September 2006. In spring 2006, CDC invited Project COPE and the POPPA program, two programs that provide mental health services to members of the NYPD, to apply for funding through a peer review process. In their applications, the POPPA program requested

[45]The registry subsequently applied for an additional $1 million to support its operations through April 2007.

[46]The official told us that CDC was able to make these awards so quickly after receiving the applications because agency officials had been discussing the programs' needs for treatment funds with program officials for several months and the programs had provided draft applications a week before submitting the final applications.

$1.5 million over 3 years, and Project COPE requested funding of $3 million over 3 years. CDC received their applications in June and July, respectively, and plans to implement the application review process in time to be in a position to make awards in September 2006.

CDC Is Waiting to Award Additional Funds for Treatment Until It Makes Decisions about Coverage

CDC does not plan to award additional funds from the $75 million to the FDNY WTC and worker and volunteer WTC programs until it makes certain decisions about the coverage of treatment services. These decisions include determining which medical conditions will be covered;[17] developing a prescription drug formulary, that is, the list of drugs that will be covered; and determining the extent to which inpatient care will be covered. CDC officials said that they expected to make the coverage decisions in late 2006 and that they would obtain input from the American Red Cross and the programs.

A CDC official told us that making decisions about which prescription drugs to cover could be the greatest challenge CDC and the programs face, because of the potentially high cost of drugs needed to treat responders. An FDNY WTC program official said that prescription drug costs are a looming financial problem for the FDNY WTC program. The CDC official told us that the most common diagnoses of WTC responders—gastroesophageal reflux disease, obstructive pulmonary disease, and mental health conditions—frequently are treated with prolonged and expensive drug therapy. For example, medications for respiratory therapy can cost $1,000 a month and may continue for a year. The FDNY WTC program official estimated that 100 percent coverage of prescriptions for firefighters and emergency medical technicians could cost $10 million to $18 million per year and potentially consume all of the funding that CDC would provide to the program. Clinicians at the worker and volunteer WTC clinical center at Mount Sinai stated that spending on prescription drugs at their center was increasing by $5,000 to $10,000 each month and amounted to $60,000 in July 2006.

Another coverage decision that CDC faces is to determine the extent to which inpatient care will be covered. Currently, the FDNY WTC and worker and volunteer WTC programs provide only outpatient care, but

[17]The medical conditions that now receive treatment funded by the American Red Cross provided the baseline for conditions that will be included. CDC will determine whether any additional conditions will be included and will continue to assess whether all appropriate conditions are included over time.

officials involved with these programs believe that the treatment funds from the $75 million should cover some inpatient care, such as when a responder's WTC-linked asthma becomes exacerbated to an extent that requires hospitalization.

CDC officials told us that they plan to reach decisions about treatment coverage in fall 2006. They also plan to invite the FDNY WTC and worker and volunteer WTC programs to submit applications for treatment funding in the fall. If the applications are submitted by December 2006, CDC officials expect to be able to review them in time to provide funding to the programs by February 2007.

CDC is also in the process of resolving issues related to providing access to screening, monitoring, and treatment services for WTC responders, including former federal workers, who reside outside the New York metropolitan area. CDC is negotiating with AOEC about possibly using AOEC clinics around the country to provide these services. CDC officials told us they intend that monitoring and treatment services available to responders around the country would be comparable to services provided by the worker and volunteer WTC program.

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

Contact and Acknowledgments

For further information about this testimony, please contact Cynthia A. Bascetta at (202) 512-7101 or bascettac@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Helene F. Toiv, Assistant Director; Fred Caison; Anne Dievler; Keyla Lee; and Roseanne Price made key contributions to this statement.

Appendix I: Abbreviations

AOEC	Association of Occupational and Environmental Clinics
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
EAP	employee assistance program
FDNY	New York City Fire Department
FDNY-BHS	New York City Fire Department Bureau of Health Services
FEMA	Federal Emergency Management Agency
FOH	Federal Occupational Health Services
HHS	Department of Health and Human Services
NIOSH	National Institute for Occupational Safety and Health
NYPD	New York City Police Department
OPHEP	Office of Public Health Emergency Preparedness
POPPA	Police Organization Providing Peer Assistance
WTC	World Trade Center

Mr. SHAYS. Thank you very much.

At this time, I would like all of you—and if you, Mr. Centore, are able to stand as well, I would like all of you to stand. We will be swearing you in.

The only person I never swore in the 10 years I have been chairman—I chickened out—is the senior Senator from West Virginia. [Laughter.]

[Witnesses sworn.]

Mr. SHAYS. Mr. Centore, you will need to put that mic fairly close to you, and probably on this side of you, since you are looking at us in this direction.

STATEMENT OF STEVEN CENTORE

Mr. CENTORE. Thank you. My name is Steve Centore. I am a member of the U.S. Department of Energy. During the September 11th period I was the Regional Response Coordinator for the Radiological Assistance Program. All this should be covered in the testimony that I sent out to Bob Briggs, and he was supposed to put it in your handout.

Let me just say it is a privilege and an honor to be here today in front of you and participate in this hearing. And I have nothing but the utmost respect for this panel.

However, having said that, there is always a disclaimer. My mother is a little Scottish woman from the hills of West By God Virginia. My father is a little Italian fellow from the Bronx. So, you know, even tempers running—[laughter]—you know, stretching throughout my family. So if I have a tendency to get a little excited when we get to certain topics, you will understand why.

In your letter that you sent out, your invitation, there was two questions that you asked. One you wanted to know how effective were the medical screening and monitoring programs for individuals that responded to the World Trade Center disaster. You know, and right now I feel like I have been set up, because I am sitting next to a member from HHS, and I am probably one of the few Federal emergency responders that——

Mrs. MALONEY. Point of clarification, she is not from HHS, she is from the General Accounting Office, an independent arm of government.

Mr. CENTORE. Oh, OK. I am sorry. That takes a load off my mind. [Laughter.]

Because they were No. 1 on my list to talk about.

I spent the first 4 months at Ground Zero in a HAZMAT support role, providing support to New York City FDNY/NYPD, after which I was reassigned to covert ops in different parts of the country doing different things which I can't go into.

It took about 4 years I believe before we ever got our first letters from FOH, the Federal Occupational Health, about medical screening. Me and my team, the five guys on my team, we got our letters around November/December timeframe last year, 2005. I finally got an opportunity to go to my medical screening in I believe it was April 2006, and I thought, oh boy, this is great, because I had already been diagnosed with PTSD, anxiety disorder, my liver was failing, my gallbladder was almost completely shot, my spleen was

enlarged, my lungs, my throat, I had varices, I had bursitis, and I have bone narrow——

Mrs. MALONEY. Could you pull your microphone a little closer? People are having difficulty hearing.

Mr. CENTORE. Sorry. That is a problem I have now, I have lost my memory.

Mrs. MALONEY. You were talking about going to get your screening.

Mr. CENTORE. Right, yes.

Mrs. MALONEY. Federal screening.

Mr. CENTORE. So I went to—I went to the satellite office that FOH opened up in Islip at the Federal Building. And when I went in, you know, the nurse started taking my data, and one of the things she had mentioned was, "You know, there is no treatment. We don't provide any treatment. We don't provide any reimbursement of expenses or anything."

And I got to thinking about it for a while and I said, "So I am just a data point for you on the map." And she said, "Yes, basically." I said, "So when I die, I become a second data point for you." And she said, "Unfortunately, that is right." And I am like, well, why am I wasting my time here?

I had already engaged my own local doctors to provide, you know, medical treatment for me. At the time I was seeing an internist, a GI specialist, hematologist, a psychologist, and a psychiatrist. All of this I paid for out of my own pocket. I had to use up all my own sick leave and my own annual leave, and I couldn't figure that out, how you could get injured on the job. Now that you are injured on the job, it is my responsibility, you know? I mean, I was made to feel like a bad guy, like I did something wrong. And for the longest time I had a guilty feeling, and I couldn't understand why. I still don't.

But anyhow, to get back to your—the issue that you want to discuss, is this program working? The program is doing exactly what it was supposed to do—collect data. Is it helping anybody? No. Not one bit.

[The prepared statement of Mr. Centore follows:]

September 10, 2006

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

From: Steven M. Centore, 9/11 First Responder, Team Leader – DOE Radiological Assistance Program Team

Re: Congressional Testimony

Date: September 10, 2006

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

BACKGROUND

My name is Steve Centore. Since December 1992, I was employed by the U. S. Department of Energy (DOE) as the Regional Response Coordinator (RRC) for DOE's Radiological Assistance Program, Region 1. In contrast, since September 2005, I have been re-assigned duties in an entry level position as a database manager for DOE.

In your invitation there were two specific issues you asked me to address. I will provide as much information as possible about these two issues in this letter, followed by a personal statement about my health to date. I will limit my comments to the federal responder aspect. The two issues are;

1. How effective are the medical screening and monitoring programs for individuals that responded to the World Trade Center disaster?

2. What improvements need to be put in place to address the deficiencies in the various programs, as well as the steps needed to fully care for all the individuals who responded or were near the WTC site?

DISCUSSION

Let me start by addressing the two issues identified in your letter and as stated previously:

1. **How effective are the medical screening and monitoring programs for individuals that responded to the World Trade Center disaster?**

   I only have experience with two programs, one run by the Federal Occupational Health program and the second run by Stony Brook University. The first concern with these programs is that they started too late. We first received notification to sign-up on the "responders" list during the November – December 2005

timeframe. When I finally did get a chance to participate with the two different organizations, I was well into obtaining my own care through my local doctors. I was also informed at the time that I would not be receiving treatment or reimbursement for my health problems. I realized at that point I was just a data point to the government and upon my death would become just another data point. I have received no help or aide from the government with my health. My health insurance carrier and I have paid all my expenses, my portion of which was significant. I had to use my own sick and annual leave time to seek help from doctors that were able to help me. This has not only depleted all available leave time but I had to borrow against my account and now am overdrawn on leave time.

So, in summing up issue one, I would say the programs are effective at doing what they were designed to do, gather historical data. However, they completely lacked any type of care or financial assistance for the truly injured federal responders.

2. **What improvements need to be put in place to address the deficiencies in the various programs, as well as the steps needed to fully care for all the individuals who responded or were near the WTC site?**

   There are two different points to be noted here, one that should have been done on 9/11/01 and secondly, what should be done now.

   During the Ground Zero response, the federal agencies should have had someone such as a psychologist present to allow responders coming off the pile an entity with which they could share their feelings and decompress.

   Concerning present day improvements, there are two improvements that could be made, one realistic and one is ideal. Realistically, the federal government needs to make every avenue of treatment available to its employees that have answered the call as requested by their government leaders. Idealistically, the federal government should provide training to the medical community concerning exposure to conditions that existed at ground zero. The local medical community, having little to no experience with situations and the conditions that existed at ground zero, are prone to shrug off non-traditional disease symptoms which makes them susceptible to mis-diagnosing a patient.

   While the second improvement would require significant amounts of time to put together and implement, the government could start by acknowledging that there are pertinent health effects due to exposure at ground zero.

CONCLUSION

I am a devout American patriot and a decorated veteran of the U. S. Armed Forces. I did what I did out of a sense of duty and pride. I currently suffer from a host of ailments, both physically and mentally, such as severe Post Traumatic Stress Disorder, Anxiety

Disorder, as well as respiratory, gastrointestinal, and circulatory problems that make clear diagnoses and treatment difficult and often contradictory between different doctors. At best, it makes daily living a challenge.

Additionally, when requesting federal assistance such as Workman's Compensation or Disability Retirement, employees who are responsible for processing the claims seem to demonstrate a lack of training for dealing with individuals with severe PTSD or a multitude of as-not-yet properly diagnosed illnesses and the injured employee is made to feel guilty for filing a claim. After having been diagnosed with severe PTSD symptoms over a year ago, and a flood of physical ailments soon afterwards, I still have not received any federal financial assistance for uncovered medical expenses or reimbursement of loss of all my leave time from work. I have had to take care of my own health and welfare issues instead of being backed by the federal government as promised. Immediate fair treatment is all that I am seeking for processing my claims for compensation and disability retirement.

Mrs. MALONEY. Thank you for your very moving testimony. Thank you.

Mr. Zadroga.

STATEMENT OF JOSEPH ZADROGA

Mr. ZADROGA. First of all, thank you for inviting me, and I agree with your committee reference to you have an independent study, I would really like to see a Grand Jury with subpoena powers and charge people criminally for what occurred that day.

Senator Clinton, I would like to personally thank you. You are one of the few people that called the day that my son passed and gave condolences. Actually, you were the only one from New York that gave condolences to my family when my son passed, and I thank you for that. That was very well received.

My wife would like to be here today, but unfortunately she had to stay home and take care of Tylerann. And sometimes she has the way of saying things, if you are reading a paper, she gets to the point a little too fast. And, you know, as I always say you can take the girl out of the north, but you can't take the north out of the girl. So we decided to leave her home for the day.

As you know, my name is Joseph Zadroga. I was a police officer for 27 years in North Arlington, and I was also Chief of the Bergen County Police Academy for 6 years.

Jimmy worked for 13 years with the New York City Police Department. He worked in the Sixth Precinct for 6 years, and he worked on street crime for 6 years. He was well respected within the department, and in street crime he was one of the highest performers in the Street Crime Unit.

He was very street-wise, and he knew how to speak to people and get them to break—to confess to their crimes. And because of that he was transferred to the apprehension squad within the homicide squad, and I really believe he had a true future in the New York City Police Department, because someone with 13 years on, without any rabbis or hooks, don't get transferred to homicide squad.

They really had a future set for him, because he was really well liked and he knew what he was doing out there. And he wasn't one to brag either. He had over 40 citations, which I never knew about until the day of his funeral when his partner told me.

On September 11th he arrived home to speak—just prior to the buildings collapsing, and he knew he was going to go right back again. He woke up his wife just as he arrived in the house, told his wife what was occurring, and then started packing up his clothes to leave. And she says, "Where are you going?" He says, "I am going back to the city to help." And she said, "No, no, you have to stay here." And he said, "No, it is my job. I have to go back. And this is what I do for a living, and this is what I want to do."

However, he did say it was the hardest thing in his life to back down the driveway with his wife, who was 7 months pregnant, kneeling in the driveway crying, asking him not to go, but he went. His wife passed away several years later from the stress of taking care of the household and taking care of him and his 2-year old daughter.

So then he had to move in with us, and obviously, you know, that is very difficult, for an adult to move back in with their parents. But there was no way that he could live alone by himself with his medication, and so forth.

When he passed, we were very fortunate that Dr. Breton, the medical examiner in Ocean County, requested an autopsy, because I am sure if we were in New York City I don't think that would have occurred. And the doctor basically stated that his lungs were very severely damaged, and they were black, they were—he had black lung disease, besides several other diseases. He had all types of chemicals in his lungs, bone particles, and dust and sand and glass.

Since Jimmy's passing, his mother and I felt that the best thing we could do was help make aware how all these other heroes are being treated by the NYPD and the government. He never received any assistance from the city. All he received was more stress, and he was treated like a dog. And if a dog was—someone observed a dog being treated the way he was, they would have been arrested.

I just want to read a brief statement that he wrote the first year anniversary to his father-in-law, who was a minister in Florida. It is a three-page letter, but I am just going to read a brief sentence. "To this day, I can still hear the mass confusion from the first day to the engine sirens that came afterwards." He said, "My nights will never be the same. Everyone praises the dead as heroes, as they should, but there are more living suffering than dead."

And I will pass up a little further where he said, "Yes, they remember the dead, but they don't want to acknowledge the sick or living. I am not the only one out there. There are many suffering similar, if not the same, symptoms as myself. The city doesn't care about any of their employees, and it is sad not to mention that 90 percent of Americans that we know are sick."

"I just wish for once that the city would open their eyes and help the living and stop getting political feedback from the dead, get more personal, not political, on how can this make us money. That is all the city cares about. If you ever meet a New York City copy, a firefighter, or an EMS, just tell them thanks, because that is all that you will ever get."

I know I am running short on time, so I am just going to—I was asked to give some suggestions.

Mr. SHAYS. Mr. Zadroga, you just go as long as you want to go, sir.

Mr. ZADROGA. Oh, OK. Thank you. Jimmy worked close to 500 hours at the World Trade Center, with the only protection a paper mask. Within weeks he developed a cough that would later be known as the World Trade Center cough. He also developed short-term memory loss, acid reflux, high fevers, and would go into spells where he would sleep for days without eating or moving. He had severe breathing problems and was placed on oxygen 24/7, all this while the police department refused to admit that he was sick and attempted to return him to work continuously.

Jimmy's wife Ronda, as I said, passed 2 years after his illness due to the cowardice approach of the city and all the stress that she was under. She was just—she was like a daughter to me, and she was a lovely person, and she just couldn't take the stress of—

could not believe that people could treat other people that way. I honestly believe that is what killed her.

We watched him progressively get worse until he died at home on the floor in his bedroom with his daughter sleeping on the bed. I found him that morning, as I always expected to when he didn't come down for his medication, lying on the floor. As soon as I opened the door, I knew he was gone. I laid down beside him. He had his baby's bottle in his hand. At that time I woke up the baby, and the baby said—I said, "Your father is gone." The baby said, "No, he is just sleeping. You always said that."

I heard him during the night. I heard him getting the bottle. And I heard him fall, but he always does that, and he usually wakes up. I had to convince her that he was gone, and her words to me was, "I knew he was sick, but I didn't think it would be this fast." This is a 4-year old girl saying this.

Dr. Breton, the medical examiner, reported that James died of a severe lung condition, and making him the first police officer whose death was diagnosed to be a direct result of working at the World Trade Center, yet the city still refused to recognize his cause of death was related to September 11th. The city even proceeded to belittle Dr. Breton in the press.

Since Jimmy's passing, his mother and I felt the best thing we could do, and what we felt that Jimmy would want us to do, was help make aware of how all these heroes are being treated by the NYPD and the government. We need our government to do the just and proper thing here and help these heroes. We can't do anything for our son now, but we want to make sure that the other workers get the treatment that they need when they are sick. They all deserve a real commitment from our representatives to provide for long-term monitoring and treatment.

This statement was—my wife and I tried for 4 years prior to his passing to get his treatment, and yet we could not get doctors to treat him. Now that we have everyone's attention as a result of our son's death, we feel we have the right to make suggestions to help the surviving heroes.

And as some of the panel said, we must make priority first the treatment of our heroes to improve their health. This study should be secondary to priorities. I used to answer the phone for Jimmy, because the last 2 years he didn't even want to talk on the phone. He was so depressed and had post-traumatic stress.

And I would just like to do one conversation that I had with one of these monitoring boards that called, and they wanted to see how he was. They used to call every 6 or 8 months. And the phone call went like this, "Hello," he said, and then, "James Zadroga?" He said, "Speaking." They said, "How are you feeling today?" He would say, "I am feeling terrible. I never felt worse in my life." "How is your lung capacity?" "My lungs, they hurt so much that I can't believe it. I can't take the pain. I am on heavy medication."

"How do you feel mentally?" "I feel like I want to kill myself. I want to bite the bullet and get it over with. But the only reason I am staying here is because of my daughter." And she said, "Oh, thank you for the information, and then hung up." And that was the help that we got.

Again, I agree, we should not worry about what it costs or what kind of money we are going to need to help these heroes with their health. I can't understand how this country can place value—such little value on life for heroes that worked for them.

In my 30 years working in government, I have yet to see where politicians that wanted to get something done, no matter how much they complained that they didn't have the money, but they wanted to get it done for their own pet project, they always found the money. So the money is out there.

We should recruit the best doctors in the city, if not the world, to help these people. Obviously, their illnesses are different from any others. We could never get a doctor to treat James. Someone—and I don't know if it was in the government or if it was the health care, would always call and tell them to get him out of the hospital as quick as they could, so they would shoot him up with steroids and send him home.

I had two doctors tell me they wouldn't treat him because of a phone call, and I had one doctor tell me they wouldn't treat him because they felt the insurance wouldn't pay. In the future I know we are going to need organ donors and transplants for these heroes. And I think we should at this time set up a bank for the heroes, set up a donor list for organs that are going to be needed for them.

I know the police, fire, EMS, and the good people of New York would gladly sign up. Matter of fact, I will be the first one to sign up on the list. My son was just going for a lung transplant—well, I shouldn't say going for a lung transplant. We went to Philadelphia, and the doctor felt concerned up there. He was the only one that really gave any concern for Jimmy's health, and he told us when we come back the next time, which was January 10th, he was going to introduce Jimmy to the lung transplant team. Unfortunately, he passed on the 5th.

I also strongly recommend that the Federal Government must reinstitute the comprehension fund. Jimmy used the comprehension fund, and that did help him pay his doctor bills, his past bills from his credit cards, and his hospital bills that were well over $50,000 prior to receiving that money.

And by reestablishing this compensation fund I believe it also will reduce the lawsuits that we are talking about. Everybody is worried about these lawsuits out there. I for one, I don't worry about lawsuits. There are many ways of handling—the government could handle these lawsuits. I feel that if they are going to the compensation fund, these people could be helped immediately rather than wait 10, 15 years down the line for court settlements.

And that is about all I have to say. I thank you for having me here today.

[The prepared statement of Mr. Zadroga follows:]

Statement of Joseph Zadroga Chief of Police Ret., twenty seven years on the North Arlington Police Department, N.J. Promoted through the ranks to Chief of Police. Give years Chief of the Bergen County Police Academy father and best friend of Det. James Zadroga NYPD.

Hello. My mane is Joseph Zadroga. I am the father of Det. Jams Zadroga, who passed away this year on January 5th at only 34 years old.

Jimmy worked thirteen years with the New York City Police Department, he worked the 6th Precinct for six years and six years with the Street Crime Unit.

When the Street Crime Unit broke up he was transferred to the Homicide unit working in the apprehension squad Jimmy was know within the Street Crime unit as a hard worker and dedicated to the job.

He was very street smart, and knew how to deal with the individuals he came in contact with. He would help anyone. He had a heart of gold and a smile to go with it. James wasn't the type to brag about his accomplishments.

Jimmy was highly decorated (forty citations) which I never knew about until I was made aware of them at his funeral by his partner.

On 9-11 he arrived home just when the towers were struck. He told his wife, who was seven months pregnant with their child, that he had to return to work to help.

James stated to me that was one of the hardest things to do, drive down the driveway while his wife was kneeling and crying for him to stay home, but he told her this was his job and he could never live with himself if he didn't go.

Jimmy worked close to 500 hours at the WTC with only the protection of a paper mask. Within weeks he developed a cough that would later be called the World Trade Center cough.

He also developed short term memory loss, acid reflux, high fevers, and would go into spells where he slept for days without eating or moving, he

had severe breathing problems and was placed on oxygen 24-7, all this while the police department refused to admit he was sick and returned him to work.

Jimmy's wife Ronda died two years before his passing from the severe stress of his illness and taking care of the household with bills piling up. Upon Ronda passing, he and his two-year daughter moved in with his mother and me.

We watched him progressively getting worse until he died at home, on the floor of his b bedroom with his daughter sleeping on the bed. Due to the fact we were living in New Jersey, an autopsy was ordered by the County Medical Examiner.

Dr. Breton, Medical Examiner, reported that James died of severe lung condition (black lung) making him the first police officer whose death was diagnosed to be the direct result of working at the WTC site

Yet the City still refused to recognize that his cause of death was related to 9-11. The city even proceeded to belittle Dr. Breton in the press.

Since Jimmy's passing, his mother and I felt the best thing we could do was help make aware how all these heroes are being treated b y the NYPD and Government.

We need our government too do the just and proper thing and help these heroes. We can't do anything for our son now but we want to help make sure that other workers get the treatmen6t they need when they get sick. They all deserve a real commitment from our representatives to provide for long-term monitoring and treatment.

This statement was written by Jimmy about his feelings the first year after the event for his father-in-law a Minister in Fl. The church was holding a memorial for those that died and became sick on 9-11.

I believe Jimmy paid the price to have this on record.

My wife and I tried for four years to get doctors, press, TV networks and politicians to listen to us about the health problems and treatment of these hero's. Now that we got everyone's attention as the result of our sons death. We feel like we have the right to make suggestions to help the surviving hero's.

SUGGESTION

We must make the first priority the treatment of the hero's to improve their health and save their lives. The studies should be secondary.

Don't worry about what it will cost, spend the money that is needed to improve the health of the hero's. I can't understand how this Country can place a value on a life. In my thirty years working in government I have yet to see a politician not get the money for a pet project they wanted.

Recruit the best doctors in the city in each field to treat the sick and dying.

In the future we will need organ for transplants and I don't want to hear that we can't help a hero because we don't have a organ to save their life. Set up a donor list for organs needed for workers. I know the Police, Fire and EMS and the good people of New York would gladly sign up. I'll be the first on the list.

The Federal Government must reinstitute the comprehension fund. The way I understand it many sick and injured didn't meet the dead line because they didn't realize they we're eligible for the fund. Beside assisting the hero's that deserve it. This will also reduce law suits.

Pay the cost of co pays and prescriptions that the insurance companies are not responsible for. Note! It was costing my son over $1500 a month in prescription and co pays.

I strongly suggest that a review committee be established to act as watch dog. The committee should consist of doctors, survivors and public officials appointed.

I t was a clear blue sky without a cloud in sight. The day was Tuesday Sept 11, 2001 I had just finished working a midnight and went to court early that morning tired as a dog. As I finished up at court at around 8:15 am I started my journey home a 90-mile drive. Halfway home I turned my Kenny Chesney CD off and put on the radio oh my God I couldn't believe what I just heard a plane crashed into one of the towers of the world trade center, the first thing that crossed my mind was it was deliberate. Within five minutes or so they announced that a second plane crashed into the other tower I was only miles from my home so I rushed into the house to find my wife just waking up walking down our hallway I asked her if she saw the "TV and she replied no. I then told her what had happened and the disbelief and fear in her eyes told it all. Now it's the Pentagon what's going on here we are under terrorist attack. As the news reports were all claiming terrorism I watched the twins I grew up with burning on TV I couldn't help but think I have to get there to help. The next problem was explaining to my wife that I had to go. I knew she wouldn't understand, but a cops mind works differently then ordinary people. When I started collecting my clothes she asked me what I was doing. I explained to her that I have to return to work. She went hysterical at this time your not leaving this house, but I had to not cause it was my job but because it was my heart & soul I had to go I couldn't live with myself.

As I started leaving the house my wife was begging & pleading for me to stay home but I just got into my car after a long hug and kiss not knowing if I would ever return. As I drove down my long driveway I can see my 71/2 months pregnant wife on her knees with her hands on her face crying don't leave. This was the hardest decision of my life to keep driving. When I reached the highway it was unexplainable as if people knew to leave the left lane open for police, firemen and other emergency workers to get to the city. I made it to the Bronx at record speed for a good ¼ of my drive I just stared at the burning towers that blue sky I mentioned was now black. It now was in my memory forever such as a lot of things I won't talk about in this speech like the smell of the burning building from miles away. When I arrived in the Bronx traffic was at a stand still everyone was fleeing the city for their lives and here I was racing to get there. Finally I arrived at work they told us to suit up which means to put our uniforms on in case of being lost in the rubble it would be easier to ID our bodies with our shields and name plates. As myself and numerous other officers boarded a city bus to be transported to the disaster site everyone voiced their opinion some I can't repeat, others I don't want to or care to repeat. Well here I am at ground zero people in a dazed state still walking around like the world had ended. They put us on a traffic post one block from the towers, but we refused to stand there and headed right for the towers. The site was like nothing I've ever seen before. The dust so thick you couldn't read your partners shield standing next to you, your eyes burning itching and the smell oh the smell. We started looking for survivors or even bodies, but the soot was so thick you couldn't tell if you were standing on a piece of steel or a human arm the dead silence was eerie and the dust looked as if it was snowing. A partner of mine Chello and I entered part of the towers, which was still standing. This was where the NJ Path train came into we were yelling for anyone to hear us but we never got a reply. A beam 80 feet in length at least one foot in thickness was across the entrance to the train stairs. Inside this oddly quite building your mind could still hear the screams of horror, but in real life all there was the creaking of the steel

framed building. We decided to get out before it was to late and as we went back outside the rest of the building 7 collapsed which was right next door.

Are there any survivors how many people, cops, firefighters, EMS people were in there? Is there any of them trapped to where we could help them these were questions in my mind. As I stared a large piece of steel, which was once, the two towers that I grew up with when I looked out my back door.

As we started to search all you could find was pieces, and pieces and pieces of what was once a human and everything was covered with a gray dust. You would find burnt teddy bears, a set of keys with a father and his two children on them, purses, cars which were just 2 feet in height. This was something I was not prepared to see. The hurt and sorrow and tears didn't come for weeks. Then myself and Chello came across a hole which led down into the rubble, so we climbed down into it put our fear and lives aside to hopefully help one person, as we got down 2 stories what seemed like eternity we came across a pool of water as the light from the flashlight shined on it the color was blood red at this we turned around. After being down at ground zero for some 20 hours over 40 hours without sleep I headed back to the base covered from head to toe in dust and gray mud my feet soaking wet and my eyes and skin itching and burning. Day after horrible day I went back down surviving on 2 hours of sleep a day for a 3 week period away from home away from wife and unborn child. The only difference between being at ground zero and at war was at least at war your expecting to see and deal with horror; no one I knew was mentally prepared to see what we came across.

One day as we dug through the rubble I came across a shoe with a foot in it at last a body someone's family was finally going to get closure I dug fast with my bare hands and found out that's all it was a foot nothing more. All you would find is a chunk of flesh, bag it tag it and send it to the morgue, a bunch of hair with an ear was this a part of someone I knew? I don't know but I lost 3 fellow officers that I had worked with one time or another and it was hard.

A week later all you could smell was decaying flesh from blocks and blocks away over 2,500 people perished and I don't believe half of that many were recovered. People just torn to shreds and vaporized into dust what a way to go.

Till this day I could see and hear the mass confusion from the first day to the eerie silence that came after. My nights will never be the same or my life. Everyone praises the dead, as heroes as they should but there are more living suffering then dead. The dead their deaths were quick and painless and mine has just begun. I can't breath, my throat is constantly sore, I'm always coughing, and headaches, and sleepless nights, nightmares, anxiety and visions haunt me everyday. And I'm all alone except for my dearest loved ones. No one cares on the job they tell me I'm fine go back to work, but truthfully I haven't felt this bad in my life. I have mercury in my system and God knows what else and this is short term what will happen 5 to 10 years from now! No one knows I don't even know if the almighty knows I put my life in a situation that 98% of other people wouldn't and what thanks do I get now that I'm sick.

Yeah strangers thanked me even now they thank me but do they really care? I can't pay my bills and work doesn't want to acknowledge that I'm sick, depressed, and disgusted. I feel sorry and sympathize for those families that lost their loved ones but I feel worse for those members of the service and their families that are going through what myself and family is going through.

They remember the dead but don't want to acknowledge the sick who are living I'm not the only one out there, there are many suffering with similar if not the same symptoms as myself. This City doesn't care about any of their employees it's sad not to mention that 99% of America doesn't even know we are sick.

At least lets not forget the dead and their families but most important lets remember the people who are now suffering physically and mentally. Also I feel a lot of people concentrate on the WTC well how about all the poor souls and family members from the Pentagon.

I just wish for once the City would open their eyes and help the living and stop getting political feed back from the dead. Get more personal not political how can this make us money? That's all the City cares about.

Thank you for all your support and if you ever meet a New York City Cop, Firefighter, or EMS, just tell them thanks. Because that's all they will ever get.

Yours truly,

James Zadroga
New York City Detective

15-06-0017 5 ZADROGA, JAMES
GERARD BRETON, MD

FINAL FINDINGS

CAUSE OF DEATH: Respiratory failure due to panlobar granulomatous *pneumonitis* (history of exposure to toxic fumes and dusts).

MANNER OF DEATH: Accidental.

OTHER FINDINGS:

1- **Severe cardiomegaly (625 gm) associated with right and left ventricular hypertrophy and focal myocardial fibrosis.**
2- **Congestive splenomegaly (770 gm).**
3- **Heptomegaly (3050) associated with central necrosis consistent with chronic passive congestion.**

It is felt with a reasonable degree of medical certainty that the cause of death in this case was directly related to the 9/11 incident.

February 28, 2006

GERARD BRETON, M.D.

FROM THE DESK OF
JAMES H. KAYE, D.O.
OCEAN COUNTY MEDICAL EXAMINER
P.O. BOX 2191 SUNSET AVENUE
TOMS RIVER, NEW JERSEY 08754-2191

Mr. SHAYS. Mr. Zadroga, we are so grateful you came today, and I know it hasn't been easy for you to give your testimony. But the reason why we have you as our first panelist, that we want everyone who follows to know what you all are saying.

Mr. Centore, we get your message loud and clear, and we know what you are asking for, and what you are asking for needs to be met. And we thank you as well for your testimony.

Ms. Geronimo, welcome, and thank you for being here.

STATEMENT OF LEA GERONIMO

Ms. GERONIMO. Good afternoon.

Mr. SHAYS. Good afternoon.

Ms. GERONIMO. My name is Lea Geronimo, and I wanted to thank you for the opportunity to finally speak up after 5 years of waiting. I am resident of the Lower East Side of Manhattan, and I also work just three blocks away from where the World Trade Center stood.

The September 11 disaster has changed my life forever. I am here today to share my story as one of the forgotten victims of that tragic day. The toxic World—the toxic World Trade Center dust was not contained just at the Ground Zero site on September 11th. For more than a year it permeated my office as well as my neighborhood. But as a result of repeated assurances by the Federal Government stating that the air was OK, I had no choice but to go back to work less than a week after the disaster.

Whether at home or at work I could not escape the dust and the fumes. Within months of September 11th I developed bronchitis. What I thought was just a random occurrence is now a chronic problem. Since September 11th I have had bronchitis nine times.

Nine months after September 11th I developed constant menstrual bleeding that continued every day for 5 months. I was given a sonogram, but the doctors could not explain why I was going through this. Last year I developed lesions and polyps on my cervix and my uterus, and I had them removed, and to this day my doctors still do not know why I had these problems at such a young age of 35.

Additionally, I started to get small psoriasis spots like this one on my elbow. There are others on my scalp and my back, and recently my thighs and my scalp broke out in dozens of new spots, painful, very painful. I had to use a combination of various prescription medicines, including two different creams to use on my face and my body, as well as a prescription shampoo and a scalp medication.

Additionally, over the last 3 months I have had to receive UV light treatments three times a week in order to treat the spots all over my legs and torso. These treatments and the medicine regimen are not only taxing but they are costly. To date, even with my limited health insurance, I have paid more than $15,000 out of pocket. To make matters worse, I have had to take a 10 percent salary cut. I have also started to get deductions from my salary to pay toward my health insurance.

Today I face worsening health problems, skyrocketing medical expenses, and shrinking health care. But my story is not unique.

In fact, it is increasingly the norm for countless of families and low income workers in the Lower East Side and Chinatown.

As a member of the Beyond Ground Zero Network, a coalition of grass roots organizations, legal and health care advocacy groups, we recognize the mounting health crisis brewing in our community. Within weeks of September 11th we began outreach and surveyed over 2,000 residents and workers who put their health as the No. 1 priority.

We found thousands of residents and local workers suffering from new and worsened cases of asthma, severe breathing problems, and intense coughing. Today whole families suffer from asthma, respiratory problems, skin problems, and gastrointestinal problems.

Without any funding we launched a collaborative, a September 11th treatment program with Bellevue Hospital. This pilot program got off the ground with intense community participation by the Beyond Ground Zero Network and has just expanded over the last year. Today we have a backlog of over 700 residents and workers representing the tip of the iceberg.

As the only September 11th treatment program for residents and local workers in Lower Manhattan, our collaborative treatment program is only the smallest step toward addressing the existing health crisis within our local community. There is no excuse for taking small steps on the fifth anniversary of September 11th. Our health, my health, has been destroyed, and I can't get this back. Our lives will never be the same, and we will not tolerate any half-measures and the whisper of a promise.

We demand reparations for the lies about the toxic air. We need immediate compensation, because we can no longer work due to these health problems. We need a comprehensive long-term treatment and study program to provide medical care for residents and workers in Lower Manhattan, and to continue investigating the complex, emerging September 11th health problems.

We demand from the Federal Government today. Our lives depend on it. Now is the time to act.

Thank you for your time.

[The prepared statement of Ms. Geronimo follows:]

Good morning. My name is Lea Geronimo. I am a resident of the Lower East Side of Manhattan. I also work in an office three blocks away from the World Trade Center. The September 11th disaster changed my life forever. I am here to today to share my story, as of one of the forgotten victims of that tragic day.

The toxic World Trade Center dust permeated my office as well as my neighborhood, but as a result of repeated assurances by the government stating the air was ok, I had no other choice but to go back to work less than a week after the disaster. At work or at home, I could not escape the dust and the fumes.

Within months of 9/11 I developed Bronchitis. What I thought was just a random occurrence is now a chronic problem. Since 9/11 I have had Bronchitis nine times. Nine months after 9/11 I developed constant heavy menstrual bleeding. This continued for five months. I was given a sonogram, but the doctors could not explain what was going on. Last year, I developed lesions and polyps in my uterus and cervix. I had them removed and to this day, my doctor is unsure why I developed these problems at such a young age.

Additionally, I started to get small psoriasis spots throughout my body. There were some on my elbow, on my scalp and on my back. Recently my thighs and scalp broke out into dozens of these painful spots, covering my skin. I have to use a combination of various prescription medicines every day. These include two different creams; one for my body and one for my face. I also use a special prescription shampoo and a scalp medication. Additionally I have been receiving UV light treatments three times a week to treat the dozens of spots I have all over my legs and torso.

These treatments and medicine regiment are not only taxing, but costly. To date, even with limited health insurance, I have paid more than $5,000 out of pocket. To make matters worse, I've had to take a 10% pay cut at my job. I have also started to get deductions from my salary to pay towards my health insurance.

Today I face worsening health problems, skyrocketing medical expenses and shrinking healthcare. But my story is not unique, in fact it is increasingly the norm for countless families and low-income workers in the Lower East Side and Chinatown.

As a member of the Beyond Ground Zero Network a coalition of grassroots organizations, legal and healthcare advocacy groups we recognized the mounting health crisis brewing in our communities. Within weeks of 9/11 we began outreach and surveyed over 2,000 residents and workers who put their health as number one priority. We found thousands of residents and local workers suffering from new and worsened cases of asthma, severe breathing problems and intense coughing. Today whole families suffer from asthma, respiratory, skin and stomach problems.

Without any funding, we launched a collaborative 9-11 treatment program with Bellevue Hospital. This pilot program got off the ground with intense community participation by

Beyond Ground Zero and expanded one year ago. Today we have a backlog of over 700 residents and workers, representing the tip of the iceberg.

As the only 9-11 treatment program for residents and local workers in Lower Manhattan, our collaborative treatment program is only a small step towards addressing the mounting health crisis brewing on our local communities.

There is no excuse for taking small steps on this fifth anniversary of September 11th. Our health has been destroyed, we cannot get this back. Our lives will never be the same and we will not tolerate half-measures and the whisper of a promise. We demand action now, our lives depend upon it. Our communities demand reparations for the lies about the toxic air. We need compensation because we cannot work due to these health problems. Finally, we need a comprehensive long-term treatment and study program to provide immediate care and to continue investigating the complex and emerging 9-11 health problems.

Now is the time to act.

Thank you.

Mr. SHAYS. Thank you, Ms. Geronimo, very much.
Sergeant Provost.

STATEMENT OF LAWRENCE PROVOST

Mr. PROVOST. Good afternoon, and thank you for inviting me to come. First, I have to say that anything I say here today does not represent the opinions of the Department of Defense or the U.S. Government. However, it is as a soldier that I volunteered to respond to the attack on our Nation on September 11, 2001.

I arrived at the World Trade Center site on my own initiative, in uniform, after gaining clearance from my military unit to do so, to assist in the search and rescue and remained there for the first 7 days. On September 11, 2002, my Army Reserve Unit landed in Afghanistan, and we returned home to New York on March 11, 2003. In September 2004, my team again went overseas to Iraq, and we arrived home on March 11, 2005.

Much has happened in the past 5 years, but it is impossible not to forget that what has happened to all of us these past 5 years has been more or less because of September 11th. Our war began at home, and our war ultimately must be fought and won at home.

Speaking as a member of two groups in the September 11 community—the military volunteers at the World Trade Center site and the so-called undocumented victims, those who did not work for the city or State of New York—we are faced with three major issues in regards to September 11 illnesses—emotional, physical, and spiritual health.

I am not ashamed to admit as a person in uniform that it has been a very tough road mentally because of September 11th. The severe PTSD issues that I have faced have been a major burden on my family, my friends, my job, and it has been hard. You know, and there is a real stigma that exists because of that, because you are a person in uniform, whether you are in the military or a police officer or a firefighter, or even in everyday society I think we still see that.

I was even penalized in one of my evaluation reports because I went and sought help from a military clinic regarding my World Trade Center emotional health issues, and I am still fighting this evaluation but it is going to remain forever in my file. I probably will not be promoted again, and this is just very symptomatic of what is going on with so many people. And, unfortunately, it is sad to say that I have it pretty easy compared to other people, frankly.

In regards to the physical health issues, there are many of them. On September 14, 2001, at the site I began to develop severe rashes on my arms, back, and neck. These continue to this day, and you can probably see many of the red blotches that are across my face now. I was treated onsite, but because I did not go to the hospital I was denied Federal compensation related to September 11th. The victims comp fund said you had to be treated at a hospital within the first 48 hours.

Well, when we were onsite, one, we didn't care about going to a hospital; second, there was no place to sign in. You know, we just went ahead and we did what we had to do.

At age 27, I am much weaker physically now than I was before September 11th. And though I do not experience—and as I said, I

do not experience most of the symptoms the others have, at least as far as yet—I have it easy, because I am not dying. Bernie Gidfried, a friend of mine, whose ambulance corps was contracted to the city of New York but was not a part of the FDNY, she was buried twice that day, once by each tower. She is on 22 different medications now.

Father Lyndon Harris, he gave me permission to say this, most people don't know, but he is the priest who ran St. Paul's Relief Operation. Father Harris is sick. He has severe PTSD, and his lungs are deformed. He was told this by the Mt. Sinai Medical Institute. What are we to say to heroes like Father Harris who gave—who literally gave their all for all of us rescue workers down there?

My battle buddy, who was only onsite for 2 days, is on a respirator day and night. I was there 7 days. He was there 2 days, and he has to suffer because of this.

People from out of the State came, and they have already died. Lieutenant Dave Michael, another Army Reservist who came as a part of his police department from the Midwest, he only worked at Fresh Kills, and he has died in his forties recently.

I feel as thought preventative treatment from the beginning would have helped many of the chronically, critically, and terminally ill have a longer life span. And many of the monitoring program's specific toxins are identified while strain on the heart and the atrophy of the organs continues.

As I said before, Father Harris' lungs are currently deformed, and he has a history of coughing. He has not received workman's compensation. He is about to lose his medical insurance. I mean, I just—it is mind-boggling, and there are so many of these stories. I mean, this is—this is like what happened to John Lindsay before he died. You have a great individual who does so much, and then it is like nothing. You have no medical insurance, and you are going to die alone.

Governor Pataki's recent bill was for city and State public servants, not people such as on this panel. In New York City, 49 percent of emergency medical services are volunteers, are private ambulance services, that are not covered by the FDNY. If you were down there giving to your country, you should be given treatment. And what about the downtown residents whose only crime was living and working in the greatest city in the world?

We have seen little assistance from the mayor and the Governor. Each is in a power grab for their piece of the most valuable real estate in the world, the World Trade Center site, while neglecting first the families of the victims, the developer, and now the first responders and residents of Lower Manhattan.

The mayor's administration has not declared war on first responders and residents, but its actions in effect have sent the message for us to drop dead and to stop being a nuisance. What they have not realized by their actions is that what they are doing is not in the best interest of the city, it is not in the best interest of the soul of the Nation. They have not yet realized that the billions they will inevitably spend on lawsuits would have made it more profitable for them to save people than to let them be killed by terrorists.

And I don't think that this is the stronger and better New York that Mayor Giuliani spoke of. And I do believe this leads to the issue of our spiritual health. And while our government cannot compel State-sponsored religion, any program that the Federal Government does develop does have to take into account the faith component and the faith healing.

Again, we saw what happened over at St. Paul's Chapel where people of all faiths went. That is just something that in any program, especially for people who are dying, who are getting ready to meet their maker, these are issues that we definitely have to confront.

In regard to spiritual health, as a military reservist I feel terrible in knowing that there are remains of our military brothers and sisters in the garbage dump at Fresh Kills Landfill, and even today around the World Trade Center site, where hundreds of remains have been found in the Deutsche Bank Building over the summer.

I saw it here, I saw it in Afghanistan, and I saw it in Iraq. Remains can be, and usually are, everywhere. I can guarantee that there are remains from September 11 in other places in Lower Manhattan, in air ducts, in roofs, in vents. And I don't believe it is good for the spiritual well being of our city knowing that there is a continuing graveyard down at the World Trade Center site.

We are at war, and the only way to win wars is by total immobilization of the national government in all areas to defeat the enemy, and this includes the area of September 11 help. Many suspect that the attack on the World Trade Center itself will never actually be considered anything more than the result of a criminal conspiracy, but our definitions of war are too far outdated.

The fact is, those attacks on September 11 were coordinated by a foreign non-State enemy, and people, whether they liked it or not, were automatically thrust into the role of being a soldier, a sailor, an airman, or a marine that day. A Federal law to cover all affected and treat them as victims of an attack by a foreign entity is certainly called for.

We live in a strange world with many different and often conflicting interests, but putting September 11 under the umbrella of the Federal Government is the best guarantee that no one is left behind and creates a win situation for all parties concerned. Any solutions to be taking place have to cover all military volunteers at all sites related to September 11, including military mortuaries, but this only addresses part of the problem.

All downtown residents and people from out of State must also be covered by any Federal program, and I believe Mr. Nadler's bill is a great place to start. In future disasters, you will also have to take new account that volunteers will not be sitting at home. They will, in fact, run toward sites, and that is something that also has to be addressed. Data bases need to be set up beforehand, and comprehensive programs need to be in place beforehand to respond to these disasters.

Congress should enact reforms immediately to discourage the military culture which penalizes those who admit they need any sort of physical or psychological assistance relating to the war on terror, including September 11th.

And I don't want to take up too much time, because we have a great deal many questions, but I just want to say this is the greatest country in the world. We are at war despite the issues that we are being faced. I believe the best of humanity is in this room. I believe that going together that we can succeed, and that we can make sure that those who have died and, frankly, those who are continuing to die, that they will not have died in vain. And I believe perhaps in that way that America can prevail, and we need your help.

Thank you.

[The prepared statement of Mr. Provost follows:]

Statement of Lawrence Provost

Progress Since 9/11: Protecting Public Health and Safety of the Responders and Resident

September 8, 2006

Good morning, thank you for permitting to come. Anything I say does not represent the opinions of the U.S. Military or U.S. government. However, it is as a soldier who volunteered to respond to the attack on our nation that on September 11, 2001 I arrived at the World Trade Center site, on my own initiative in uniform after gaining clearance from my military unit, to assist in the search and rescue and remained for the first seven days. On September 11, 2002, my Army Reserve team arrived in Afghanistan, returning home to NY March 11, 2003. In September 2004 my team landed in Iraq and returned home March 11, 2005. It is impossible not to forget that what has happened in my life, and all our lives these past five years is, regardless of political opinion, a result of September 11; our war began at home and ultimately will be won at home. Speaking as a member of two groups in the September 11 community, the military volunteers at the World Trade Center Site and the so called undocumented victims, those who did not work for the city or state of New York, we are faced with three major issues related to September 11 illness; Emotional, Physical, and Spiritual Health.

EMOTIONAL HEALTH

It has been a tough road mentally.

The compensation and treatment, especially the emotional treatment, I receive from the VA was only because I served in Afghanistan, Kuwait, and Iraq. Being at the World Trade Center as a military volunteer did not make me eligible for anything. No first responder, no downtown resident, should have to go to Afghanistan or Iraq in order to get treatment for any health issues related to the World Trade Center. I get some treatment but it is only because of my combat veteran status. What about the others in the military and those who wear no title other than the office of citizen and were affected by the actions of ruthless barbarians?

Ironically when I received treatment for emotional trauma related to September 11, I was penalized for it in one of my recent evaluation reports. Though still fighting this report, it will remain forever a part of my file and my chances of getting promoted again are slim. This penalization represents the stigma that exists still in American society, especially in the military, towards anyone who admits "I need help" You will find this in police departments, in fire departments, and in everyday life.

PHYSICAL HEALTH

On Friday September 14, 2001 at the World Trade Center I began to develop severe rashes on my arms, back, neck. These continue to this day. I was treated on Site but because I did not go to a hospital, I was denied federal compensation related to September 11. At age 27, I am much weaker physically now than before September 11 though I do not experience most of the symptoms others have. Still I have it easy, I am not dying.

EMT Bonnie Giedfried, whose ambulance corps was contracted to the City of New York, and was buried twice that day, once by each tower, is sick. Father Lyndon Harris, The Priest who ran the St. Paul's Relief Operation, is sick. My military battle buddy, whom I searched with at the Trade Center for the first two days, is on a respirator. It gets worse. People from out of state came, and they already have died. Lt. David Michaels, another military reservist, came from the Midwest with his police department to work at Fresh Kills, died in his 40s recently.

Preventative treatment from the beginning would have helped many of the chronically, critically, and terminally ill have a longer life span. In many of the monitoring programs specific toxins aren't identified while strain on the heart and the atrophy of the organs continues. For example Father Harris' lungs are currently deformed and he has a history of coughing. He has not received workmen's comp.

Pataki's recent bill was for City and state public servants. In NYC 49 percent of EMS are volunteers and private ambulance services do not cover volunteers and other rescue workers not affiliated with the City. If you were down there giving to your country you should have been given treatment. And what about the downtown residents whose only crime was living and working in the greatest city in the world?

.

We have seen little assistance from the Mayor and the Governor. Each is in a power grab for their piece of the most valuable real estate in the world, the World Trade Center site, while neglecting first the families of the victims, the developer, and now the first responders and residents of Lower Manhattan.

The Mayor's administration hasn't declared war on first responders and residents, but its' actions in effect have sent the message for us to drop

dead. I do not believe the administration is uncaring; on a level they genuinely believe what they are doing is in the best interests of the city, but they have not realized yet in the billions they will inevitably spend in lawsuits, that it would have more profitable to save our sick than to let them be killed by the terrorists. This is not the stronger and better New York that Mayor Giuliani spoke of.

This leads to our spiritual health.

SPIRITUAL HEALTH

Our government cannot compel state sponsored religion; that is what makes us different from the terrorists; we should never discourage the need for faith especially amongst those who are suffering.

We must understand that many of the programs to address the health of our responders will not work without a faith component. We cannot escape faith in regards to September 11. It was faith based terrorists that brought this war to us and it is faith that sustained us in those few weeks after. Any program that the federal government initiates must take into account the faith element of all those who will seek help.

Finally in regards to spiritual health, we feel terrible knowing there are remains of our military brothers and sisters in the garbage dump in Fresh Kills and also even today around the World Trade Center site where hundreds of remains have been found over the summer. I saw it here and I saw it in Afghanistan and Iraq, remains can be, and usually are, everywhere. I guarantee there are remains from September 11 in other places in Lower Manhattan. Also, the emotional and spiritual health of the downtown residents is affected in knowing that remains are still around the World Trade Center.

We are at war and the only way to win wars is total mobilization by the national government in all areas to defeat the enemy and this includes the area of September 11 health. Many suspect that the attack on the Trade Center itself will never actually be considered anything more than the result of a criminal conspiracy. Our definitions of war are far too outdated. The fact is, those attacks on 9/11 were a coordinated attack by a foreign (non-state) enemy. A Federal Law to cover all effected and treat them as victims of an attack by a foreign entity, is certainly called for.

We live in a strange world with many different and often conflicting interests but putting September 11 under the umbrella of the Federal government is the best guarantee that no one is left behind and creates a win win situation for all parties concerned.

SOLUTIONS

-Any military that responded, in any fashion, to September 11 must be classified has combat veterans which makes them eligible for VA benefits. This includes any military who have responded and/or were at the World Trade Center, shanksville, the Pentagon as well as service members who worked with any GWOT remains at any of the U.S. military mortuaries outside of CENTCOM area of responsibility. However, that only covers part of the issue.

-In future disasters, you will not be able to keep independent military, EMS, Fire, Construction and other entities away from the Site. They will in fact run towards it. Instead of discouraging it, the federal government needs to take the lead at the site of all attacks, which did not happen in New York. Plans for databases for these volunteers must be set up BEFORE any disaster strikes. One central database, with backups, must exist.

-Congress should enact reforms immediately to discourage the military culture which penalizes those who admit they need any sort of physical or psychological assistance relating to the total War on Terror including September 11

REGARDING SPIRITUAL HEALTH

--Any federal program for the World Trade Center sick and future disasters/attacks of this magnitude must take into account that the best remedy for many will be in their faith.

-All remains of all our service members need to be brought out of the area in and around the World Trade Center site, not just the Deutsche Bank building where hundreds of remains continue to be found. This must also include the remains and ashes at Fresh Kills landfill so no one is left behind and a proper religious burial has not been denied to any of our fallen service members or

civilians at the World Trade Center. This summer I had the opportunity to become Mortuary Affairs qualified for the Army Reserve. Let Mortuary Affairs, especially the JPAC, come back to the WTC Site to finish the job and retrieve our fallen brothers.

-Most importantly. This was an attack by a foreign entity with alien values upon the United States. Without choice, tens of thousands of people were thrust into the role of a soldier on September 11 and the following days. Any victim should be covered by a comprehensive federal program. A victim compensation fund is but a part of this. Some victims will not develop illnesses till years later. Free on the spot care, similar to the VA but to include volunteers, construction, and downtown residents is the only option.

There are a host of other issues which hopefully at another venue can be hashed out but our immediate priority is to care for our dying homefront warriors. In doing so we must never again allow ourselves to be caught up in the complacency of the September 10 era.

This September 11 the whole world is watching including our enemies who rejoice at the death of yet another American in New York City. We must not give Islamo Fascism anymore ammunition to where they can say "Americans do not take care of their own."

These are difficult times and difficult issues for this generation of Americans and its leaders but thankfully this also was the generation of Americans and leaders that God has placed for this time and purpose. We will not fail. We as responders, as military, as civilians, as volunteers, as residents, as members of the Congress, let our purpose and our prayer be to help our sick, to bind up the wounds of the nation at home, and save our homefront wounded. Let the legacy of all of our loved ones, at home and abroad, not be to have died in vain. Let September 11 be remembered not just for the worst of humanity, but the very best of humanity.

Thank you for your letting me address you today.

Mr. SHAYS. I thank you all very, very much. The line of questioning would be from me ordinarily, and then from Mrs. Maloney, and then I would go to Senator Clinton, and then to Mr. Fossella, and then to Mr. Nadler and Mr. Weiner. I am going to speak at the very end, ask questions at the very end, and give my time to Mr. Fossella.

Mr. FOSSELLA. Thank you, Mr. Chairman. Thank you all for your testimony. It was very moving, and, again, just a strong reminder of why we are all here and why we can't go away.

Now, for Ms. Bascetta, I think it is a consensus here that the Federal Government needs to be fully behind this effort with money now and resources for treatment, among others, continued monitoring. But one thing that we often ignore is the fact that many people who have lived in New York City and the surrounding area have moved already to other parts of the country, and will continue to move.

And I think many of us—and it has been confirmed by people like Dr. Howard and others—that this is a 20, 30, 40-year commitment that needs to be made as we monitor and treat those who suffered.

So along those lines, in your study or professional opinion, does GAO have any recommendations on how to better coordinate existing efforts to address what we believe is a health crisis as we go forward? Do you have any suggestions how we can start down the path of determining, in conjunction with the non-governmental organizations, as well as governmental organizations, how many affected, the cost of treatment, and what we can expect in the coming years?

Ms. BASCETTA. We are, of course, very concerned and troubled most by the fact that 5 years later there have obviously been many lost opportunities, starting with the fact that there was no roster of who helped. A very obvious lesson learned is that we need to know that from day one in the future and not to be trying to reconstruct that after the fact. It is very expensive, and, frankly, we will probably never know how many people participated in the cleanup and rescue operations.

Another lesson that we need to learn is that we need one program for everybody. A multiplicity of programs isn't the optimum clinical treatment, because people are people. It doesn't matter whether you are with the city, the State, or the Federal Government, if you were exposed you ought to be treated the same from a clinical standpoint.

In addition, for the long-term monitoring, you want to have the most robust epidemiological evidence you can have, and that would require there again to be one program, one set of uniform standards, that will be applied to people regardless of whether they were volunteers or workers from an array of different agencies.

Mr. FOSSELLA. Is there a model that this country is—or other parts of the country have—we can point to, given the scale and size?

Ms. BASCETTA. I am not sure about that. I would have to give that some additional thought. Certainly, we were hoping that even though it was 5 years later that the appointment of Dr. Howard as the Federal coordinator of all this could at least make up for

some last time and—lost time and lost opportunities to perhaps, you know, begin to lay out what the parameters of a model might be to deal with future situations like this.

Mr. FOSSELLA. Any sense on how long that process would take, that one particular program at least you have in your mind?

Ms. BASCETTA. Setting up the parameters, do you mean? Well, you know, I think there is lots of good science, both clinical and statistical, that could be brought to bear immediately to fashion a program. You also asked me about cost. There is certainly, you know, a wealth of expertise that could be brought to bear to combine the epidemiological evidence that we have now with various statistical and economic programs that could cost out a range of scenarios, the best case and the worst case, depending on, you know, how the health of the responders evolved over time.

But I think Chairman Shays had said in his opening statement that requires vigilance and patience, and certainly that is the case.

Mr. FOSSELLA. Is there any way that GAO can undertake that responsibility?

Ms. BASCETTA. We would do whatever the Congress asked us to do.

Mr. FOSSELLA. I yield back. Thank you, Mr. Chairman.

Mr. SHAYS. Thank you. At this time the Chair would recognize Mrs. Maloney.

Mrs. MALONEY. I thank all of you for your very moving testimony. You certainly have pointed out what we need to do. And I thank, again, the chairman for this hearing. I yield my time to the junior Senator from New York.

Senator CLINTON. Well, I thank my friend and colleague, and I want to thank all of our witnesses for their moving and eloquent and helpful testimony. I think that there are several action items that have to come out of this hearing. Obviously, one is that we need to expedite not only the $75 million but begin to put together a budget request for money in addition to the $75 million.

If there is a supplemental request before the end of this year from the administration to fund matters such as the war in Iraq, or continuing help for people along the Gulf Coast because of Katrina, or to deal with the drought in Iraqi Mountain West, whatever the reason is we will work very hard to get additional money in that for the treatment that is so desperately needed.

We will also begin to work to get a budget item in the President's budget. This is an ongoing Federal Government commitment, and it needs to continue year to year without the kind of fits and starts that unfortunately we have experienced over the last several years.

I think it is also first and foremost the responsibility of the Federal Government to take care of Federal employees. And, Mr. Centore, I am so sorry. I just cannot express strongly enough my sympathy for what you have been through as a Federal employee and someone who has given a lifetime of commitment to our country.

And as we heard from Ms. Bascetta, the Federal Government has failed on many levels, but it has miserably failed in taking care of its own workers. And that has to be addressed with renewed commitment.

Additionally, we have to set up systems to deal with this going forward, and I appreciated Congressman Fossella's line of questioning. I have introduced legislation, bipartisan legislation, in the Senate with Senator Voinovich from Ohio. Why? Because there was a team of people from Ohio who came to help us in New York.

When they returned home, they got sick. And it was the same kind of problem that we began seeing with our people, and so we, along with several other of our colleagues in the Senate and with my colleague, Congresswoman Maloney, in the House have introduced the Disaster Area Health and Environmental Monitoring Act, which would give the President authority to carry out a program for the protection, assessment, monitoring, study of the health of people exposed to harmful substances, and then simultaneously we need something along the lines of what—Congressman Nadler or Congressman Maloney has a different approach. We need some kind of system to guarantee the treatment.

Now, I can't help but add—you might expect this from me—if we had a health care system in America that took care of everybody we would not be talking about creating special little programs to take care of people. We wouldn't have, you know, Mr. Zadroga, being turned away for treatment as we heard his father describe to us.

This is something that, you know, is long overdue in our country, and eventually we are going to have to get around to doing it. We are wasting billions of dollars, and we are destroying lives because we won't face up to the fact that we are not fulfilling our responsibility as the richest country in the world to provide quality, affordable health care to every single American, especially to those people who are harmed because of an attack on our country.

So I think there is a lot of work ahead of us, and I just want to, you know, end by underscoring the fact that we do need to understand what went wrong, because we cannot learn those lessons if we are not courageous and honest enough to face them. And a lot of things went wrong.

But that should not be an additional excuse for not taking care of the people who need our help now. And I really believe that the testimony we have heard from each of our witnesses on this first panel does more than any of us up here can to underscore the continuing responsibility we all feel.

And I recall that we had a hearing like this in February 2002. It was a hearing that I called that the Senate had, and we began hearing these stories then. And it was very hard to get people's attention. I will never forget the testimony of one of the representatives from the cit. When we said, "Well, who is responsible for the air?" and the response was, "We do water; not air."

And there was just this I think feeling that, oh my gosh, we have so many other things to worry about, we are just not going to be able to focus on this yet. Well, finally we are focused. The need is obvious, and we have a lot of work ahead of us. And I think I can speak for all of the Members of the congressional delegation is that we will remain working together in a bipartisan fashion until we get answers to the money for the treatment, the systems that need to be set up, and then policies to try to make sure this never happens again.

And I thank our conveners for holding this hearing.

Mr. SHAYS. I thank the Senator from New York. Mrs. Clinton, thank you very much. And at this time, I would recognize Mrs. Maloney for your time.

Mrs. MALONEY. I thank the gentleman for yielding, and I thank our two Senators for their commitment and dedication to this issue. Just yesterday they joined Vito Fossella and myself at a meeting with Secretary Leavitt, and their presence and commitment helped us secure Secretary Leavitt's and John Howard's commitment to release the $75 million by October 1st. It cannot help Mr. Zadroga's son, but it can help others, and I thank them for their leadership.

I yield my time to the senior Senator from New York.

Senator SCHUMER. Well, thank you, Carolyn. I want to thank you for your really exquisite leadership on this issue, along with Vito Fossella and my colleague, Senator Clinton, who has taken such a lead on this issue in the U.S. Senate.

I also want to thank Chris Shays for holding this hearing in a timely fashion here in New York yards from the scene of both the terrible tragedy and the countless acts of heroism right during the attack and in the days, weeks, and months afterwards.

And let me just say this. We came together as a society in a really amazing and refreshing way after September 11th. The partisan differences, the geographic differences vanished. We were all New Yorkers. We were all people who had been injured by what happened. And what we are doing—what we are talking about here is a test. Has our society forgotten about what happened?

The victims we have heard from and heard about were injured every bit as much as those who were hurt immediately as a result of the planes crashing into the Twin Towers. It is only their symptoms that emerged later, and it took too long, just really until the last week, until the views of so many that damage occurred, real damage, although its effects would not be known 5 years, 10 years, even 20 years later, were real.

And we have to summon the same energy, the same focus, and the same unity in helping these folks as we did in helping those who were injured immediately thereafter. That is our job. Make no mistake about it, $75 million isn't going to be close to enough. And when we met with the Secretary yesterday, a number of us were a little skeptical I guess I would say because he wouldn't give an unequivocal commitment that everyone would be taken care of. We need that commitment.

We need that commitment now. It is, we all believe, a Federal responsibility. Just as helping those who were injured, and the families of those who perished in the Twin Towers, was agreed to be a Federal responsibility. And there are going to be other—there are going to be several different approaches that are taken. The real answer is simply to get the treatment, the health care, the help for the people who need it.

And I wanted to come by and apologize to everybody, because I had so many other prior commitments, to tell this panel in particular, but everyone here, that I will join in the effort to do everything that we can to see that what happened to those who helped early on, but show symptoms of illnesses that came from that help years

later are treated every bit as fairly as those who were hurt on that terrible day, 9/11/01.

Thank you, Chris, and thank you, Carolyn, for yielding your time.

Mr. SHAYS. Thank the gentleman very much. I appreciate his being here to speak in unity with this effort.

At this time, the Chair would recognize Mr. Nadler. And as the gentleman rightfully pointed out, I think we are in his district.

Mr. NADLER. We are indeed. Thank you very much, Mr. Chairman. First of all, I said in my opening statement that I felt that the Federal, State, and city governments have betrayed the first responders and the people who came to help and the people who live in downtown Manhattan. I think the testimony we have heard strengthens that statement.

So as a member of the Federal Congress, not the administration or anything but the Congress, let me apologize to those of you who were—who live downtown or are—or were responders and have gone through what you have gone through, for the betrayal by the Federal Government. And we will try to reverse that, to the extent we can now, and that is the purpose of this hearing.

Second of all, Mr. Centore, you testified about—that when requesting Federal assistance you talked about how you couldn't get real help. And when requesting Federal assistance such as workman's compensation or disability retirement, you had various problems. Could you elaborate a bit on the problems and frustrations that you have had or that you know that others have had in trying to get help from the Federal worker's comp system?

Mr. CENTORE. I can only speak from, you know, my own experience. I can back it up with hearsay from other parties. But the biggest concern in the last letter that I received from Department of Labor concerning workman's comp was, "How do we know you were there?" And I am like, well, I have eight or nine pictures with me on the pile, and they said, "Well, they could have been doctored up."

I said, "You work for the Federal Government, don't you?" because I know where this is going. I mean, this was—you know, it was just mind-boggling that the man would question my integrity like that.

Mr. NADLER. We have heard the same thing from other people, but go ahead.

Mr. CENTORE. OK. No, that is all I am going to say. That was the biggest——

Mr. NADLER. In other words, it is an adversarial system where they seem to try to avoid certifying you as someone who ought to get help?

Mr. CENTORE. Well, if I can be candid——

Mr. NADLER. Please.

Mr. CENTORE [continuing]. I feel like it is a contest between me and them. It is a contest to see if they are going to give in first or I am going to die first. And I have made a solemn promise to myself that I am going to collect that one nickel, just one nickel, before I go anywhere. It is like—it is insane. My doctors don't believe that I still have to go to work, even in my condition.

Mr. NADLER. So do you think, given your experience, that it would be a good idea to make the major means of first responders and others with—the people who live or work downtown who have gotten sick as a result of September 11th, do you think it would be a good idea to make the major means of access to Federal help, to medical treatment, the worker's comp system? Or should we try something else?

Mr. CENTORE. Well, I do, but, you know, I think you have to start at the very beginning. And if you read the paper that I submitted to the committee, the very first thing I said that we have to do is somebody has to stand up and say, "Yes, this is attributable to the September 11th incident." And that somebody has to be the Federal Government. I mean, that is the power that, you know, speaks for the entire country.

If the Federal Government is willing to stand up and say that, I think you will have more doctors and more people in the medical community finally stepping forward. I have—right now I have as many doctors as I have pills, which scares me. But they all treat all of my illnesses in a traditional manner, with the exception of a few who have been—had some experience dealing with other September 11th responders.

And I am like, I don't know where you get this information from. You know, that is the first step. Somebody has to admit that this was caused by September 11th. And then, second, which it is going to be a lot longer, is we have to educate local medical communities on symptoms and diagnoses of having to deal with situations such as the World Trade Center.

Mr. NADLER. Thank you. I have a couple questions which I wanted to ask Mr. Centore and Mr.—Sergeant Provost. And to the extent that Mr. Zadroga has information from his son, I would ask you to answer this, too, but it may not apply in any case.

The first question is, when you served on the pile—I will ask Mr. Centore first, and then Mr. Provost, and, Mr. Zadroga, if you want to—were you issued a respirator?

Mr. CENTORE. I am glad you brought that question up. We started off with the paper mask. The problem with that was——

Mr. NADLER. That is useless. Were you issued——

Mr. CENTORE [continuing]. They got clogged up. You couldn't breathe, so you were either going to suffocate and your lungs were going to be OK, or you took the doggone thing off so you could breathe, but you run the risk of, you know, developing——

Mr. NADLER. Let me just say that we have had testimony on other occasions that the paper mask was useless to protect anyone's health anyway.

Mr. CENTORE. Right.

Mr. NADLER. But, so were you issued a respirator?

Mr. CENTORE. Eventually. Near the end, a friend of mine, actually he is my counterpart in the EPA, I ran into him. He was doing monitoring for the EPA down on the pile, and he begged me and pleaded with me, he said, "Hey, if you go back down to the pile, make sure you wear at least the half-face, if not a full-face, respirator."

Mr. NADLER. Because of health hazards.

Mr. CENTORE. Oh, yes.

Mr. NADLER. OK. And were you told that it was the law under the Occupational Safety Health Act that you must wear a respirator?

Mr. CENTORE. No, sir. What we were told was we went over the schoolhouse, and they would put up a sign that—when respirators were required. So 1 day they would have the sign up, next day they would take the sign down.

Mr. NADLER. OK.

Mr. CENTORE. Next day they would have the sign up.

Mr. NADLER. And did you see—and did you see EPA or OSHA officials enforcing the Federal occupational safety laws?

Mr. CENTORE. No, sir.

Mr. NADLER. Walking around the site to see whether people were wearing respirators?

Mr. CENTORE. Not until they were able to get a handle on the situation.

Mr. NADLER. OK. And my final question, and then I will ask Sergeant Provost the same questions, did anyone tell you that you were not allowed on the site without proper protection gear?

Mr. CENTORE. No, sir.

Mr. NADLER. Thank you. The reason I am asking these questions is that Christie Todd Whitman has said that they told workers to wear their gear, and that at the Pentagon, the cleanup at the Pentagon, the law was enforced and no one was allowed on the site without wearing respirators.

I will ask if Sergeant Provost can give shorter yes or no answers to the same questions. I will repeat the questions. Were you issued a respirator?

Mr. PROVOST. No, sir.

Mr. NADLER. Were you told of the health hazards of working on the site?

Mr. PROVOST. No, sir.

Mr. NADLER. Were you told of OSHA requirements to wear respirators or any other protective gear?

Mr. PROVOST. No, sir.

Mr. NADLER. Did you see EPA or OSHA officials enforcing Federal occupational safety laws?

Mr. PROVOST. Never, sir.

Mr. NADLER. And did anyone tell you that you were not allowed on the site without wearing proper protective gear?

Mr. PROVOST. Never, sir.

Mr. NADLER. Thank you. Mr. Zadroga, do you have any information on this that you could give or——

Mr. ZADROGA. Yes. All my son was ever issued was a paper mask, and he was never told that he had to wear a respirator. Matter of fact, at one point he asked to have a respirator from a lieutenant that was walking by carrying 10 of them, and the lieutenant refused to give it to him and said, "It is for the higher command only."

Mr. NADLER. Thank you. Let me just add one thing, and that will finish my questioning. Actually, I have finished the questioning. I wanted to make one comment with this panel, because Congressman Fossella I think it was, maybe it was someone else, I don't—I think it was Congressman Fossella earlier commented that res-

pirators could have been requisitioned from the Army, that they could have been gotten somewhere.

At the ombudsman's hearings, the EPA ombudsman at my request held hearings downtown in February and again in March 2002 on very much the same topics we are holding hearings on 4½ years later. Because of his conclusions, EPA ombudsman's office was later dismantled by Christie Todd Whitman, but at those hearings we had testimony from police officers—and this is February 2002—we had testimony from police officers that they requested respirators, that they were not available, that they were not made available, that thousands of them were in National Guard armories all over the metropolitan areas, including New York City, and never requested, never requisitioned, and never used, because no one thought to do it apparently.

But those who requested respirators, at least from those police officers who testified, it was never made available to them.

I thank you very much. And, again, on behalf—I can't say on behalf of the Federal Government, but on my own behalf I certainly apologize for the terrible treatment that your country has extended to you.

Mr. SHAYS. I thank the gentleman very much for his questions, and at this time the Chair would recognize Mr. Weiner.

Mr. WEINER. Thank you, Mr. Chairman, and I thank the panel. And I want to echo what Congressman Nadler said. We have said you are heroes, we have said we are grateful, it is time for the United States to say we are sorry and we are going to make it up to you.

I would like to ask you all a question about the comments that the Secretary of the Department of Environmental Protection made in the period after September 11th. I remember the comments and questions, among many others, were: is it safe to be living in New York during that time, given what was in the air?

My office was in Sheep's Head Bay, Brooklyn, and there were embers that were falling that far away from Ground Zero. When on September 13 the Secretary—when Christie Whitman said, "The EPA is greatly relieved to have learned that there appears to be no significant levels of asbestos dust in the air in New York City." Mr. Centore, did you read that?

Mr. CENTORE. No, sir, but I can—I can tell you that is not true, because I was—we were stationed at the corner of Chambers and West Side, and I could feel all the silica fibers clinging to my skin.

Mr. WEINER. Mr. Centore, those of us in public life who didn't spend weeks down there but spent hours just seeing the site, when we went home we had dust on our shoes, things coming out of our nose from 15 or 20 minutes of exposure.

Mr. Zadroga, when on September 14 Christie Whitman said, "The good news continues to be that air samples have taken—have been taken, have all been at levels that caused no concern." You were there, your son was there, can you tell us, had you heard those comments from the Secretary? Did you take some relief in them?

Mr. ZADROGA. Mr. Shays. Well, sir, I wasn't there. My son was there. But I did hear those statements, and I couldn't believe they were saying that. It was just totally unacceptable as far as I was

concerned. I knew there was asbestos in that building, because one of my friends that I grew up with, he told me they had asbestos in that building on like the first—he told me first 40 or 50 floors.

Mr. WEINER. Ms. Geronimo, you who live in the area, this must have been of monumental concern, seeing what was going on in the neighborhood you lived and worked. When you heard on September 16 Christie Whitman say, "There is no reason for concern," did that set your mind at ease? Did you at least feel that the Federal Government was checking and was giving it a clean bill of health?

Ms. GERONIMO. To be quite frank, no. I knew she was lying. We were given paper masks in our office also. But you have to understand, the way that our office receives air, it gets the air from the outside, filters it backs through the building, and gets it in. And for over a year, especially during the summer, there were times there was no air in the building at all, because they had to shut all the air vents.

But I was still expected to walk through all of the military barricades, I was still expected to walk through all the debris that was still flying in the air for weeks to come, and there is a smell that none of us will ever forget that was made out of human remains, the crushed concrete, the glass, the asbestos, and other toxins that I am sure of were created from all of those fires that day.

Mr. WEINER. Mr. Provost, on September 18 when Christie Whitman said, "Given the scope of the tragedy from last week, I am glad to reassure the people of New York and Washington, DC, that their air is safe to breathe, that their water is safe to drink." When she said that, since then it has now become clear and now become the fact that she herself and the EPA knew that was not true, but did you believe her based on what you were seeing?

Mr. PROVOST. No, sir, I didn't, because I had to leave the site the day before because of all the rashes and the physical issues that I was already having based on being there only a week. So I knew it was a lie.

Mr. WEINER. Well, I just want to wrap up by asking the panel yes/no, do you believe, Mr. Centore, that Christie Whitman was honest with you?

Mr. CENTORE. Remembering that I am still under oath, and I just—I know you want a yes/no answer, but it is not that clearcut. What I started to allude to before was my counterpart with the EPA was part of one group that was doing air monitoring on the pile, and I said, "But you guys gave us a clean bill of health. You said that the air was OK." That was the second team that was sent somewhere north of NoHo to take air samples. I said, "There is nobody up there." And that is what—those were the samples they were using to decide whether we had to have respirators on or not.

Mr. WEINER. Mr. Zadroga, do you believe that Christie Whitman and the EPA has been honest with you and your family?

Mr. ZADROGA. No.

Mr. WEINER. Ms. Geronimo, do you believe Christie Whitman and the EPA has been honest with you and your family?

Ms. GERONIMO. No.

Mr. WEINER. Mr. Provost, do you believe that Christie Whitman and the EPA has been honest with you and your family?

Mr. PROVOST. No, sir.

Mr. WEINER. Thank you, Mr. Chairman.

Mr. SHAYS. I thank the gentleman. At this time the Chair would recognize Mrs. Maloney.

Mrs. MALONEY. Mr. Chairman, I feel I should yield to you, since we would not even have these hearings if you had not responded to my request. But since you have yielded, I would like to ask Mr. Zadroga, has the city of New York to this day acknowledged that your son died because of the exposures of the toxic dusts at September 11th?

Mr. ZADROGA. No, they have never acknowledged that. Matter of fact, they never acknowledged his death. I never received even a letter of condolence. The only thing I ever received from New York City was from the Pension Board saying that "Your son passed away. Would you please sign this paper so we can send you payment?"

Mrs. MALONEY. OK. As you know, I have followed up on one of your recommendations to open up the victims compensation fund for the workers and responders.

Mr. ZADROGA. Yes, thank you for that.

Mrs. MALONEY. Prior to your son's death, was there anything that the city, State, or Federal Government did to make sure that your son got the medical attention that he needed? And one of your statements in your testimony, you said, "One doctor was getting ready to treat my son and then he got a phone call and refused to treat my son." Could you elaborate?

Mr. ZADROGA. Well, that was actually on, you know, more than one occasion. We took my son to many different hospitals and many different doctors seeking help. The one doctor that refused, he was from Columbia Presbyterian, and he just said, no, he will not help us. He said because of—he actually never said a reason. Dr. Murphy from DeBoer, he——

Mrs. MALONEY. OK. Did the city, State, or Federal Government assist you in any of the medical treatment?

Mr. ZADROGA. No.

Mrs. MALONEY. Thank you. And, Mr. Zadroga, it appears that Dr. Howard is responding to a request that Congressman Vito Fossella and I made to him to make sure that the determinations of who died from their injuries of Ground Zero, that they come forward with some type of fatality program so that we can make the connection between the deaths and the Ground Zero toxins and exposure.

And they have come forward by saying that they will be working with the New York City Health Department by setting up a fatality investigations program together with the New York City Health Department. Do you have an opinion on this?

Mr. ZADROGA. Well, first of all, I did sit with Dr. Howard when he was first appointed with the DEA for 2 hours, giving him my son's medical records, autopsy records, and he agreed with us that—or agreed with me that my son died from a pulmonary disease.

However, weeks later we went away for a weekend, and then we came back and we just happened to come across a news article that one of his first statements to the news was that my son died from a heart condition. So to me his credibility was destroyed. I called

his office and requested confirmation on why he would say something like that, and they—the secretary or whoever I spoke to said, "He didn't say that." I said, "Well, I have it right in front of me." And she said, "Well, I will get back to you," and never got back to me. The Health Department never did anything to help my son.

I would also like to say that my son had a biopsy done at DeBoer of his lungs, and they were sent to two Federal military bases, and we never received a true biopsy report back from them. I only received a generic one upon threat of subpoena.

Mrs. MALONEY. So is it fair to say that you do not trust the city of New York or the Federal Government to come forward with the fatality determination on fatalities from Ground Zero? Is that a correct analysis of your statement?

Mr. ZADROGA. That is correct. And that is why I suggested that a Grand Jury hearing be established with subpoena powers, so that we could get the underlings that work for these people who know what really happened to come forward and say what happened. I am sure they were told do not treat them, get them out, because every time we went to the hospital, as I said, he was just—they told him they would take good care of him, and then it was like somebody threw a switch, and then they just threw him out of the hospital.

Mrs. MALONEY. Thank you. I would like to ask GAO, Ms. Cynthia Bascetta, in your testimony I would like to ask a specific question on payment and funding. And I want to know from your testimony, you talked about the recent payments to Mt. Sinai's consortium program and the fire department program. And in your testimony you said these payments were made on August 11th.

And it seems to me that based on your testimony, that this money was not expected, and did they have an explanation for this funding? And before you answer, remember the question, because we are under the 6-minute rule, and I want to get some questions in to the other panelists very quickly.

I want to ask Ms. Geronimo, has there been any assistance to you in any other area, workers from the city, State, or Federal Government, to deal with your health problems as a direct result of September 11th? And how do you feel about the statutorily requirement that residents cannot be part of the World Trade Center consortium project? Remember the question, and I am going to Mr. Provost of the National Guard.

Mr. PROVOST. Army Reserve.

Mrs. MALONEY. Excuse me.

Mr. PROVOST. I am sorry.

Mrs. MALONEY. Army Reserve. Excuse me, Army Reserve. And have any of your fellow men and women in the Army Reserve, have any of your people who responded to September 11th been eligible for any type of long-term medical monitoring or treatment? And has there been any coordination by the Federal Government to make sure that you and the others from the Army Reserve or Navy Reserve or other military areas receive treatment? And do you think it is wrong that you had to go to Iraq and Afghanistan in order to get medical treatment from the Federal Government and to get a response to your concerns?

And finally, Mr. Centore, you are a Federal worker, and when Mrs. Clinton and I were fighting to establish a medical monitoring program we tried to include Federal workers, but the administration countered that they would take care of Federal workers, and that they would establish their own separate program for Federal workers. And has that program worked for Federal workers, or do you believe Federal workers should be part of the World Trade Center consortium program which is treating all of the other workers that have been part of the effort?

My time is up, but you have time to respond, and I would like to go first to the General Accounting Office.

Ms. BASCETTA. Your question was, did they explain the August awards? And let me give you the context. We were updating our work. We wanted to be fair to the Department, so we asked them whether they had——

Mrs. MALONEY. Was it expected, or was it a surprise?

Ms. BASCETTA. No, it was a surprise.

Mrs. MALONEY. It was a surprise.

Ms. BASCETTA. They termed them as emergency awards. They said that they were able to make the awards very quickly, because they had in contact with the recipients, and because they had draft applications. But I have worked for the Federal Government for 28 years. We saw the applications. One was dated the 10th, and one was dated the 11th, and the payments went out. The awards were made on the 11th. I have never seen anything that rapid. It was certainly very unusual, and——

Mrs. MALONEY. Never seen anything like it in 28 years.

Ms. BASCETTA. No. And, you know, I would make the point that they obviously were able to change their process, which was to have all of these awards undergo peer review, so I would imagine that sets a precedent for them for the process that they plan for getting the awards out this October.

Mrs. MALONEY. Thank you. Ms. Geronimo.

Ms. GERONIMO. I believe your question was whether or not I thought that the government—Federal, State, or city—has given any attention to the residents that live in Lower Manhattan, and I say no.

Mrs. MALONEY. Do you think the residents, given the health problems they are exposed to, should be part of the consortium that many of us have worked to have you be part of that consortium?

Ms. GERONIMO. Of course. There wasn't a bubble over the Ground Zero site. It is not as if all the toxicities remained in the area. You know, it went everywhere. It went as far as Brooklyn, it went uptown. As trucks were being led to the Bronx or to Staten Island with the debris, it was there.

When there were people being brought—bodies being brought to the Javitz Center, it was there. It was all over the city, quite frankly, and it is true—there were many volunteers from the city and the country that had come here, even if they helped for only a day or a year and a half, and they were all affected by this toxic air.

Mrs. MALONEY. Remember the September 11th Health Act that I authored with Congressman Shays that we have had in for several years would cover everyone exposed to the toxins and treat-

ment for everyone who was sick. And so I want you to know about that bill.

Ms. GERONIMO. Thank you. But I would also like to give special thanks to Jerrold Nadler. With his legislation that he announced yesterday he has acknowledged that grass roots organizing and the people that live in Lower Manhattan have helped to work with him to create the criteria as well as the availability for all people that were affected here, not just the first responders, the New York City fire department, and the policemen, not just the military volunteers that came down and gave their time, but also residents.

I think that is a very big problem, that people in Lower Manhattan are virtuously invisible when it comes to the people affected after September 11th, because we have no recourse with the exception of the program at Bellevue.

Mrs. MALONEY. If we could have the answers from Mr. Centore and from Mr. Provost.

Mr. SHAYS. And then I am going to take over. We are going to finish this panel up in like 3 minutes.

Mr. PROVOST. My colleagues have been told, "You were never down there," but ironically enough our headquarters for a task force of about 250 military volunteers was based in then candidate Bloomberg's campaign headquarters on 340 West Street, and he even addressed us at our closing ceremony on September 13.

But, again, we are told by the city that we were never there. I do suggest that the committee look into the records of the Office of Emergency Management for the city of New York, because they have an extensive data base of volunteers. They even issued volunteer tags for people that were down there. These were the famous red and orange tags that started to be issued on Friday and Saturday.

And we personally also—I personally have the records of most of the military volunteers I know that were down there. But no, we get told that we were essentially never there. And do I think it is wrong? Yes, I think it is a sin against human decency.

Mr. CENTORE. I think I paraphrased the first part of your question wrong. You asked me about the Federal program, what I—did I think it was working?

Mrs. MALONEY. Well, two parts, whether you think the Federal program is working, and, second, Senator Clinton and I tried to get Federal employees covered in the World Trade Center consortium monitoring program, which is headquartered at Mt. Sinai, believing that it would be good to have everybody in one program, yet they insisted on having a separate program. And is the Federal monitoring program working? And, second, do you think the Federal workers should be folded into the larger program that everyone else is in——

Mr. CENTORE. Well, first——

Mrs. MALONEY [continuing]. With the exception of residents and students?

Mr. CENTORE. First of all, is the Federal program working? If you design a program to do nothing and it does nothing, it is working I guess. [Laughter.]

Mr. SHAYS. In other words, it is working the way it is intended.

Mr. CENTORE. Yes, exactly. You know, I can't argue with that. I mean, I didn't design it. You know, I just—I saw the results of it. Do I think that the feds should be rolled into the consortium? Most definitely, because that way now if you try to start a separate program with the feds, you have another whole set of doctors and another whole medical community you have to try to bring up to speed on dealing with the issues and the ailments and the sicknesses and everything else that you already have established and paid for with the first consortium.

So that would be my—and one other thing I wanted to say to Ms. Geronimo. I keep a paper bag tacked to my wall in my room, and on the very first couple of days that we were down at Ground Zero, before all of the pizza trucks and everything else came rolling in, the residents took it upon theirself to make bag lunches and bring it down to the responders, and on there they would write little messages of hope. And mine says, "May God bless you all," and I still have that to this day on my wall.

Mrs. MALONEY. Thank you for your very moving testimony. Thank all of you.

Mr. SHAYS. With the time that I have, and I am not using all the time, I know Mr. Nadler has one very quick question for one witness. So, Mr. Nadler, quickly please.

Mr. NADLER. Thank you. The question is for Ms. Geronimo. Ms. Geronimo, Christie Todd Whitman yesterday, it is reported in today's papers, said that all her statements about the "air is safe to breathe," they were for the entire area except for Ground Zero itself, that of course she understood that the people on Ground Zero, on the pile, that they needed protection, but across the street everything else was OK.

As someone who lives in the Lower East Side, and who works a few blocks from Ground Zero, is this distinction that the air was not safe on Ground Zero, but was OK a block away or two blocks away or across the street, does this make any sense to you at all?

Ms. GERONIMO. Well, I will answer your question like this. I work for a brokerage house on Wall Street, and the government and the world economy was not very happy that the Stock Exchange had to close for 3 days. So in answer to your question, it didn't matter how bad the air was. I had to go back to work.

Mr. NADLER. But was there any distinction between the air on Ground Zero or a block away?

Ms. GERONIMO. No.

Mr. NADLER. OK. Thank you.

Mr. SHAYS. Thank you.

Ms. GERONIMO. It was just as dirty at 13th Street where I live, at Wall Street where I work, and right across the street from the Ground Zero site.

Mr. NADLER. Thank you very much.

Mr. SHAYS. I thank the gentleman. Let me say I just want this panel to know why you are first, because we wanted your story to be heard first. That is why you are here.

Mr. Zadroga, I want you to know that your story is for me the symbol of what we need to do, and I want you to be able to look back in a few years with all the horrible memories you have of your son's mistreatment, I want you to think of the beautiful memories

you have of your son. And also, my goal is to have you believe and know for a fact that your testimony today made a world of difference.

And for you and the other panelists I just want you to know that it is our determination that there be monitoring and that there be the health provided to meet whatever need is needing to be met, and that this has the funds necessary on the Federal, State, and local level.

And I know that you must say "been there, heard that," but I know we made a difference, this committee made a difference, with Gulf war illnesses. We had the help of a few other people like Ross Perot who stepped in, but we know that if the story gets out, and if the media is listening to people like you, that there will be a world of difference.

So I just want to thank you for being here today. I want to thank you for your testimony. I want you to hold this committee's feet to the fire. And I want to just allow you, this panel, an opportunity to talk to any press that may want to talk with you before we start the next panel. So we will have a 10-minute recess before we begin the next panel, and so thank you all very, very much.

[Recess.]

Mr. SHAYS. We have a terrific panel here, and I would like them to—Commissioner Scoppetta, you are the only one who is standing. You might want to stay standing, because I am going to invite all of you to stand, and I am going to swear you all in.

If there is anyone else that may provide testimony on your behalf, I would like them to be sworn in as well, even if we don't call on them. Do we have everyone? Raise your right hands.

[Witnesses sworn.]

Mr. SHAYS. We will note for the record that all our witnesses responded in the affirmative, and if anyone who was not called on but stood up to be sworn in, if they give testimony we will make sure the transcriber has their full name and title.

Maybe we could, Dr. Herbert, have you slide down just a speck.

Dr. HERBERT. Sure.

Mr. SHAYS. Are we adding—I think what we are going to do is—I don't like Dr. Howard being so stuck in a corner there. Can we have you slide down, Dr. Scoppetta, just a bit? Is that all right, sir? Thank you. Are we making it work here? OK.

OK. Dr. Howard, it is good to see someone smiling in this room.

Dr. HOWARD. Thank you.

Mr. SHAYS. All right. We are going to start just as I called your names, and as you are lined up on the table. And, Dr. Howard, we are going to have you start, and we will go from there.

STATEMENTS OF JOHN HOWARD, M.D., M.P.H., J.D., DIRECTOR, NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION, DEPARTMENT OF HEALTH AND HUMAN SERVICES; DR. ROBIN HERBERT, CO-DIRECTOR OF THE WORLD TRADE CENTER WORKER AND VOLUNTEER MEDICAL SCREENING PROGRAM, MT. SINAI HOSPITAL, ACCOMPANIED BY DR. STEVEN LEVIN; THOMAS R. FRIEDEN, M.D., M.P.H., COMMISSIONER, NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE; NICHOLAS SCOPPETTA, COMMISSIONER, FIRE DEPARTMENT OF NEW YORK, ACCOMPANIED BY DR. CARRIE KELLY, HEAD, BUREAU OF HEALTH SERVICES, AND DR. DAVID PREZANT, CHIEF, OFFICE OF MEDICAL AFFAIRS; AND DR. JOAN REIBMAN, ASSOCIATE PROFESSOR OF MEDICINE, NYU MEDICAL CENTER, DIRECTOR, BELLEVUE HOSPITAL WORLD TRADE CENTER HEALTH IMPACTS CLINIC

STATEMENT OF JOHN HOWARD

Dr. HOWARD. Thank you, Mr. Chairman, and good morning, everyone. My name is John Howard, and I am the Director of the National Institute for Occupational Safety and Health in the Centers for Disease Control and Prevention in the U.S. Department of Health and Human Services.

I am very pleased to appear in front of you again today to report on the progress that we have made and the progress that we still need to make on the health needs of those who served in response to the World Trade Center attack on September 11, 2001, and the affected communities.

Since February I have been privileged and honored to serve as the HHS World Trade Center programs coordinator. The Secretary of Health and Human Services, Michael Leavitt, asked me to perform this activity and charged me with the important task of assuring that programs addressing the health of World Trade Center responders and nearby residents are well coordinated. I have been to New York a number of times, and I want to thank everyone in New York for their generosity and their time in meeting with me and working with me on my coordination activities.

Participating in these dialogs has enabled me to better understand the needs of those who have been affected medically by the World Trade Center disaster, and also to hear suggestions and comments about those steps that we still need to do. From the perspective that I have as a medical doctor, I am also pleased to work with the Secretary's new task force, which is a policy guidance body in the Department of Health and Human Services, to bring to them as their eyes and ears of the Secretary here in New York City.

I am very pleased to be here again. I am pleased to answer any question that you may have. Thank you very much, Mr. Chairman.

[The prepared statement of Dr. Howard follows:]

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

Progress Since 9/11: Protecting Public Health and Safety of the Responders and Residents

Statement of
John Howard, M.D., M.P.H.
Director
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services

CDC
SAFER • HEALTHIER • PEOPLE™

For Release on Delivery
Expected at 10:30 a.m.
Friday, September 8, 2006

Field Hearing
New York, NY

Good morning, Chairman Shays and other distinguished members of the Subcommittee. My name is John Howard, and I am the Director of the National Institute for Occupational Safety and Health (NIOSH), which is part of the Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS). CDC's mission is to promote health and quality of life by preventing and controlling disease, injury and disability. NIOSH is a research institute within CDC that is responsible for conducting research and making recommendations to identify and prevent work-related illness and injury.

Mr. Chairman, I would like to express my appreciation to you and to the members of the subcommittee for holding this hearing and for your continued support of our efforts to assist those who were affected by 9/11. I am pleased to appear before you today to report on the progress we have made in addressing the health needs of those who served in the response effort after the World Trade Center (WTC) attack on 9/11 and those in the affected communities.

Since February 2006, I have served as the HHS WTC Programs Coordinator. Michael O. Leavitt, HHS Secretary, agreed that there was a "critical need to ensure that programs addressing the health of WTC responders and nearby residents are well-coordinated," and charged me with this important task. Since receiving this assignment I have made a number of trips to New York City (NYC) and Albany, New York to assess the status of the existing HHS programs addressing WTC health effects, and meet with those we aim to serve – the WTC

responders and members of the affected communities. Participating in these dialogues has enabled me to better understand the needs of those affected, and the steps we can take to meet those needs. As the HHS WTC Programs Coordinator I aim to: 1) coordinate the existing programs and establish the federally-funded treatment program; 2) ensure scientific reporting to provide all of us with a better understanding of the health effects arising from the WTC attack; and 3) identify strategies to meet World Trade Center needs. Today, I will focus my remarks on the progress we've made towards these tasks.

WTC Medical Monitoring Program

Since 2002, agencies and offices within HHS have been dedicated to tracking and screening WTC rescue, recovery and clean up workers and volunteers (responders), and WTC-area residents exposed to the dust, debris, and stressors of 9/11.

In 2004, NIOSH established the national WTC Worker and Volunteer Medical Monitoring Program (WTC Medical Monitoring Program) to continue baseline screening (initiated in 2002), and provide long-term medical monitoring for WTC responders. The program consists of a consortium of clinical centers and data and coordination centers that provide patient tracking, standardized clinical and mental health screening, patient data management and clinical referral services. To date, the WTC Medical Monitoring Program has screened approximately 30,000 responders. The New York City Fire Department (FDNY) manages the

clinical center that serves FDNY firefighters who worked at Ground Zero. This cohort, of approximately 14,000 responders, is likely to be the most heavily exposed to the airborne contaminants and physical hazards associated with the WTC rescue and recovery effort. As of July 31, 2006, FDNY had conducted 21,207 screenings, including the 13,700 initial examinations and 7,507 follow-up examinations. The Mt. Sinai School of Medicine's Center for Occupational and Environmental Medicine coordinates a consortium of clinics that serve other response workers and volunteers who were active in the WTC rescue and recovery efforts. These clinics have conducted 16,012 initial examinations and 6,122 follow up examinations.

WTC Federal Responder Screening Program

Likewise, the HHS Office of Public Health Emergency Preparedness (OPHEP) received $3.74 million to establish the WTC Federal Responder Screening Program to provide medical screening for all federal employees who were involved in the rescue, recovery or clean up efforts. Current federal employees in this program are screened by the HHS Federal Occupational Health (FOH), a service unit within HHS. FOH has clinics located in areas where large numbers of workers are employed. As of August 21, 2006, FOH had screened 975 federal responders.

Screening of former federal workers (i.e. retirees and temporary federal employees) was previously performed by FOH until it was determined that FOH

could not provide such service to former federal workers under their scope of coverage responsibility. An interruption in monitoring of former federal workers occurred, but in February 2006, CDC-NIOSH and OPHEP signed a Memorandum of Understanding to monitor former federal workers via the WTC Medical Monitoring Program. Since restarting the program, approximately 270 former federal workers from 40 states, the District of Columbia, Puerto Rico, and the Virgin Islands have expressed an interest in participating in the program by registering on the Web site (https://wtcophep.rti.org/) for screening.

In June 2006, Mt. Sinai was funded to screen the former federal responders, and immediately began screening registrants. Since then, Mt. Sinai has been working diligently to develop and execute contracts with national clinic partners across the country to better serve this responder cohort, since the vast majority of former federal WTC responders do not live in the NYC Metropolitan Area. Executing such agreements is institutionally challenging. Despite these challenges, 26 former federal WTC responders have been screened, and Mt. Sinai is working with the Association of Occupational and Environmental Clinics (AOEC) and other medical clinics to ensure that all other registrants are screened in a timely manner.

WTC Health Registry

In addition to the WTC screening and monitoring programs, the Agency for Toxic Substances and Disease Registry (ATSDR) maintains the World Trade Center

Health Registry. In 2003, ATSDR, in collaboration with the New York City Department of Health and Mental Hygiene (NYCDOHMH), established the WTC Health Registry to identify and track the long-term health effects of tens of thousands of residents, school children and workers (located in the vicinity of the WTC collapse, as well as those participating in the response effort) who were the most directly exposed to smoke, dust, and debris resulting from the WTC collapse.

WTC Health Registry registrants will be interviewed periodically (over a period of 20 years or more) through the use of a comprehensive and confidential health survey to assess their physical and mental health. The WTC Health Registry began baseline data collection on September 5, 2003 and finished on November 20, 2004. At the conclusion of baseline data collection, 71,437 interviews had been completed, establishing the WTC Health Registry as the largest health registry of its kind in the United States. Registrants include people from each of the 50 states and 15 foreign nations. The NYCDOHMH is expected to begin the first coordinated follow-up interviews of the registrants this month, and data collection is expected to last approximately nine months.

WTC Health Registry findings provide an important picture of the long-term health consequences of the events of September 11th. Registry data are used to identify trends in physical or mental health resulting from the exposure of nearby residents, school children and workers to WTC dust, smoke and debris. CDC reported summary results of analysis of baseline Registry data in a Surveillance Summary in Morbidity and Mortality Weekly Report (MMWR) on April 7, 2006.

This analysis focused on approximately 8,400 WTC Health Registry participants who are survivors of buildings that collapsed or were damaged during the attack. More than half of the survivors reported new or worsening respiratory symptoms following September 11th and approximately ten percent of them screened positive for serious psychological distress (SPD) at the time of interview. The data analysis also indicates that individuals caught in the dust and debris cloud are more likely to report experiencing certain conditions, including injuries, respiratory problems, severe headaches, skin rashes and irritation, hearing problems or loss and heartburn.

The WTC Health Registry serves as a resource for future investigations, including epidemiological, population specific, and other research studies, concerning the health consequences of exposed persons. These studies can assist those working in disaster planning who are proposing monitoring and treatment programs by focusing their attention on the adverse health effects of airborne exposures and the short- and long-term needs of those who are exposed. The findings will permit us to develop and disseminate important prevention and public policy information for use in the unfortunate event of future disasters.

HHS-funded Treatment

Congress appropriated $75 million to CDC in FY 2006 to further support existing HHS WTC programs and provide treatment for responders. CDC is funding the programs specified in the appropriations language, including: treatment; the WTC

Medical Monitoring Program; and the WTC Health Registry through ATSDR. In addition, NIOSH will provide funds to the NYC Police Foundation's Project COPE and the Police Organization Providing Peer Assistance to continue providing mental health services to the police responder population.

Since these funds were appropriated, NIOSH has been working diligently to develop options to meet the needs of WTC responders, and make the best use of existing federal and non-federal resources. Currently, responders in the WTC Medical Monitoring Program receive treatment via the American Red Cross (ARC) WTC Health Effects Treatment Program and through existing health care providers. Through this program, the ARC provides funding to the WTC Medical Monitoring Program Clinical Consortium to diagnose and treat the conditions identified in screening examinations. The ARC funding is projected to end in 2007.

NIOSH is working closely with the ARC to ensure a seamless transition in funding treatment for WTC responders. Through a Memorandum of Understanding between NIOSH and the ARC, ARC will continue to fund treatment until funds are expended. Since August 11, 2006, federal funds have been used to supplement ARC funds, as needed. To date, NIOSH has awarded $1.5 million to FDNY to support mental health treatment and $1.1 million to the Mt. Sinai clinical center to expand its medical capacity.

National Treatment Program

HHS is working with its partners to ensure that the benefits of all federally-funded programs are available to all responders, across the nation. Those responders who selflessly came to the rescue of NYC from throughout the country at the time of the WTC disaster should receive the same high quality monitoring and treatment as those who reside in the NYC Metropolitan Area. Enrollees in the WTC Medical Monitoring Program who need treatment, but are not located in the NYC Metropolitan Area, can be seen in any one of the ARC-funded Association of Occupational and Environmental Clinics (AOEC) near their place of residence. To date, 650 responders have been seen at AOEC locations.

Achieving such nationwide coverage for WTC responders is challenging; however, we are committed to serving all responders, regardless of their location or employment status. I am actively working with the medical directors of the WTC Medical Monitoring Program, the WTC Federal Responder Screening Program, and the AOEC to ensure that the medical screening and monitoring available to responders is uniform across programs. Likewise, in July 2006, I convened a HHS WTC Programs Coordination meeting to engage all HHS WTC program directors and partners (i.e., ARC and AOEC), along with representatives from labor and the community, in our effort to promote timely reporting of scientific findings and information sharing and coordination across programs. NIOSH will use these scientific findings to set appropriate parameters and ensure responsible stewardship of these resources.

HHS WTC Web page

Although the services provided by HHS are available to all eligible WTC responders, we recognize that many are not enrolled in any HHS programs. Therefore, HHS is developing a WTC Web page that will serve as a primary source of information for all responders, health care providers, WTC-area residents and others. The Web page will feature information about HHS WTC programs, recent WTC-related scientific publications, and additional resources.

A key resource that will be available on the Web page is the updated, 2006 version of the NYCDOHMH *Clinical Guidelines*. These *Guidelines* will greatly assist health care providers outside of HHS WTC programs in providing state-of-the-art diagnosis and treatment of prevalent WTC conditions to responders and WTC-area residents. The *Clinical Guidelines* are being shared with all physicians in the NYC Metropolitan Area, and will be accessible to health care providers across the nation via the HHS WTC Web page and the NYCDOHMH Web site. In addition, the HHS WTC Web page also will feature the WTC Medical Monitoring Program medical protocol. As we continue to learn more about the health effects of WTC-exposure, and how to treat them, the HHS WTC Web page will enable us to more easily share our knowledge with others.

Since 9/11, HHS has worked diligently with our partners to best serve those who served their country, as well as those in nearby communities affected by the

tragic attack. We have had great success in aligning our existing screening and monitoring programs for responders, and are forging ahead in the establishment of the federally-funded treatment program. Likewise, the WTC Health Registry continues to paint a picture of the overall health consequences of 9/11, including the effects experienced by the residents, school children and office workers located in the vicinity of the WTC. While we have made much progress, there is still much to be done. I appreciate your support of our efforts thus far, and look forward to working with you in the future as we continue to serve this deserving population.

Thank you for the opportunity to testify. I would be happy to answer any questions you may have.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institute for
Occuptional Safety and Health
Centers for Disease Control
and Prevention (CDC)
200 Independence Avenue, SW
Washington, DC 20201

September 7, 2006

The Honorable Carolyn Maloney
United States House of Representatives
Congress of the United States
Washington, D.C. 20515

Dear Ms. Maloney:

Thank you for your letter of July 11, 2006, co-signed by Mr. Fossella, and for your kind words regarding my assignment as Coordinator of US Department of Health and Human Services ("HHS") World Trade Center ("WTC") Programs.

As you know, Michael O. Leavitt, HHS Secretary, in a February 27, 2006 letter to each of you, stated that:

> *"there is a critical need to ensure that programs addressing the health of WTC responders and nearby residents are well-coordinated and that I have asked Dr. John Howard, Director of the National Institute for Occupational Safety and Health (NIOSH) to play the lead role in this effort."*

Since then, I have made seven trips to New York City ("NYC")[1] to engage in a dialogue with members of the affected WTC responder communities, affected nearby WTC communities in Lower Manhattan and Chinatown, and with those programs funded by HHS, and by other public and private entities, which are providing medical care or support services to WTC affected populations. During those meetings, I have been working to coordinate programs for WTC-affected populations that are specifically funded through HHS.

In addition, I have been stressing the importance of reporting in the medical and scientific literature the experience to date of every program serving WTC-affected populations (whether federally-funded or not) in order to provide a better understanding of the health effects arising from the WTC disaster. These types of reports aid in improving treatment options by diagnosing health effects at an earlier stage. Scientific reporting of the health effects being experienced by WTC-affected populations also informs policymakers about the frequency and

[1]My trips to NYC have occurred on the following dates: April 5-7; April 25-28; May 10-12; May 18; May 31-June 1; June 27-30; and July 24-28.

severity of WTC health effects and assists them in understanding the scope of any unmet health needs of WTC-affected populations.

The primary goal of my assignment as WTC HHS Programs Coordinator is programs coordination. Since I am doing coordination in a milieu of evolving circumstances, I do not have plans to issue a formal report, particularly since it would become quickly out of date, but I am pleased to provide you an update of my primary tasks (1) coordinating existing programs; (2) promoting scientific reporting of health issues and effects; and (3) identifying unmet needs.

Specific Questions Regarding Coordinating Existing Programs:

To provide better service for former federal responders, the National Institute for Occupational Safety and Health (NIOSH) is actively exploring with Association of Occupational and Environmental Clinics (AOEC) their interest in administering the monitoring of former federal workers on a national basis. Our goal, then, is to have a national network of clinics available to former federal workers administered by the AOEC. This proposal frees the WTC Clinical Consortium to concentrate their administrative resources on the responders who reside in the NYC Metropolitan Area. AOEC would then perform medical monitoring of all eligible former federal WTC responders nationwide through the network of AOEC clinics.

1. **What is the projected date for the availability of treatment funding?**

   Treatment is currently available for WTC responders and volunteers. Supported by funding from the American Red Cross (ARC),[2] treatment programs for responders are administered by the WTC Clinical Consortium, the Fire Department of New York City (FDNY), and AOEC.

   Beginning August 11, 2006, the ARC funds will be gradually replaced by funds from the FY 2006 Congressional appropriation to the Centers for Disease Control and Prevention ("CDC"), e.g., $1.5 million in appropriations will be made available to FDNY for mental health treatment and additional funds will be added to the Mt. Sinai Medical Monitoring Program for expanded monitoring and treatment.

   Support from the ARC, as administered by the Rockefeller Philanthropy Advisors is critical to ensuring a smooth transition in funding treatment of WTC responders and volunteers. Through a Memorandum of Understanding between NIOSH and the ARC, NIOSH has been able to harmonize differences in requirements between ARC-funded treatment and NIOSH-funded treatment which will allow NIOSH to utilize the current

[2] Current federal workers access treatment through employer-funded health insurance.

ARC funds to exhaustion, thereby augmenting the amount Congress appropriated for treatment in FY 2006.

2. What is the decision-making process for determining what medical conditions and services will be covered by the treatment program?

Implicit in the scope of coverage issue is another more difficult question--which physical and mental health effects seen in responders and volunteers are results *of* their WTC exposures and which have no relation, other than temporal, with their WTC exposures? This is a difficult question to answer with scientific certainty even five years after the WTC disaster.

Nevertheless, this issue must be confronted in order to implement a WTC treatment program that is consistent with the purposes of the appropriation. A starting point for addressing this aspect of the scope of coverage issue is to review the clinical experience accumulated to date on the approximately 30,000 responders and volunteers who have been examined in the WTC Medical Monitoring Program administered by the FDNY,, the WTC Clinical Consortium[3] as well as other sources of medical information on health effects in the responder population.

Medical monitoring experience to date demonstrates that a number of conditions are occurring in the responder population with some frequency, e.g., upper and lower respiratory system conditions of an inflammatory nature,[4] post-traumatic stress disorder[5] and other conditions reported with

[3] The "WTC Clinical Consortium" is composed of the following institutions: (1) New York University Occupational and Environmental Medical Clinic; (2) Mount Sinai School of Medicine; (3) Stony Brook School of Medicine; (4) Center for Biology of Natural Systems, Queens College; and (5) UMDNJ-Robert Wood Johnson Medical School.

[4] See, for example, the following reports: Rom et al., *Acute Eosinophilic Pneumonia in a New York City firefighter exposed to World Trade Center Dust*, Am J Respir Crit Care Med, Vol. 166, pp.797-800, 2002; Prezant et al., *Cough and Bronchial Responsiveness in Firefighters at the World Trade Center Site, New England Journal of Medicine*, 347:806-815, 2002; Safirstein et a;., *Granulomatous pneumonitis following Exposure to the World Trade Center Collapse*, Chest, 123:301-304, 2003; Banauch et al., *Persistent hyperactivity and Reactive Airway Dysfunction in Firefighters at the World Trade Center*, Am J Respir Crit Care Med, Vol. 168:54-62, 2003; Skloot et al., *Respiratory Symptoms and Physiologic Assessment of Ironworkers at the World Trade Center Disaster Site*, Chest, Vol. 125:1248-1255, 2004; Salzmann et al., *Early Respiratory Abnormalities in Emergency Services Police Officers at the World Trade Center Site*, J. Occup Environ Med, Vol. 46(2):113-122, 2004; Payne et al., *Effects of Airborne World Trade Center Dust on Cytokine Release by Primary Human Lung Cells in Vitro*, J Occup Environ Med, Vol. 46(5):420-427, 2004; *Physical Health Status of World Trade Center Rescue and Recovery Workers and Volunteers--New York City, July 2002-August 2004*, MMWR, Vol. 53(35):807-812, 2004; Fireman et al., *Induced Sputum Assessment In New York City Firefighters Exposed to World Trade Center Dust*, Environmental Health Perspectives, Vol. 112:1564-1569, November, 2004; Feldman et al., *Symptoms, Respiratory Use and Pulmonary Function Changes Among New York City Firefighters Responding to the World Trade Center Disaster*, Vol. 125:1256-1264, 2004; Mann et al., *World Trade Center Dyspnea: Bronchiolitis Obliterans with Functional Improvement: A Case Report*, Am. Journal of Industrial Medicine, Vol. 48:225-229, 2005;

some frequency in the scientific literature. Using this five-year accumulated clinical experience as a start, flexibility can be built into the scope of coverage for treatment as our scientific understanding of late-onset medical conditions increases.

3. **Will treatment funding cover inpatient care?**

Yes, in some cases inpatient care may be covered. The appropriations language in question does not provide specific language with regard to how treatment is to be made available, i.e., in an inpatient or an outpatient setting. In the absence of any language explicitly limiting the scope of treatment, basing treatment for WTC-related conditions on medical need seems consistent with the WTC-related purposes of the appropriation.

The continuum of coverage based on medical need for WTC-related conditions would include outpatient care, outpatient diagnostic testing and imaging, and pharmaceutical and other outpatient therapies. In some cases, though, I anticipate that inpatient care for WTC-related conditions may be medically indicated.

The scope of coverage issues you ask about in Questions 2 and 3 are currently being actively considered by the members of the WTC Medical Monitoring Steering Committee.

4. **What will be the governance of the treatment program and how will you ensure that the designated labor representatives of the current monitoring program continue to have a say in the development and implementation of the treatment program?**

When the NIOSH Request for Applications (RFA) was initially published in 2002 to implement the medical screening program, the RFA contained language establishing a committee composed of representatives of responders and volunteers, and those providing medical screening to

---

Banauch et al., *Pulmonary Disease in Rescue Workers at the World Trade Center Site, Current Opinions in Pulmonary Medicine*, Vol. 11:160-168, 2005; Banauch et al., *Bronchial hyperreactivity and other inhalation lung injuries in rescue/recovery workers after the World Trade Center Collapse*; Crit Care Med, Vol.33(1):S102-S106, 2005; Banauch et al., *Pulmonary function after exposure to the World Trade Center in the New York City Fire Department*, Am J Respir Crit Care Med, article in press, published on April 27, 2006 as doi:10/1164/rccm.200511-1736OC.

[5] See, for example, the following reports: Boscarino et al., *Psychiatric medication use among Manhattan Residents Following the World Trade Center Disaster, Journal of Traumatic Stress*, Vol. 16(3):301-306, 2003; Cancro, R., *Mental health impact of September 11*, Molecular Psychiatry, Vol. 9:1055-1056, 2004; Tapp et al., *Physical and Mental Health Symptoms Among NYC Transit Workers Seven and One-Half Months After WTC Attacks*, Am J Industrial Medicine, Vol.47:475-483, 2005; and Adams and Boscarino, *Stress and Well-Being in the aftermath of the World Trade Center Attack: The Continuing Effects of a Communitywide Disaster*, Journal of Community Psychology, Vol.33(2):175-190, 2005.

responders and volunteers, together with NIOSH representatives. Since then, the WTC Medical Monitoring Program has successfully utilized what has come to be known as the "WTC Medical Monitoring Program Steering Committee." Serving on the WTC Steering Committee since its inception have been several representatives of bargaining units with members in the affected WTC responder community who continue to provide valuable input.

5. **What plans are being developed to care for patients outside of the New York Metropolitan Area and when will they be up and running?**

Enrollees in the WTC Medical Monitoring Program who need medical outpatient treatment, but who are located in regions of the nation outside of NYC Metropolitan Area, can be seen in any one of the network of AOEC clinics nearby their place of residence under the ARC funding. Since its founding in 1987, AOEC has grown to a network of more than 60 clinics and more than 250 individuals committed to improving the practice of occupational and environmental medicine through information sharing and collaborative research.

To date, AOEC clinics have seen over 650 responders who reside outside of the NYC Metropolitan Area. These responders have been seen both in the NIOSH-funded medical monitoring program and the ARC-funded treatment program.

I am working with AOEC to develop a seamless program across all clinical locations where responders can receive federally-funded medical monitoring and treatment.

6. **What progress has been made with the medical screening program for federal employees?**

The WTC Federal Responder Screening Program provides medical screening for all federal employees who were involved in rescue, recovery, or cleanup operations. The medical screening is strictly voluntary and all medical screening information is kept private and confidential. The examination is provided at no cost. Specifically, all current federal workers who were involved in rescue, recovery, or cleanup operations at the WTC site or at the debris handling operations on Staten Island for at least one shift any time between September 11, 2001 and September 10, 2002 are eligible. Current federal employees receive medical screening through the Federal Occupational Health (FOH), which has clinic locations in areas where large numbers of federal workers are employed. A total of 975 federal workers have been screened to date.

7. What has been done to incorporate federal employees who have left federal service into existing medical monitoring programs?

Current federal employees receive medical screening through the Federal Occupational Health ("FOH"), a component agency of the HHS. Screening of former federal workers[6] was previously performed by FOH until it was determined that FOH could not provide such service to former federal workers under their current scope of responsibility. An interruption in monitoring of former federal workers occurred, but in February of 2006, NIOSH and the HHS OPHEP signed a Memorandum of Understanding to facilitate monitoring of former federal workers through the WTC Clinical Consortium.

In June of 2006, Mt. Sinai received their official Notice of Grant Award to screen former federal WTC responders. Since then, Mt. Sinai has been working diligently to develop and execute contracts and business associate agreements with national clinic partners across the country to better serve former federal workers since the vast majority of former federal WTC responders do not live in the NYC Metropolitan Area. Executing such agreements is institutionally challenging. Despite these challenges, Mt. Sinai School of Medicine has screened 26 former federal WTC responders since resumption of the former federal responder program out of approximately 270 former federal workers from 42 states and 227 cities who have expressed an interest in participating in the program by registering on the website for screening.

Also, I am actively exploring with AOEC their interest in administering the monitoring of former federal workers on a national basis. These clinics will perform medical monitoring of all eligible former federal WTC responders--both in the NYC Metropolitan Area through the WTC Clinical Consortium and nationwide through the network of AOEC clinics.

8. How will all of these programs coordinate with each other so that we have a uniform standard for monitoring and treatment?

I have asked the Acting FOH Administrative Director and the FOH Medical Director to join with me and the Mt. Sinai WTC Health Effects Treatment Program Medical Director, the Mt. Sinai Medical Monitoring Program Data and Coordination Center Principal Investigator and the Executive Director of the AOEC to participate in coordination meetings to ensure that medical

[6] The term "former federal workers" include those who have federal service (retired or changed jobs) as well as short term employees of the federal government for the purposes of response to the WTC disaster, e.g., disaster medical assistance team (DMAT) members, who were "temporary federal employees" during the WTC disaster.

screening for current and former federal WTC responders is uniform across programs.

9. **Are there operational or medical justifications for having separate programs [for Federal WTC responders who are current Federal employees vs. former Federal workers] or should they be merged?**

All current Federal workers have the option of receiving their occupational health services from FOH, including screening for health effects arising from their work as a WTC responder at locations at or nearby where they work. Requiring those workers to receive health services relating specifically to WTC work exposures in another program--perhaps in another city--might interrupt continuity of care for existing federal workers.

Currently, employment status does determine from which source screening services are obtained by current and former federal workers. I believe that it is vitally important to achieve close coordination between FOH and the national monitoring and treatment programs to ensure that current and former federal workers who responded to the WTC disaster receive the same high quality standard of care.

Ensuring Scientific Reporting

Clinical Guidelines from NYC Department of Health and Mental Hygiene

An early set of *Clinical Guidelines* was developed in January of 2002. The NYC Department of Health and Mental Hygiene (DOHMH) released updated guidelines on August 31, 2006. The updated *Guidelines* are being sent to physicians throughout NYC and will aid them in diagnosing and treating persons affected by the WTC disaster. NYC DOHMH anticipates posting them on the WTC Health Registry's home page as well as on the NYC DOHMH home page at >http://www.nyc.gov/html/doh/html/home/home.shtml<.

Development of the update was performed with the assistance of clinicians throughout the NYC Metropolitan Area who are seeing responders in the WTC Medical Monitoring and Treatment Program. I believe that the finalization and posting of the *Guidelines* will greatly assist physicians outside of the WTC Medical Monitoring and Treatment Program in providing state-of-the-art diagnosis and treatment of prevalent WTC conditions to responders they encounter in their practice. I plan to link the *Guidelines* to the HHS website to increase national awareness of prevalent WTC conditions. In addition, clinicians from the federally-funded clinical centers within the WTC monitoring programs are being asked to be available to provide consultation to other clinical providers throughout the NYC Metropolitan Area and nationwide.

I have encouraged the broadest expert peer review--and also labor and community input--of the updated *Clinical Guidelines*, to ensure both scientific soundness as well as to prevent any conflicts of interest from influencing sound medical judgment. Robust external review is the key to developing a set of *Clinical Guidelines* that would withstand any criticism with regard to any internal organizational reviews. I am pleased to note that drafts of the *Guidelines* were shared with key stakeholder labor and community groups and their feedback has been important in developing the final set of *Guidelines*. I understand that the NYC DOHMH also shared the *Guidelines* with community clinicians to obtain their feedback on usefulness and clarity.

Specific Questions Regarding Ensuring Scientific Reporting:

1. **What is the status of the release of the clinical guidelines for 9/11 related illnesses by the New York City Department of Health and Mental Hygiene?**

   The NYC DOHMH disseminated the updated *Clinical Guidelines* on August 31, 2006.

2. **What is the review process for the clinical guidelines?**

   This question is best addressed directly by the NYC DOHMH. They were responsible for carrying out the review.

3. **What is the review process for 9/11-related research and/or presentations produced by the NYC DOHMH?**

   For scientific research products funded by the Agency for Toxic Substances Disease Registry ("ATSDR"), in addition to any review conducted by the NYC DOHMH, ATSDR conducts its own scientific peer review of the research products prior to approving them for publication.

   The ATSDR review process follows the policies and procedures established by the CDC, e.g., (1) "Peer Review of Research" (CDC, September 27, 2002) and "Clearance of Information Products Disseminated Outside CDC for Public Use" (CDC, July 22, 2005).

4. **Is it unusual to have a legal review of a medical protocol before it is released?**

   The occurrence of a legal review may vary with the particular governmental or non-governmental entity and with the nature of the research or public health practice topic that is the subject of the publication.

5. **Is there careful monitoring to ensure there are no potential conflicts of interest between the requirement to provide the best health advice and the City's desire to protect itself from liability?**

The most effective means of preventing any potential conflict of interest from affecting the dissemination of scientific information of an influential or highly influential nature is robust peer review.[7]

6. **Once the clinical guidelines are disseminated, what plans are being developed, if any, to collect information from physicians on the incidence of potential 9/11-related deaths?**

The current focus of federally funded programs is on collecting information on illness in living WTC populations. The collection and reporting of information on the occurrence of illnesses in WTC responders and volunteers, *as well as fatalities*, is an important aspect of the current medical monitoring programs and has not been dependent on dissemination of the *Clinical Guidelines* from the NYC DOHMH.

As a part of ensuring scientific reporting from the medical monitoring program, HHS funds two data coordination centers (DCCs)--one at FDNY and the other at the Mt. Sinai School of Medicine--for the purpose of collecting information about symptoms and conditions seen in living WTC responders and volunteers who participate in the medical monitoring program. In 2004, the WTC Worker and Volunteer Medical Screening Program at the Mt. Sinai School of Medicine published their first report on the prevalence of symptomatology in responders and volunteers.[8] A more expansive case series is under development now which will describe the WTC Clinical Consortium scientific experience monitoring responders and volunteers to date.

With regard to collecting information on possible WTC-related fatalities, I believe that it is very important to gather information from physicians in the NYC Metropolitan Area on their experience with the *Clinical Guidelines* and any patient that they have seen who has a possible WTC-related condition or any patient who they suspect may have died from a WTC-related condition. The purpose of the *Guidelines* is to improve recognition of possible WTC conditions and to foster early intervention to ensure effective treatment. It is hoped that widespread use of the 2006 Clinical Guidelines and subsequent revisions will prevent fatalities. Additionally, I am working with the NYC DOHMH to develop a fatality investigations

---

[7] OIRA/OMB, "Final Information Quality Bulletin for Peer Review," 70 Fed. Reg. 2664-2677, January 14, 2005.

[8] *Physical health status of world trade center rescue and recovery workers and volunteers--New York City, July 2002-August 2004*, MMWR, Vol.53(35);807-812, 2004.

program to capture possible WTC-related deaths. See response to Question 7 below.

7. How will the federal government collect information about potential 9/11-related deaths?

As stated in the response to Question 6 above, the federally funded Data Coordination Centers are the primary means for collecting information about both ante-mortem conditions in responders as well as potential WTC-related responder fatalities. As seen in recent print media reports, though, there are responder fatalities that are occurring outside of the medical monitoring programs.

When the responder is not enrolled in the federally-funded WTC Medical Monitoring and Treatment Program, their death is more difficult to understand from a scientific point of view since the attending physician may not be trained in environmental or occupational medicine. For instance, without obtaining an adequate exposure history, without consistent medical monitoring records for specific agents, and without a scientifically rigorous post-mortem examination very near the time of death, it is often quite difficult to establish a scientific linkage between WTC exposure and death.

Therefore, a more comprehensive system for collecting information about potential WTC fatalities is needed to ensure that responder fatalities occurring outside of the federally funded monitoring and treatment programs are systematically captured and reviewed.

WTC Fatality Investigations

I have been working with the NYC DOHMH, the Center for Environmental Health at the New York State Department of Health, and other partners to develop a program that will aid in collecting information about potential WTC-related fatalities. For example, a WTC Fatalities Investigation Program would collect information on all responder and volunteer deaths and analyze each case to determine the existence of patterns of disease and any possible linkages with exposure to WTC toxic agents. The WTC Fatalities Investigation Program would provide a consistent approach to the evaluation of the cause of death of WTC responders and volunteers.

The WTC Fatalities Investigation Program would be guided scientifically by an expert medical panel comprised of independent and impartial experts in the subspecialties of medicine and pathology. Appropriate confidentiality protections, and adherence to institutional and governmental regulations about medical information, will need to be addressed to allow for the sharing of medical information.

Uniform Guidelines for the Examination of Tissues from WTC Cases

An important adjunct to consistent evaluation of responder fatalities is the uniform preparation and examination of tissues from WTC cases. The proposed WTC fatality investigations expert medical panel could be used to generate a standardized approach to the ante-mortem and post-mortem examination of tissue, specifying the types of tissues to be sampled and studies to be performed. This activity would include developing standardized guidelines for evaluating autopsy and other information (such as medical records and exposure information) to ascertain causation of pathology and death by WTC-related exposures.

8. **What will be the role of the federal government in making determinations regarding causality for deaths potentially related to work at Ground Zero?**

Cause of death determinations are generally made by the physician who attends the patient at the time of death or, in some cases, by a hospital-based anatomic pathologist or a local governmental forensic pathologist. Cause of death determinations for WTC-related conditions will be a matter of some sophistication as there is quite a bit of scientific uncertainty with regard to the association of WTC exposures and any particular condition. Linking particular occupational exposures to specific causes of death is a complex task both on the individual level and on a population-based level. Until the current scientific uncertainty surrounding WTC deaths is resolved, cause of death determinations for WTC deaths belong properly to specialists in pathology, epidemiology and other disciplines at academic medical centers.

Under the proposed WTC fatality investigation program, the role of the Federal government would be as a grantor in facilitating cause-of-death determinations by a grantee academic institution who would impanel experts from the fields of medicine and pathology.

9. **What will be done to aggregate data recording recent deaths and future deaths that may have been caused by 9/11 related exposures when multiple jurisdictions and/or states are involved?**

Although most of the responder population currently resided in New York State or adjoining states, it is important to capture all cases of responder fatalities to ensure that we have a complete picture of the pattern of disease in responders. Our goal would be to link case data from deaths arising in different states.

10. Are there any reports that link cancers to exposure from 9/11 toxins? If any reports exist, is HHS investigating them and does HHS have an opinion regarding their findings?

There are no scientific reports linking WTC exposures to cancer. However, a number of print media accounts have described responders who have developed cancer subsequent to September 11, 2001. What is not certain from a scientific perspective is whether the reported *temporal* association is a *causal* one also. At this time--only five years following the WTC disaster--it is difficult to draw scientifically sound causal connections between the cancers that are occurring in the responder population now and their previous WTC exposures.

Identifying Unmet Health Needs

For the three large WTC-affected population groupings, responders and volunteers,[9] residents[10] and workers in buildings affected by the WTC disaster,[11] there currently exists three HHS-funded programs: (1) for non-federal and former federal responders and volunteers, there is the *WTC Medical Monitoring & Treatment Program; (2)* for Federal WTC responders, there is the *Federal Responder Screening Program*; and (3) for all other groups, including all responders, residents, schoolchildren and other affected populations, there is the *WTC Health Registry.*

In the scientific literature, there are reports about health effects in affected residents and building occupants [12] which mirror those seen in the responder

[9] "*Responders*" refer to all workers (federal and non-federal) and volunteers (from the American Red Cross and other entities) who performed any of the following activities: rescue of survivors; recovery of bodies; removal of debris or dust; or restoration of essential services.

[10] "*Residents*" refers to those persons residing in Lower Manhattan, Chinatown and parts of western Brooklyn impacted by debris, dust and/or smoke from the WTC disaster.

[11] "Workers in buildings affected by the WTC Disaster" refer to workers and others (such as schoolchildren) who worked or attended school in buildings surrounding the WTC at the time of the WTC disaster or who reoccupied buildings affected by debris, dust and/or smoke from the WTC disaster.

[12] See, for example, the following reports: Trout et al, *Health Effects and Occupational Exposures Among Office Workers near the World Trade Center Disaster Site*, J Occup Environ Med, Vol. 44:601-605, 2002; Fagan et al., *Relationship of self-reported asthma severity and urgent health care Utilization to Psychological Sequelae of the September 11, 2001 Terrorist Attacks on the World Trade Center Among New York City Area Residents,* Psychosomatic Medicine, Vol. 65:993-996, 2003; Landrigan et al., *Health and Environmental Consequences of the World Trade Center Disaster*, Environ. Health Perspectives, Vol. 112 (6), May, 2004; Szema et al., *Clinical Deterioration in pediatric asthma patients after September 11, 2001*, J Allergy Clin Immunol, Vol. 113(3), March, 2004; 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. Epidemiology, Vol. 162(6), September, 2005; Reibman et al., *The World Trade Center Residents' Respiratory Health Study: New-Onset Respiratory Symptoms and Pulmonary Function*, Environ

population, e.g., upper and lower respiratory conditions, and mental health conditions.

Specific Questions Regarding Identifying Unmet Health Needs:

1. **When do you anticipate releasing a report that identifies the unmet health needs?**

   There are several scientific reports noting the onset of new or worsened health conditions in affected residents and building occupants. These reports, supplemented by my own dialogue with residents seeking care at the Bellevue Hospital, provide a basis for assessing the needs in the resident population of Lower Manhattan and Chinatown. I anticipate that the follow-up survey being conducted now by the WTC Health Registry will provide us a more current basis for understanding whether the symptomatology seen in residents and building occupants early after September 11, 2001 has ameliorated, persisted or worsened in the ensuing five years.

2. **Will these findings take into account the needs of residents, area workers and schoolchildren who were also exposed to the toxins of Ground Zero, but are not currently eligible for any federal program for monitoring or treatment?**

   Identifying unmet health needs among non-responder WTC-affected populations is very important given the level of symptomatology seen in residents following the WTC disaster. Even though there is no *medical* monitoring for non-responder populations, their health status is being monitored by the WTC Health Registry.

   It is important that this population of 71,000 registrants (including more than 14,000 residents and 2,000 school children in Lower Manhattan) is followed through time in order to inform policymakers about the need for monitoring and treatment of the non-responder populations. The WTC Health Registry can also be a platform to launch medical monitoring studies. For instance, the NYC DOHMH has informed me of their current efforts to develop an in-depth respiratory health study of residents in collaboration with the Bellevue Hospital that includes clinical testing as well as a "pathway to care" for residents.

   The first follow-up survey of all 71,000 registrants is expected to begin this month and will be conducted by the NYC DOHMH's WTC Health Registry and will include questions about new and worsening physical and mental

---

Health Perspectives, Vol. 113(4), April 2005; and, *Surveillance for World Trade Center Disaster Health Effects Among Survivors of Collapsed and Damaged Buildings*, MMWR; Vol. 55, April 7, 2006.

health symptoms and conditions as well as unmet needs that might be related to the WTC disaster. The results of this follow-up survey will add important information to the developing scientific base of information about the health effects of the WTC disaster on the resident and school children populations.

3. **What is HHS' estimate of the total amount of funding needed over the next two years for medical monitoring and treatment for everybody currently enrolled in a federally-funded monitoring program?**

HHS will evaluate the funding experience as it implements the statute.

4. **What is HHS' estimate over the next twenty years?**

Generating an estimate through time would require adjusting an accurate annual expenditure estimate (and the response to Question 3 indicates, HHS does not have such an estimate) by the rate of health care expenditure growth over the period of time of the estimate.

5. **What is HHS' estimate of individuals who should be a part of a medical monitoring program, but are not eligible since no program exists for them (i.e., residents, area workers, area schoolchildren)?**

Any estimate of residents, area workers and schoolchildren would depend on how you characterize exposure from the WTC disaster. If you use the most generous exposure characterization, e.g., "caught in the plume" approach, such an approach would yield a very large estimate of eligible persons. Utilizing a "nearby residents, building occupants and schoolchildren" approach would yield a much lower estimate. For example, schoolchildren present on September 11, 2001 in "nearby schools" would include schoolchildren attending the four elementary schools situated about 4 to 6 blocks immediately north and northwest of the north tower of the WTC, and three public high schools near the site--two about 150 feet south of south tower, and one, Stuyvesant High School, about five blocks north. The total number of schoolchildren in this estimate is 8,950.[13]

6. **What is the estimated two-year cost for medical monitoring and treatment for individuals who are not eligible, but should be monitored based upon exposure?**

This figure would be difficult to determine since the Federal government has had no experience with costs for medical monitoring and treatment for

[13]Bartlett S. & Patrarca, J. *Schools of Ground Zero: Early lessons learned in children's environmental health.* Joint Publication of the American Public Health Association and Healthy Schools Network, Inc., Albany, New York; 2002, p.1.

the non-responder population. Importantly, a non-responder population may be a less fit population before exposure and, as a result, exhibit a different profile of medical and psychological response than a more uniformly fit responder population, e.g., firefighters. Taking this fact into consideration suggests that monitoring and treatment costs for a non-responder population may be greater. However, at the present time, it is difficult to make a realistic cost estimate.

7. **What is the estimated cost over twenty years?**

   No estimate can be projected at this time because of the uncertainties involved in making such a cost projection.

8. **Does HHS have an estimate for the total number of individuals who were exposed to the toxins of 9/11?**

   NIOSH projects there may be up to 50,000 or more responders & volunteers eligible for medical monitoring and treatment (this population includes both non-federal and federal responders). Estimates for the number of individuals who experienced any exposure to dust or debris from the WTC disaster would greatly exceed that figure and would be dependent on how you define "WTC exposure."

9. **Will you or the Department of Health and Human Services make any budget recommendations to fulfill these unmet needs?**

   The Department's plan is to spend the $75 million no-year emergency funding appropriated in FY 2006 to monitor and treat World Trade Center responders; and as the projects are implemented the Department will evaluate future funding.

I hope that the foregoing information assists you in understanding the current status of my assignment and is responsive to the questions posed in your letter. I would be pleased to brief you in person at anytime. A copy of this response will also be provided to Mr. Fossella, who co-signed your letter.

Sincerely,

John Howard, M.D.
Director

Mr. SHAYS. Thank you, Dr. Howard. Dr. Herbert.

STATEMENT OF ROBIN HERBERT

Dr. HERBERT. Good morning.

Mr. SHAYS. Good morning.

Dr. HERBERT. Or good afternoon. I am Dr. Robin Herbert, Director of the Data and Coordination Center of the World Trade Center Medical Monitoring Program. I would like to—thanks, can you hear me better?

Mr. SHAYS. Yes.

Dr. HERBERT. Great. I would like to thank the Chair of the committee, Congressman Christopher Shays, along with Congressmember Carolyn Maloney of the subcommittee, and the distinguished Members of Congress who have been here today, Senators Chuck Schumer and Hillary Rodham Clinton, Congressmembers Jerrold Nadler, Vito Fossella, and Anthony Weiner, for having me testify today.

It is particularly an honor to be here after yesterday's meeting with Secretary Leavitt of Health and Human Services in which the commitment was made to allocate the remainder of $75 million in Federal funding to support vitally needed treatment programs for World Trade Center responders.

Given the limited time at this hearing, I have submitted written testimony. I would like to also add to my written testimony a copy of our recently published or online paper, "The World Trade Disaster and the Health of Workers: Five-Year Assessment of the Unique Medical Screening Program."

The World Trade Center Medical Monitoring Program, federally funded through NIOSH/CDC, consists of the data and coordination center and five clinical centers in New York City, New Jersey, and Long Island, and we are proud to be the sister program of the program based at the New York Fire Department.

Our program provides periodic comprehensive clinical examinations for World Trade Center responders in the New York/New Jersey metropolitan area and throughout the Nation. We have examined over 16,500 responders to date. Our patients are a highly diverse group that includes members of the building trades, law enforcement officers, utilities and telecommunications workers, transit workers, public sector workers, health care workers, and many others.

We serve many immigrant workers. Fully 14 percent of our program's examinations have been conducted in languages other than English. The unifying factor among our patients is that all rushed in to respond to the attack on our Nation. They were united by their service, and now, sadly, many are linked by the illnesses they have developed.

As many of you are aware, this past Tuesday we released sobering findings on the health impact of the disaster on 9,442 World Trade Center responders who underwent medical examinations between July 2002 and April 2004. This study, coupled with the findings of other studies, should leave no doubt that many World Trade Center responders are sick as a result of their work, and that many—that they will need ongoing health monitoring and many will need treatment for the rest of their lives.

Of the patients we reported on, 69 percent developed new or worsened respiratory symptoms while performing World Trade Center recovery work, and 59 percent still had symptoms at the time of their examination as long as 2½ years after the attacks. Fully one-third had abnormal breathing tests, and the rate of the most common abnormality, low forced vital capacity, was five times greater than the rate expected in non-smokers.

There was a very strong relationship between time of arrival at the World Trade Center site and the prevalence of symptoms and breathing test abnormalities strongly confirming the relationship between the World Trade Center response work and respiratory disease. Subsequent work will focus on the mental health consequences of the disaster in this group, and on characterization of patterns of self-reported diseases such as interstitial lung diseases and cancers.

Even before our recent study, because early on we saw many responders who were clinically quite ill but lacked access to needed specialty medical testing and treatment, at Mt. Sinai we sought and received philanthropic funding to establish the World Trade Center health effects treatment program to make sure responders could obtain the medical care they needed.

At the present time, in addition to the federally funded monitoring program, Mt. Sinai and the other clinical centers have World Trade Center treatment programs that have been funded largely by the Red Cross and other private donors. These treatment programs have been virtual lifelines for our patients.

At our program at Mt. Sinai, we see very ill and vulnerable workers. About half do not speak English. About 40 percent have no health insurance, and another 40 percent are underinsured. Among those whom we saw in the past year 84 percent are still suffering from upper respiratory diseases such as chronic sinusitis, 47 percent have persistent lower respiratory problems such as asthma, and 37 percent in our physical health treatment program have persistent mental health consequences.

Now, as so many World Trade Center responders have become ill, I hope they will all receive the medical and mental health care that they need and deserve. We need a comprehensive, coordinated, and permanent program that guarantees both lifelong medical monitoring to identify World Trade Center related illnesses and lifelong treatment for World Trade Center related illnesses, both physical and mental health.

I hope our Nation will repay the World Trade Center responders for the sacrifices they made by guaranteeing testing and treatment for any illnesses they develop as a result of their sacrifices.

Thank you very much.

[The prepared statement of Dr. Herbert follows:]

TESTIMONY
Before

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

By

Robin Herbert, M.D.

Director, World Trade Center Medical Monitoring Program Data and Coordination Center
Associate Professor, Department of Community and Preventive Medicine
Mount Sinai School of Medicine

Hearing on
Progress Since 9/11: Protecting Public Health and Safety of the Responders and Residents

New York, N.Y.
September 8, 2006

Thank you for having invited me to testify before you today. My name is Robin Herbert, MD. I am an Associate Professor in the Department of Community and Preventive Medicine of the Mount Sinai School of Medicine, and have served alongside Dr. Stephen Levin as Medical Co-Director of the Mount Sinai Center for Occupational and Environmental Medicine (COEM) since 1990 and also as Co-Director of the World Trade Center Worker and Volunteer Medical Screening Program and the World Trade Center Health Effects Treatment Program at Mount Sinai. I have recently been appointed Director of the World Trade Center Medical Monitoring Program Data and Coordination Center. My Curriculum Vitae is attached.

As we approach the fifth anniversary of the terrorist attacks of September 11, 2001, it is a fitting time to both remember those who perished in the horrific events of that day, and to take stock of how well we, as a nation, are caring for those responders who have subsequently fallen ill and those who may become ill in the future. These brave men and women unwittingly suffered massive environmental exposures after 9/11. Although it has not been confirmed, an estimated 40,000 people performed rescue, recovery, restoration of essential services, and clean up in the aftermath of the disaster. These responders included both traditional first responders such as law enforcement officers, EMS workers, and fire fighters, as well as a diverse population of civilian workers and volunteers, including operating engineers, laborers, ironworkers, telecommunications and other utility workers, transit workers and others. While responders came from a wide range of occupations and backgrounds, they worked shoulder to shoulder, united in their selflessness, in order to rescue victims, and quickly clean up and restore essential services to lower Manhattan. Now, as many have become ill, I hope they will all receive the medical and mental health care that they need and deserve, regardless of their occupation at Ground Zero, their health insurance status, or whether or not they find themselves reliant upon the New York State Workers' Compensation System as they attempt to receive critically necessary medical care.

Baseline Screening and Medical Monitoring Programs

Soon after September 11, 2001, various New York area health care providers, including those at the Mount Sinai COEM, began seeing workers and others with a range of health problems caused by their WTC exposures. This early work was supported by the ongoing grant from the New York State Department of Health that sustains our COEM.

Thanks to advocacy efforts of our partners in organized labor and key legislators, notably Senator Clinton, Mount Sinai was awarded an $11.8 million contract through NIOSH to design and coordinate a medical screening program for WTC workers and volunteers; no money was allocated to provide for long-term monitoring or for treatment. A consortium of five healthcare centers in the New York/ New Jersey metropolitan area was established with support from this grant to provide one free, comprehensive, and confidential medical screening exam to each WTC worker or volunteer who participated in the various rescue and recovery efforts both at Ground Zero and the Staten Island Landfill, including the removal of debris, the restoration of vital services, and the clean-up of surrounding buildings in the WTC area. Additionally, we worked with the Association of Occupational and Environmental Clinics (AOEC) to coordinate a program component for responders who live outside of the New York/ New Jersey area. Comprehensive standardized examinations of WTC responders began in July 2002, with the goal of identifying possible WTC-related physical or mental health consequences. From its inception to its end in July 2004, the WTC Worker and Volunteer Screening Program provided examinations to a total of almost 12,000 patients, including 11,125 seen in the New York/ New Jersey area, of which 8,824 were examined at Mount Sinai alone, and an additional 650 patients seen by 34 clinics in 24 states.

From the very start of the MSP, it was clear that long term monitoring and treatment would also be needed. In February 2003, after eight months of advocacy efforts on the part of labor and elected officials, in particular Senator Clinton and Congress Member Carolyn Maloney and with the support of the entire NY delegation, an additional $90 million in federal funding was secured to create the WTC Medical Monitoring Programs coordinated by both Mount Sinai and the FDNY. In March 2004, Mount Sinai received the first of this federal funding from NIOSH (1) to serve as a Data and Coordination Center for the World Trade Center Medical Monitoring Program, and (2) to serve as a Clinical Center which provides follow-up examinations once every eighteen months for a period of five years to responders who had been seen initially in the screening program and also continues to provide initial screening examinations for responders. It should be noted that the WTC responders served by our programs comprise a highly exposed population which will require medical monitoring and access to treatment for WTC-related health conditions for their entire lives. However, the Medical Monitoring Program is currently funded through only 2009.

The WTC Medical Monitoring Program began seeing WTC responders in July of 2004 and as of July 31, 2006, has provided over 4,887 initial (Visit 1) examinations and 6,112 follow-up (Visit 2) examinations in the New York/New Jersey regional consortium. In combination with the first medical screening initiative, this represents a total of more than 22,000 examinations (both baseline and follow-up) provided to over 16,000 responders since July 2002. Initially awards were made to provide examinations only in the New York/New Jersey area. Mount Sinai received the first federal funding to provide Visit 2 and any subsequent examinations nationwide on July 27, 2005, and has since provided over 130 examinations nationally. In June 2006, Mount Sinai received funding to coordinate the provision of examinations to a total of only 60 former federal employees. Since June 2006, 23 men and women have received exams and another eleven have been scheduled to receive exams. However, many more former federal employees have expressed interest in participating in the MMP than was initially expected, and it has become clear that a coordinated medical program will best serve the needs of the responders. Everyone should be assured of the same quality of care regardless of whether they currently live in the NY/ NJ metropolitan area. With the anticipated increased need for an expanded national program, proper planning and increased funding must be allocated.

It is important to note that a large number of responders are still coming to the program for an initial examination five years after the attacks. Indeed, within the past year, more than 2,000 eligible responders became sufficiently concerned about their health issues and are now seeking their first examination. This phenomenon highlights the need for continued funding for initial screening examinations, as well as follow-up medical monitoring exams and treatment, which I will address in a moment. It can also help guide both our ongoing response to the 9/11 attacks as well as our planning for future disasters.

Medical Findings

Among the very first responders we examined under the auspices of the MSP, we saw disturbingly high rates of respiratory symptoms and pulmonary function test abnormalities, as well as persistent and severe psychological consequences. These were published two years ago in the Morbidity and Mortality Weekly Report (September 2004). Earlier this week, we released the findings of the WTC Medical Screening Program, which is the most comprehensive analysis

completed to date, based on a diverse population of 9,442 WTC responders whom we examined between July 2002 and April 2004 and gave consent to have their data aggregated. We found that:

- Some 70% of responders experienced new or worsened respiratory symptoms while engaged in their efforts in or near Ground Zero. At the time of examination, 59% were still experiencing a new or worsened respiratory symptom;
- One third had abnormal breathing tests, which was a percentage far higher than we had expected; and that
- Among responders who had never smoked, we saw more than double the expected rate of breathing test abnormalities – 28% in our population versus only 13% in the general US population. This is a particularly striking finding because our patients tended to be very healthy workers before September 11 – they had to be extremely fit in order to work in trades such as construction and law enforcement. The most common abnormality we observed, a low forced vital capacity, was more than five times more prevalent in our population than would be expected.
- Early arrival to work on the rescue and recovery effort was significantly associated with an increase in the rates of respiratory symptoms and breathing test abnormalities. Indeed, the highest rate of abnormalities was observed among responders who were actually engulfed in the dust cloud. This finding is of particular concern because 70% of our patient population worked at Ground Zero between September 11 and 13, when exposures were most intense. The very strong relationship between time of exposure and the prevalence of symptoms and breathing test abnormalities strongly confirms the relationship between World Trade Center response work and respiratory disease.
    - We also asked our patients if they had seen a doctor for a health problem in the six months prior to and the six months following September 11. We found sharp increases in incidence rates of certain illnesses:
        - 40% of patients ever diagnosed with sinusitis were examined by a physician in the six months after September 11 compared to only 12% who sought medical attention in the 6 months prior

- 45% were diagnosed acute bronchitis in the six months following the disaster compared to only 12% diagnosed before and
- 10 times more responders were diagnosed with pneumonia in the six months after September 11 than in the six months before.

- Also of note is the fact that 14% of examinations were conducted in a language other than English.

In short, the World Trade Center responder patients were highly exposed, they were highly symptomatic, and they had high rates of breathing tests abnormalities as long as 2 1/2 years after the disaster. These findings are consistent with the findings from other studies such as the FDNY studies led by Dr. David Prezant, and they underscore the magnitude of the problem of persistent respiratory illness among WTC responders.

Medical Treatment Programs

One of the greatest concerns among the responders is how and where they will be able to receive proper follow up diagnostic testing and treatment for WTC-related physical and mental health conditions. As we watched so many responders fall ill, and in many cases chronically so, it has been apparent since early on that medical screening and monitoring alone was insufficient - long-term medical treatment would be equally necessary. This problem was compounded by the fact approximately 40% of Treatment Program patients either had no health insurance to begin with or lost their insurance after they fell ill as a consequence of their work following 9/11 and many more underinsured. At Mount Sinai, we at first welcomed responders, as well as affected area residents and office and other area workers into our state funded Mount Sinai Center for Occupational & Environmental Medicine, but because we were seeing large numbers of uninsured immigrant workers, we were particularly concerned about our ability to meet the needs of these patients.

We were overwhelmed by the demand for treatment resources and, because no federal funding was provided for treatment, we soon sought and received funding from private philanthropic sources to establish the World Trade Center Health Effects Treatment Program which was established in January 2003 to provide diagnostic testing and treatment as well as assistance in obtaining needed benefits, for responders with WTC-related physical health

problems. Given recent news reports, I should reiterate that this program is and has always been open to all eligible WTC responders in need of treatment, including immigrant workers and without respect to insurance status with no out-of-pocket cost to responders. Similar programs were funded to meet the mental health needs of responders. To date, the physicians at the Health Effects Treatment Program at Mount Sinai have had over 8,000 medical visits with 2,137 patients, and the social work staff has had 6,167 visits with 1,934 clients, with significant overlap between the medical and social work patient populations.

Among 1,443 patients seen in the past year, from August 2005 through July 2006 in the World Trade Center Health Effects Treatment Program:

- Fully 84% are still suffering from some kind of upper respiratory illness, such as chronic sinusitis.
- 47% have persistent lower respiratory problems such as asthma and WTC cough.
- 64% have some kind of gastrointestinal illness, mostly gastroesophageal reflux disease.
- 37% have persistent mental health consequences related to the World Trade Center disaster, including depression and post-traumatic stress disorder.
- 31% have chronic musculoskeletal problems, often from injuries that occurred when working on the pile.
- Additionally, a large number of patients suffer from multiple WTC-related conditions, rendering diagnosis and treatment particularly challenging.
- Half of the patients seen in the Health Effects Treatment Program received their medical care in a language other than English.
- 38% lacked any kind of health insurance, and another 42% were underinsured.

While it is not unusual to see a high level of physical and mental illness in a clinical patient population, what is quite striking is persistence of these illnesses four and a half years subsequent to exposure at the WTC site. It is absolutely essential that these men and women receive the best of care from healthcare professionals who are familiar with the health impact of the World Trade Center disaster – a large number of people have been misdiagnosed and/or received inappropriate treatment for their conditions. We are currently working to develop a coordinated treatment program which is fully integrated into each of the Medical Monitoring Program Clinical Centers which will help to ensure that responders are able to receive

standardized care from physicians who have experience treating WTC-related conditions. I would also like to take a moment to note that, while our focus has been on the workers and volunteers who responded to the disaster, these health effects are not limited to this population – there are thousands upon thousands of people who sustained similar exposures and who are not eligible for any federally-funded medical monitoring or treatment program.

Moreover, the impact of the World Trade Center disaster is not limited merely to health consequences. Many of our patients are so disabled by chronic pulmonary problems that they are no longer able to work. These patients often lose their jobs, their health insurance, and find that Workers' Compensation insurers are fighting their claims. For these reasons and more, a social work component has been critical to our service provision. Our social work team is dedicated to helping these responders access benefits programs, file for Workers' Compensation, and otherwise resume living as normal a life as possible. However, the resources we are presently capable of offering are simply too limited.

Currently, generous funding from the American Red Cross has enabled Mount Sinai, FDNY, and the other Clinical Centers to expand WTC related treatment programs in order to better serve responders. The AOEC has also received funding to provide treatment to those who live outside the New York/ New Jersey metropolitan area. While we are very grateful to these philanthropies for stepping in to fill such important patient needs, we have always considered private funding to be a stopgap rather than a long term solution to what is certain to be a long term problem.

Thanks in large part to the diligent work of our partners in organized labor and legislators, including Congress Members Maloney and Fossella, Senator Clinton and the NY delegation's support, Congress returned $125 million initially earmarked to meet responder health needs in December 2005, with $75 million allocated to provide continuing medical treatment and monitoring for responders. The program providers at Mount Sinai and our consortium partners anticipate using the almost $27 million that has been set aside for our consortium to provide treatment for physical and mental health illnesses, including medications and in-patient care. Tens of thousands of responders who are presently ill or will become ill as a result of their service to our nation will benefit from this additional funding. The patient

population to benefit from this includes the thousands of responders who are presently ill and those who may still become ill as a result of their service to the nation. However, $27 million could easily be spent in as little as one year if this money is used to provide all non-FDNY responders with medications and both in-patient and out-patient treatment for any WTC-related medical and psychological conditions at multiple regional sites as well as nationally. Due to the horrific and unprecedented nature of the exposures at Ground Zero and the Staten Island Landfill, we can only begin to guess at what the future holds for these responders and know that the current funding remains grossly inadequate.

We are indebted to these workers for their selfless actions, and we are obligated to provide them with the absolute best of care. We, as healthcare providers, should not be forced to ration care, just as those who are the most gravely ill should not be forced to choose between food and medicine. Consistent, adequate federal funding should be provided to take care of those who responded to the attack on our nation.

Lessons Learned and Current and Future Needs and Gaps

Lesson #1: The Need to Establish New Medical Resources

Although New York had an extensive hospital network and a strong public health system on September 10, 2001, this preexisting infrastructure was in no way sufficient to provide unified and appropriate occupational health screening and treatment in the aftermath of 9/11. Disaster sites are invariably scenes in which exposures are intense and uncontrolled, and in which illnesses are severe and unpredicted. The rapid establishment of highly competent medical resources is necessary to cope with such situations. This need became apparent soon after September 11th, as occupational medical centers as well as other varied health care providers began seeing workers and others with a range of upper airway, lung, gastrointestinal, and mental health symptoms and reports of these occurrences began to appear.

An invaluable component of the MMP is its ability to identify patterns of WTC-related health conditions, both physical and psychological. However, additional funding is needed to allow for continuing data tracking and analysis of exams and treatment so that we can better tailor subsequent monitoring examinations and provide appropriate treatment. We recognize the

potential of increased cancer rates and the enormous impact that cancer would have on the WTC responders and their families and we have said from the beginning that we are concerned about the possibility of cancers in responders, and especially about cancers that may be triggered by asbestos and other toxic chemicals. We are working with all the Clinical Centers to develop an active surveillance system to allow participants to inform us of any changes in their health status, such as the development of cancer, during the time period between their visits. This surveillance system will be linked to cancer registries and death registries, so that we can collect as much information as possible about our patients, and their health status.

When the Federally-funded treatment program is established, it is vital that there be adequate funding provided to support the Data and Coordination Centers to collect diagnostic and other clinical information essential to an effective disease surveillance program. There should be on system for collection of data from the entire "non-FDNY" cohort, so that as responders retire and/ or relocate throughout the nation, there is no loss of the ability to track patterns of emerging diseases.

The mandate of these programs included the referral of responders for follow-up diagnostic studies and appropriate treatment when warranted by the clinical findings of their examinations, yet no resources were initially allocated to enable us to provide such care. This was a clear shortcoming that must be addressed in the aftermath of future disasters, whether natural or man-made. Many of the responders had no health insurance and those who did found it difficult to obtain treatment guided by the expertise needed in the evaluation and management of their illnesses.

Lesson #2: The Inadequacy of Workers' Compensation Programs in the Context of Disaster

Many of the WTC responders who are our patients filed claims with the Workers' Compensation system to obtain coverage for their medical care only to find their cases opposed by Workers' Compensation insurers or by self-insured employers. The result was that many hundreds of brave workers who had volunteered to serve this nation at the site of the World Trade Center had to endure many months of needless and physically damaging delay in receiving medical care. We do not subject members of our armed services to such delay, and it is unconscionable that our health care system imposed these burdens on WTC responders. Indeed,

many responders found themselves unable to work in their usual trades where irritant exposures, readily tolerated before September 11th, now provoked asthmatic symptoms. This resulted in a loss of their health care benefits when they were needed most.

To address this situation, in August of this year, Governor Pataki signed into law new legislation that removed one of the barriers that these responders have had to overcome in the New York State Workers' Compensation system. But, five years after the disaster, many responders are still in need of follow-up treatment for WTC-related physical or mental health illnesses.

Lesson #3: The Persistence of Illness

Based on our accumulated knowledge in the aftermath of 9/11 and general medical science, there is no question that, as a result of their horrific exposures, thousands of World Trade Center responders have developed chronic and disabling illnesses that will likely be permanent. Sadder still, we continue each year to see new patients in the Medical Monitoring Program who have either never been treated for their WTC illnesses, or who have received delayed or sub-optimal treatment. Some of these delays are due to the aforementioned shortcomings of the Workers' Compensation system. We also now know – based on over four years of follow-up since the attacks – that it is likely that thousands of World Trade Center responders will need long-term medical care for their World Trade Center related physical and mental health conditions. We must establish a comprehensive, permanent program to ensure that WTC responders have access to needed treatment for WTC-related illness for their entire lives.

Lesson #4: The Need for Continuing Medical Surveillance

Continuing medical surveillance and follow-up will be essential for the WTC responder population. Responders were exposed to many carcinogens at the WTC site, including asbestos, benzene, and dioxins. For many patients in our program, the fears of future diseases like cancer, which can take as long as twenty to thirty years to develop, loom as large or larger than concerns about their acute ailments. Indeed, because WTC responders sustained unprecedented exposures for which the long-term consequences are unknown, we strongly recommend regular medical

screening for this population for their entire lives in order to ensure that diseases that can develop years after exposure can be detected when they are still treatable.

Lesson #5: The Need for Uninterrupted, Guaranteed Long-Term Federal Funding

As I mentioned before, current funding will permit the WTC Medical Monitoring Program to conduct screening examinations of 12,000 WTC responders once every 18 months for a total of five years only. Philanthropic sources have provided funding for the Health Effects Treatment Program, but this is limited in scope and duration. It is urgent that funding be made available to provide access to medical and mental health care for all who sustained health consequences from the World Trade Center disaster. This can be achieved by:

- Supplementing the current appropriations to provide medical monitoring and treatment for the lifetime of responders through a coordinated consortium of clinical centers with expertise in screening for, diagnosing, and treating WTC-related health conditions.

- Guaranteeing access to the diagnostic testing necessary to confirm or rule out possible WTC- related health problems identified in the screening examinations and providing treatment for all WTC related health problems identified;

- Integrating monitoring and treatment programs to ensure that those who develop future health problems related to the WTC exposures are able to receive treatment for those conditions including both out-patient and in-patient care as well as medications;

- Supporting clinical research to better understand and track the human health consequences of World Trade Center exposures and identify treatment modalities for those conditions;

- Providing adequate resources for the local residents, office and other area workers and school children whose proximity to the site may have caused them to suffer similar exposures as the responders. Workers and volunteers involved in rescue recovery efforts, workers, residents, and school children from areas affected by

WTC contamination have thus been left at the mercy of a patchwork of health care resources, posing a difficult challenge for the screening programs to carry out their referral responsibilities.

Lesson #6: The Need to Remember the Lessons Learned and to Apply them in Future Disasters

It is clear in the aftermath of the WTC disaster, and has been reemphasized by the events in New Orleans after Hurricane Katrina, that there is an urgent need for our nation to improve its disaster response planning and also to ensure adequate funding for these programs. We learned from the Vietnam War and the first Gulf War how important mental health problems are in the wake of extreme stress and we applied those lessons in the Balkans and after September 11th to good effect. Now we need to learn from the terrible events that transpired in New York City how to rapidly fund and establish medical screening and treatment programs. Disease and injury are the inevitable consequences of disaster, and we need to plan for them. We need to study these events to learn how to best conduct rescue and recovery operations that will not only minimize the loss of life among disaster victims, but also curtail disability and illness among the responders. We need to commit ourselves to sustain these programs over the long term to keep faith with those responders who rise in the hour of need to serve America.

Conclusion

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 of the responders. I hope that my comments today will serve as a reminder of the long-term and widespread impacts of this disaster.

Thank you.

Mr. SHAYS. Thank you, Doctor. You are the director of the program, correct?

Dr. HERBERT. I am the director of the data and coordination center, and was co-director with Dr. Levin of the medical screening program.

Mr. SHAYS. Dr. Levin, thank you for being here. You will be here to respond to questions as well, and we thank you for that very much. Commissioner Frieden.

STATEMENT OF THOMAS R. FRIEDEN

Dr. FRIEDEN. Good afternoon, Chairman Shays, Congresswoman Maloney, and members of the Government Reform Committee. I am Dr. Thomas Frieden, Commissioner of the New York City Department of Health and Mental Hygiene, and I am pleased to be here today.

September 11th was an unprecedented urban environmental disaster. In the days and months that followed, millions of people were affected emotionally, physically, and financially. Many people have experienced respiratory symptoms and psychological distress since that time. We share a commitment with others in this room to do whatever we can to understand health problems better, so that we can link people in need of care to effective services.

We are grateful to the New York City congressional delegation and Mayor Bloomberg for securing funding to support medical and mental health monitoring treatment programs, and we partner with these programs, as well as other institutions, as well as labor and community groups, in this world.

We also appreciate the funding provided for the World Trade Center Health Registry. However, it is essential that Federal Government support continue and expand for health monitoring and treatment, including extension of the registry and additional funding for health and mental health services.

The city supports legislation introduced by Congresswoman Maloney, and co-sponsored by Congressman Fossella and many members of the delegation, to reopen the Federal victims compensation fund established to support families of those who died in the attack and those physically injured in the aftermath.

Earlier this week the mayor announced initiatives augmenting screening and treatment programs including establishing a WTC environmental health center at Bellevue Hospital, expansion of the World Trade Center health unit at the Health Department, and creation of a Mayoral Review Panel to ensure maximum coordination among city agencies and sufficiency of resources.

Bellevue, in collaboration with NYU Medical Center, will evaluate and treat anyone exposed to the WTC, including people not covered by existing programs. The initiatives also include an expanded unit at the Health Department to increase monitoring for WTC related health conditions, increased communication with affected individuals, treating physicians and the public, and expand risk reduction linkage to care and mental health services.

In the past year, the Health Department has led an initiative, in collaboration with medical experts from the WTC Medical Monitoring and Treatment Programs, the Fire Department, Bellevue, and other specialists to reach consensus on and disseminate clinical

guidelines which update previously released Health Department guidelines on depression, post-traumatic stress disorder, and substance abuse disorders as well as guidelines on the diagnosis and treatment of respiratory gastrointestinal and sinus diseases previously developed by Mt. Sinai and fire department physicians.

The World Trade Center health registry is the main platform to enable us to better understand possible WTC related illnesses and also a major means of assessing treatment needs, more than 71,000 people enrolled in the registry, making it the largest such effort ever in the United States. Since its establishment, the registry has maintained a frequently updated resource guide to help both enrollees and the public.

Baseline interviews were completed in November 2004, and we immediately released preliminary findings. Nearly half of adult enrollees reported new or worsened sinus or nasal problems, shortness of breath, wheezing. Persistent cough and throat irritation were also common, and 2 to 3 years after the event registrants reported high levels of psychological distress.

We also published an in-depth analysis of physical and mental health conditions among more than 8,000 registrants from collapsed or damaged buildings. Those caught in the dust cloud were twice as likely to report newly diagnosed asthma. This adds to the growing body of literature suggesting that exposure to the dust cloud on September 11th in particular was a major risk factor for respiratory disease.

The first biennial followup survey begins this month, and will provide critical information on prevalence and persistence of symptoms, and at least or more importantly will identify and help address gaps in medical treatment. Collecting information on 71,000 participants will take at least 9 months. We will release initial findings as soon as possible upon completion of the survey, just as we did with our baseline survey, and we will conduct additional investigations including an examination investigation for respiratory illness.

Response to WTC involves many levels of government as well as private institutions. It will also require a long-term commitment of Federal and State resources. Much more needs to be done, and if we work together we can make sure that all of those who experience illness from the attacks on September 11th have access to appropriate medical evaluation and treatment.

Thank you for your support in these efforts.

[The prepared statement of Dr. Frieden follows:]

TESTIMONY
Thomas R. Frieden, M.D., M.P.H.
Commissioner
New York City Department of Health and Mental Hygiene

Before the

Subcommittee on National Security, Emerging Threats and International Relations
Committee on Government Reform
U. S. House of Representatives

Progress Since 9/11: Protecting Public Health
and Safety of the Responders and Residents

September 8, 2006
10:30 a.m.
New York City

Good morning, Chairman Shays, Congresswoman Maloney, and members of the Government Reform Committee. I am Dr. Thomas Frieden, Commissioner of New York City Department of Health and Mental Hygiene (DOHMH). I am pleased to be here today.

The collapse of the Towers on 9/11 was an unprecedented urban environmental disaster. In the days and months that followed, millions of people were affected emotionally, physically, and financially. While we don't know all that we would like to know, we do know that many people have experienced respiratory symptoms and psychological distress including post-traumatic stress disorder (PTSD). We share a commitment with others in this room to do whatever we can to understand health problems better and to link those who are in need of care to effective services.

The attack exposed tens of thousands of rescue and recovery workers, area residents, office workers, school children, and pedestrians to environmental contaminants and to extreme psychological stress. This large and diverse population had a wide variety of individual experiences and exposures, and health impacts will vary. Outreach to affected individuals involves many city, state and federal agencies, as well as private organizations, medical providers and institutions in many states across many care systems. We are pleased that Dr. John Howard, Director of the National Institute for Occupational Safety and Health (NIOSH), has been appointed to coordinate this important work at the federal level.

We are also grateful for the tireless work of the New York City Congressional delegation and Mayor Bloomberg in securing funding to support the medical and mental

health monitoring and treatment programs for WTC responders at the NYC Fire Department, the various centers coordinated by the Mt. Sinai Medical Center and the programs provided for police officers. These programs provide valuable screening and treatment to thousands of rescue and recovery workers and they must be continued. DOHMH has partnered with, and looks forward to continued collaboration with, the medical monitoring programs and other medical and academic institutions as well as labor and community groups to address health concerns related to the WTC disaster. We also appreciate the funding provided for the DOHMH World Trade Center Health Registry, which will help us understand and respond to the long-term health effects of the WTC disaster. However, it is essential that the federal government continue and expand support for health monitoring and treatment programs, including extension of the WTC Health Registry, and provide additional funding for continued health and mental health services. The City also supports legislation to re-open the Federal Victims Compensation Fund, which was established to provide support for the families of those who died in the attack and for the individuals who were physically injured in its aftermath. This legislation would extend the deadline for filing a claim with the fund and therefore provide support for those who may have become ill more recently as a result of the events of September 11, 2001.

In the past year, the DOHMH led an initiative to update and disseminate clinical guidelines on how to treat adults exposed to the World Trade Center disaster who present with physical or mental health conditions. The guidelines update previously-released DOHMH guidelines on depression, post-traumatic stress disorder, and substance abuse disorders, as well as guidelines on the diagnosis and treatment of respiratory, gastrointestinal, and sinus diseases previously developed by Mt. Sinai and FDNY physicians.

These guidelines, updated in collaboration with medical experts from the WTC Medical Monitoring and Treatment Programs, the New York City Fire Department, the NYU/Bellevue treatment program and other clinical and mental health specialists, incorporate the latest available published information on physical health care, as well as new national guidelines on treatment of chronic cough. Their aim is to help physicians and other health professionals recognize and effectively treat conditions that are possibly WTC-related. They outline appropriate diagnostic and treatment approaches and they prompt health care providers to assess for possible association to WTC exposures. They received broad expert peer review, as well as repeated input from our labor and community advisors, and are being widely disseminated through the NYC DOHMH's *City Health Information (CHI)* publication and website. So that they will be available to health care providers outside the NYC area, the guidelines are also being posted on the U.S. Department of Health and Human Services web sites. We expect to update the guidelines periodically based on published scientific data.

Earlier this week, the Mayor announced that the City is funding a series of initiatives that will augment medical and mental health screening and treatment programs, including establishing a new WTC Environmental Health Center at Bellevue Hospital, the expansion of the World Trade Center Unit at DOHMH, and the creation of a

Mayoral review panel to ensure maximum coordination among City agencies and assess the sufficiency of state and federal resources to address ongoing needs.

The center at the Bellevue Hospital, in collaboration with NYU Medical Center, will focus on medical coverage gaps and provide evaluation and treatment for anyone exposed to the WTC attacks including people experiencing symptoms that are not covered by the existing WTC medical screening programs. This will include Lower Manhattan, Brooklyn and residents of all the boroughs, privately contracted workers, school children, and commercial building inhabitants. It will make available comprehensive medical and mental health assessments and specialty treatment to a broader range of people with suspected WTC-related health problems. DOHMH will evaluate and monitor the screening findings as part of its active surveillance efforts.

The initiatives also include an expanded unit at the Health Department to increase monitoring for potential WTC-related health conditions; increase communication with affected individuals, treating physicians, and the public; and expand risk reduction, linkage to care, and mental health services for persons who continue to suffer after 9/11. To better understand health problems potentially associated with the WTC attack, this unit will track and investigate, to the extent possible, a range of health conditions, and routinely share that information with health care providers and the public. We will collaborate with expert academic partners in this endeavor to systematically look for patterns of lung diseases, cancers and deaths, using data matches between the WTC Health Registry, death records, and cancer registries, as well as to conduct investigations of specific conditions.

The DOHMH will also target risk reduction efforts to WTC-affected adults, including provision of information on environmental triggers for asthma, and will establish and promote a clearinghouse for information of interest to persons concerned about WTC health effects, health care providers, and the public.

The City will also provide for additional mental health services for people who were exposed to the WTC disaster, and who continue to suffer the psychological effects of 9/11, including uniformed services workers and their families, rescue, recovery, and clean-up workers and volunteers, commercial building inhabitants and Lower Manhattan residents and others.

The New York City Health Department is participating in a series of other important collaborative projects. DOHMH, National Institute for Occupational Safety and Health (NIOSH), and others are working together to develop uniform and transparent autopsy guidelines to evaluate fatalities that may be connected with the WTC disaster.

The DOHMH World Trade Center Health Registry, which was conceived immediately after 9/11, is the main platform to enable us to better understand possible WTC-related illnesses and also a major means of assessing for gaps in treatment needs. In the months that followed 9/11, we worked with the federal Agency for Toxic Substances and Disease Registry to establish and secure funding for the Registry, which

was designed to follow and systematically document the health status of persons most directly exposed to WTC conditions through periodic monitoring of registrants for 20 years. More than 71,000 individuals who were highly exposed to the WTC disaster, including first responders, other City agency and private recovery workers, individuals who were working in office buildings on the morning of the attacks, and school children in Lower Manhattan, voluntarily enrolled in the WTCHR, making it the largest effort ever in the United States to systematically monitor the health of persons exposed to a large-scale disaster. Initial funding came from EPA and FEMA, and additional funding recently appropriated by Congress will help maintain the Registry for the near future. However, it is essential that the federal government keep faith with the 71,000 registrants and commit to continued, stable, and sufficient financial support for the 20-year life of the Registry.

Since its establishment, the Registry has maintained a frequently-updated Resource Guide of 9/11-related resources and services to help enrollees and the public locate specialized care and learn about additional services in New York City and the surrounding areas. Enrollees are informed through periodic newsletters reporting Registry findings, research findings from other WTC-related studies, and important WTC-related news in general. The Registry also receives several hundred calls per month with WTC-related health questions from WTCHR enrollees and the general public. Staff provides referral information to callers about specialized medical and mental health services, including LIFENET, a free, confidential, crisis intervention, referral and information service available to all persons in the U.S. through a toll-free line.

Baseline interviews with 71,327 registrants were completed over a period of about 13 months, and we reported preliminary findings immediately upon completion of data collection in November 2004. Nearly half of adult enrollees in the survey reported new or worsened sinus or nasal problems after 9/11. Shortness of breath, wheezing, persistent cough, and throat irritation were also common respiratory complaints. One in four enrollees reported new or worsened reflux symptoms. Two to three years after the event, registrants also reported higher levels of psychological distress than the citywide average.

In April of 2006, we published an in-depth analysis of physical and mental health conditions among more than 8,000 registrants who were survivors of the collapsed or damaged buildings on 9/11. Fifty-seven percent of the building survivors in the survey reported new or worsening respiratory symptoms, and almost all reported having witnessed events with a strong potential to cause psychological trauma. Presence on 9/11 in the dust or debris cloud caused by the Towers' collapse was the strongest factor associated with reported physical and mental health effects. Survivors caught in the dust cloud were twice as likely as those not caught in the cloud to report newly-diagnosed asthma. This study adds to the growing body of literature suggesting that exposure to the dust cloud on 9/11 in particular was a major risk factor for respiratory illness.

Using data from the baseline interviews, the Registry is currently assessing physical and mental health outcomes among other key subgroups, including children,

adult residents of lower Manhattan, WTC tower survivors, and rescue, recovery, and clean-up workers.

We are also ascertaining cancer incidence and mortality among enrollees and will be conducting a follow-up study of birth outcomes among enrollees who were pregnant on 9/11. Currently, there is an absence of scientific evidence linking WTC exposures with cancer. Most cancers have a long latency period, so we would not yet expect to see an increase in cancer from exposure to potential carcinogens.

The Registry also serves as a unique resource for health researchers around the country. If protocols are approved by a review committee research projects may go forward, and researchers, through DOHMH, may contact enrollees to offer them the opportunity to participate in research. More than 90 percent of enrollees opted to receive information about external studies. Since the Registry's establishment, three studies by external researchers have been approved. By supporting and facilitating other research efforts, the Registry is an important resource to answer critical questions regarding the health impacts of 9/11.

The first biennial follow-up survey of the health of 71,000 Registry enrollees is beginning this month. This survey will provide critical information on the prevalence, persistence, and extent of resolution of health symptoms reported in the baseline survey, and it will help us determine if new symptoms or conditions have emerged. The survey includes questions on general health status, disability, mental health, and medical conditions, including asthma, persistent cough, and other lung disorders. Participants will be asked about bereavement, social support, and access to health care and medical treatment for potential WTC-related illnesses. The survey will also address the use of respirators and masks following 9/11, as well as home and office cleaning practices. An important goal for the follow-up survey is not only to identify persistent or new illnesses that may be WTC related, but also to identify and help address gaps in medical treatment among participants. Collecting follow-up information on 71,000 participants is expected to take at least nine months. We will release initial key findings as soon as possible upon the completion of the survey, as we did with our baseline survey, and we will also conduct additional investigations based on the updated data.

The WTC Health Registry is the largest health registry project in the United States. We have learned a great deal since its inception in 2003, and we continue to learn how to strengthen and improve its activities. We work closely with our labor and community advisors to maximize their input into the Registry's work, including design of the follow-up survey and the development of clinical guidelines. In May, we held a public meeting to share findings and other information with NYC residents and Registry enrollees. The meeting's attendance and enthusiastic response has encouraged us to plan for similar meetings in the future.

In closing, I would like to reiterate that while there is much we still do not know, there is much we are doing to better understand and better address health conditions, to share information with doctors, patients, and the public, and to facilitate appropriate

medical care for those who are ill. The response involves many levels of government and private institutions. It will also require a long-term commitment of federal and state resources. Working together, we can make sure that all those who experience illness from the attacks on 9/11 have access to appropriate medical evaluation and treatment.

Thank you for your support in these efforts.

###

Mr. SHAYS. Thank you very much. Commissioner Scoppetta.

STATEMENT OF NICHOLAS SCOPPETTA

Mr. SCOPPETTA. Good afternoon, and thank you for the opportunity to testify today about the health of our September 11th first responders.

With me today are the Department's two chief medical officers, Dr. Carrie Kelly, who is head of our Bureau of Health Services, and Dr. David Prezant, the Chief of our Office of Medical Affairs. Both have been sworn and are available to answer questions.

As we approach the fifth anniversary of the World Trade Center attacks, we continue to remember the tremendous losses of that day. In a matter of moments, with the collapse of the two towers, 343 of our members perished, along with 60 first responders from the NYPD and the Port Authority, and more than 2,300 civilians as well.

New York City's first responders saved others while risking their own lives, and we continue to commemorate their bravery and their dedication while mourning their loss.

In the weeks and months following September 11th, our members worked tirelessly at the site amid the debris and dust resulting from the towers' collapse. Their rescue and recovery efforts continued through May 2002. During that time FDNY workers experienced more exposure at the World Trade Center site than any other group of workers.

The physical and emotional toll on our members has been thoroughly documented. Dr. Kelly and her Bureau of Health Services have been dedicated to ensuring that our members are regularly evaluated with special attention to members who continue to experience the adverse effects of September 11th.

In the days following September 11th, virtually all of the FDNY first responders worked at the World Trade Center site. More than 11,000 firefighters and fire officers, and more than 3,000 EMTs and paramedics, took part in the rescue, recovery, and fire suppression efforts. Our work force was exposed to the physical hazards at the site, and the emotional impact associated with the recovery of deceased colleagues.

For those working at the site, respiratory issues surfaced quickly. In recognition of these symptoms, FDNY initiated the World Trade Center medical screening and treatment program in October 2001, just 4 weeks after the attacks. Our VHS partnered with the Centers for Disease Control and Prevention, and the National Institute of Occupational Health and Safety, to implement medical screening for the exposed FDNY first responders.

From October 2001 through February 2002, VHS 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 almost 14,000 FDNY personnel to date. This WTC medical monitoring program has been federally funded and has been a joint labor management initiative.

The program is dedicated to monitoring the health of our members while the Mt. Sinai consortium addresses primarily the health issues of non-FDNY responders. Our monitoring programs work collaboratively, partnering with NIOSH. At this time, more than

8,000 of our FDNY members have participated in a second round of medical and mental health monitoring.

In the first few weeks following September 11th, the health consequences of World Trade Center exposure became apparent as more and more members sought medical treatment primarily for respiratory symptoms. More than 2,000 of our members have sought treatment since September 11th. Most have been able to return to work, but more than 600 have developed permanent disabling respiratory illnesses that have led to earlier-than-anticipated retirement among members of an otherwise generally healthy work force.

In the first 4 years post-September 11th, we experienced a four- to fivefold increase in the number of members retiring with lung problems on an annual basis. Since VHS performs both pre-employment and annual medical examinations of all of our members, the World Trade Center medical monitoring program has used the results of these exams to compare pre- and post-September 11th 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 September 11th than those who suffered from those disorders during the 5-year period prior to September 11th. Further, the drop in lung function is directly correlated to the initial arrival time at the World Trade Center site.

On average, for symptomatic and asymptomatic FDNY responders, we found a 375 milliliter decline in pulmonary function for all of the 13,700 FDNY World Trade Center first responders, but an additional 75 milliliter decline if the member was present when the towers collapsed. This pulmonary function decline was 12 times greater than the average annual decline noted 5 years pre-September 11th.

Over the past 4 years, pulmonary functions of many of our members have either leveled off, improved, or, unfortunately for some, declined. More than 25 percent of those we tested with the highest exposure to World Trade Center irritants showed persistent airway hyperactivity consistent with asthma or reactive airway dysfunction, or RADS.

In addition, more than 25 percent of our full duty members participating in their followup medical monitoring evaluation continue to report respiratory symptoms. As I noted, many of our members who were symptomatic have improved with the treatment provided by Drs. Kelly and Prezant, and the physicians who work with them and have gone back to work full-time.

Certain reports in the press, however, do not accurately portray what our doctors have found through their efforts and may create needless fears. For example, continued reports of possible heavy metal poisoning from World Trade Center exposures is not supported by the science. Everyone should know that Drs. Kelly and Prezant and many others at the fire department who worked continually after September 11th to analyze and protect the health of our members, they did not stop at performing comprehensive respiratory testing, but also performed heavy metal screenings for

over 13,000 members, and the results consistently found nothing clinically significant.

The fire department's preliminary analysis has shown no clear increase in cancer since September 11th. Pre- and post-September 11th, the fire department continues, however, to see occasional unusual cancers that require continued careful monitoring, and, of course, we are obviously aware of the fact that cancers may take a long time before they surface.

Monitoring for future illnesses that may develop and treatment for existing conditions is imperative, and, as I will discuss in a minute, should be funded through Federal assistance. As our doctors and mental health professionals can attest, the need for mental health treatment was also apparent in the initial days after September 11th, that virtually our entire work force faced the loss of colleagues, friends, and family.

In the close-knit family of the FDNY, more than 60 firehouses lost members. Nevertheless, those who survived continue to work in the rescue and prolonged recovery operation at the World Trade Center site. In recognition of the mental health needs of our members, the FDNY Counseling Services Unit, or CSU, expanded from one site to six, and added professional staff to provide more services.

Thanks to funding from FEMA and Project Liberty, as well as the American Red Cross, the International Association of Firefighters, and the National Fallen Firefighters Foundation, we secured critical resources to provide those additional services to our members and our families.

Our goal was to reduce and eliminate any barrier to treatment, so that members could easily be evaluated and treated in the communities where they live. Additionally, we sent specially trained peer counselors to the most affected firehouses, accompanied by professional counselors, to provide onsite education. 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 people have sought mental health services through CSU since September 11th. We developed also programs for bereaved spouses, parents, and siblings. Now, 5 years later, some of these groups still need—provide a needed link for these families. Prior to September 11th, CSU treated approximately 50 new cases a month. Since September 11th, we have seen that number increase to 160 new cases at its six sites each month. That is more than 3,500 clients annually. the continued stream of clients at the CSU indicates that the need for mental health services remains strong.

Mr. SHAYS. Excuse me. Mr. Scoppetta, you have gone 10 minutes now, so you need to really wrap it up.

Mr. SCOPPETTA. OK.

Mr. SHAYS. Your full testimony is part of the record.

Mr. SCOPPETTA. I understand.

Mr. SHAYS. You are providing us essential information, and we do thank you for it.

Mr. SCOPPETTA. Well, let me just say in summary fashion, we are going to need continued funding for many years to come, because

many of these conditions are not going to surface for many years, and we really are talking about something that needs funding for several decades, not for several years.

So going forward, we continue to monitor. We have a huge registry of people that we monitor. We have objective data, because we examined pre-September 11th.

And just to conclude, our firefighters continue to answer the call for help every day, despite the risks they face. And careful screening, monitoring, and treatment is what will be essential. Early treatment of symptoms can reduce the likelihood of disability and restore function in many members.

Thank you. My apologies for running over.

[The prepared statement of Mr. Scoppetta follows:]

TESTIMONY OF NICHOLAS SCOPPETTA
COMMISSIONER

FIRE DEPARTMENT OF NEW YORK

BEFORE THE

CONGRESSIONAL SUBCOMMITTEE ON

NATIONAL SECURITY, EMERGING THREATS,

AND

INTERNATIONAL RELATIONS

SEPTEMBER 8, 2006
New York City

Introduction

Good morning Chairman Shays, Congresswoman Maloney and other members of the Committee. Thank you for the opportunity to testify today about the health of our 9/11 first responders. With me today are the FDNY's two Chief Medical Officers, Dr. Kerry Kelly and Dr. David Prezant. I will be happy to answer your questions at the conclusion of my testimony.

As we approach the fifth anniversary of the World Trade Center attacks, we continue to remember the tremendous losses of that day. In a matter of moments, with the collapse of the two towers, 343 of our members perished along with 60 first responders from the NYPD and the Port Authority, and more than 2,300 civilians. New York City's first responders saved others while risking their own lives. We continue to commemorate their bravery and dedication, while mourning their loss.

In the weeks and months following 9/11, our members worked tirelessly at the site -- amid the debris and dust resulting from the towers' collapse. Their rescue and recovery efforts continued through May 2002. During that time, FDNY workers experienced more exposure at the World Trade Center disaster site than any other group of workers. The physical and emotional toll on our members has been thoroughly documented.

Dr. Kelly and our Bureau of Health Services (BHS), which she heads, have been dedicated to ensuring that our members are regularly evaluated, with special attention to members who continue to experience the adverse effects of 9/11.

Physical Health Issues

In the days following 9/11, virtually all of the FDNY first responders worked at the World Trade Center site. More than 11,000 firefighters and fire officers and more than 3,000 EMTs and Paramedics took part in the rescue, recovery and fire suppression efforts. Our workforce was exposed to the physical hazards at the site and the emotional impact associated with the recovery of deceased colleagues.

For those working at the site, respiratory issues surfaced quickly. In recognition of these symptoms, FDNY initiated the World Trade Center (WTC) Medical Screening and Treatment Program in October of 2001, just four weeks after 9/11. Our BHS partnered with the Centers for Disease Control and Prevention (CDC) and the National Institute of Occupational Health and Safety (NIOSH) to implement medical screening for the exposed FDNY first responders.

From October 2001 through February 2002, BHS 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 13,973 FDNY personnel to date. This WTC Medical Monitoring Program has been federally funded 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 addresses the health issues of non-FDNY responders. Our monitoring programs work collaboratively, partnering with NIOSH. At this time, more than 8,000 of our FDNY members have participated in a second round of medical and mental health monitoring

In the first few weeks following 9/11, the health consequences of World Trade Center exposure became apparent as more and more members sought medical treatment

for their respiratory symptoms. More than 2,000 of our members have sought respiratory treatment since 9/11. Most have been able to return to work, but more than 600 have developed permanent, disabling respiratory illnesses that have led to earlier-than-anticipated retirement among members of an otherwise generally healthy workforce. In the first four years post 9/11, we experienced a four- to five-fold increase in the number of members retiring with lung problems annually.

Since BHS 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 five-year period prior to 9/11.

Further, the drop in lung function is directly correlated to the initial arrival time at the World Trade Center 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 World Trade Center 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 noted five years pre-9/11. Over the past four years, pulmonary functions of many of our members have either leveled off, improved or, unfortunately for some, declined. More than 25 percent of those we tested with the highest exposure to World Trade Center 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.

As I noted, many of our members who were symptomatic have improved with the treatment provided by Drs. Kelly and Prezant, and have gone back to work full time. Certain reports in the press do not accurately portray what our doctors have found through their tireless efforts and may create needless fears. For example, continued reports of possible heavy metal poisoning from WTC exposures is not supported by the science. Everyone should know that Drs. Kelly and Prezant and many others at the Fire Department worked continually after 9/11 to analyze and protect the health of our members. They did not stop at performing comprehensive respiratory testing, but also performed heavy metal screenings for over 13,000 members. The results consistently found nothing clinically significant.

The Fire Department'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 later, 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. In the close-knit family of the FDNY, more than 60 firehouses lost members. Nevertheless, those who survived

continued to work in the rescue and prolonged recovery operation at the World Trade Center site.

In recognition of the mental health needs of our members, the FDNY Counseling Services Unit (CSU) expanded from one site to six, and added professional staff to provide more services to our members. Thanks to funding from FEMA and Project Liberty, as well as the American Red Cross, the International Association of Firefighters and the National Fallen Firefighters Foundation, we secured critical resources to provide counseling services to our members and their families.

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. Additionally, we sent specially trained peer counselors to the most affected firehouses, accompanied by professional counselors to provide on-site education. 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 people have sought mental health services through CSU since 9/11. We developed new programs for bereaved spouses, parents and siblings. Now five years later, some of these groups still meet, providing a needed link for these families. Prior to 9/11, the CSU treated approximately 50 new cases a month. Since 9/11, CSU has seen more than 260 new 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.

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.

Funding

Over time, the funding stream for mental health services has changed as FEMA and Department of Justice funding ended. Currently, treatment dollars secured through the American Red Cross and now through the WTC Medical Monitoring and Treatment program will allow our programs to continue. However, the need for continued resources to provide these essential mental health services in the future remains.

Through the efforts of the Mayor and the City's Congressional delegation, and the continued support of our labor partners, we have secured funding to continue 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. The additional funding will be used for enhanced diagnostic testing and focused treatment of FDNY first responders, addressing both physical and mental health problems related to World Trade Center exposures.

However, our concern continues to be the long-term consequences of this exposure. In occupational medicine, there is often a significant lag time between exposure and emerging diseases. For example, the medical effects of asbestos may not be detected for 20 to 30 years after exposure. 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. The commitment to long-term monitoring must be made now to protect our workforce, both active and retired.

Five Years Later

Five years later, the FDNY continues its mission of saving lives, by fighting fires, providing pre-hospital care, and responding to other emergencies. The threat of future terrorist attacks has led to increased training, additional Haz Mat units and enhanced protective masks and equipment. Multi-agency drills stress the role of cooperation among agencies. Our annual BioPod drill demonstrates that our Department can respond to a biological event with prophylactic medications for on-duty FDNY personnel so that they can continue to provide fire and pre-hospital emergency medical services to our City.

Going Forward

The WTC Medical Monitoring Program will provide three medical examinations over five years for our exposed World Trade Center first responders. This will provide a short-term view of the health consequences of 9/11. It will allow us to continue to track longitudinally the lung functioning of our members to see if the initial decline continues or abates.

Unfortunately, both our active FDNY members and our retirees face gaps in their medical coverage. This means, for some, burdensome out-of-pocket costs to make sure they receive the necessary medications and medical care. For example, long-term medication needs for asthma, Gastro Esophageal Reflux Disease and psychiatric illnesses require significant co-payments, taxing the resources of our members. In addition, most insurance plans do not adequately cover mental health treatment.

Conclusion

Firefighters answer the call for help every day despite the risks they face. The 343 who perished at the World Trade Center are tragic reminders of that risk. Concerns for the long-term health and future of those who survived that tragedy remain.

Careful screening, monitoring and treatment of our Firefighters and EMS workers remain critically important. It is imperative that we continue the close medical surveillance of our workforce – both retired and active -- to observe patterns of disease or illness and to provide focused treatment to restore well being. Early treatment of symptoms can reduce disability and restore function in many members. Sufficient resources must be provided to continue long-term monitoring and treatment.

Thank you for your past efforts, and your continued support of the Department and our members. I would be happy to take your questions at this time.

Mr. SHAYS. You do not need to apologize at all. Your testimony is very vital, and I will have specific questions to ask you when my turn comes.

It is Dr. Reibman, is that correct?

Dr. REIBMAN. Yes.

Mr. SHAYS. Dr. Reibman, thank you very much for being here.

STATEMENT OF JOAN REIBMAN

Dr. REIBMAN. Good afternoon, Congressman Shays, Congresswoman Maloney, Mr. Weiner, and Mr. Nadler. 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 New York City.

I am a specialist in pulmonary medicine, and for the past 15 years I was the Director of the Bellevue Hospital Asthma Program. Most of my patients come from Lower Manhattan. As such, I know Lower Manhattan well, and know that although it is thought of as an area replete with office towers, it is also a major residential community. Almost 60,000 residents of diverse race, ethnic, and economic backgrounds live south of Canal Street alone.

The destruction of the World Trade Center towers resulted in the dissemination of dust throughout Lower Manhattan, and these dusts settled on streets, playgrounds, cars, and buildings, and entered apartments through windows, building cracks, and ventilation systems. The fires continued to burn through December.

Thus, individuals living in the communities of Lower Manhattan have potential for prolonged exposure to the initial dusts, to resuspended 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.

We, therefore, collaborated with the New York State Department of Health in a study funded by the Centers for Disease Control to examine whether there was an increase in the rate of new respiratory symptoms in community residents near Ground Zero. The study was designed, implemented, and completed in 16 months after September 11th, and the results have been reported in two publications.

Community members were actively involved in the design and implementation of this work, and we surveyed residents in buildings within 1 mile of Ground Zero, and for purposes of control other low-risk buildings approximately 5 miles from Ground Zero. We mailed and hand distributed questionnaires to apartments in selected buildings and publicized the study at local events, health fairs, tenants meetings, community board meetings, and town hall meetings.

Surveys were analyzed for 2,800 residents in the areas. 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 September 11th. The more important question, however, was whether these symptoms resolved over time or persisted.

We, therefore, examined whether symptoms were present in the months preceding completion of the study, 8 to 16 months after

September 11th, and defined persistence of the frequency of symptoms at least twice each week. Such new onset and persistent symptoms as eye irritation, nasal irritation, sinus congestion, nosebleed, 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 versus 7 percent of exposed and control residents, respectively, a more than threefold increase in symptoms. This included an increase in cough, shortness of breath, and 10 percent versus 1.6 percent of residents had wheeze.

In individuals with new onset persistent respiratory symptoms, many of them had daily symptoms consistent with severe disease. The respiratory symptoms resulted in an almost twofold increase in unplanned medical visits in the exposed population compared to the control population. Moreover, more than twice as many exposed residents used medications prescribed for asthma.

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 September 11th. It suggested that many residents had symptoms in the immediate aftermath, and many have persistence of symptoms in the year after the event.

Do these symptoms persist today, 5 years after the attack, and some 3½ years after our study? When it comes to the residents, we have little information. The registry, which was implemented after our study was completed and closed in 2004, found a similar pattern of symptoms to ours, but did not address the issue of persistence. We look forward to the resurvey planned by the registry which should help shed light on this question.

While we await more survey information, we are cognizant of what we are seeing in our clinics. After September 11th, we began to treat residents who felt they had World Trade Center issues 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 World Trade Center health issues for residents and responders, which began functioning approximately a year ago. Today we have evaluated and are treating 570 individuals, including residents and responders.

Most of our patients have persistent upper or lower respiratory symptoms for which they are seeking care 5 years after September 11th. Interestingly, many of these symptoms did not occur immediately, but either developed or were recognized 1 year or more after the event. We have a backlog of hundreds of patients waiting to get into the program suggesting that the need has not abated.

This week Mayor Bloomberg announced new initiatives to provide for evaluation and treatment of individuals with suspected World Trade Center related illnesses. This much needed support will serve to provide evaluation and treatment for residents, office workers, and individuals caught in the dust cloud.

I would like to thank Mayor Bloomberg and Members of Congress for their continuing efforts to provide funding for monitoring and treatment, and members present for having this important hearing. It is paramount that the Federal Government fully fund ongoing monitoring and treatment for all those who were exposed to the effects of the September 11th attack in New York City. And, furthermore, we will need funding for research to understand the new diseases and to guide our treatment.

Thank you very much.

[The prepared statement of Dr. Reibman follows:]

Testimony to the Subcommittee on National Security, Emerging Threats and International Relations

Joan Reibman, MD
Associate Professor of Medicine and Environmental Medicine
Director NYU/Bellevue Asthma Center
Director of Bellevue Hospital WTC Health Impacts Treatment Program
Bellevue Hospital
New York University School of Medicine
September 8, 2006

Good Morning, Congressman Shays, Congresswoman Maloney:

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 been the Director of the Bellevue Hospital Asthma Program. Most of my patients come from Lower Manhattan. As such, I know Lower Manhattan well, and know that although it is thought of as an area replete with office towers, it is also a major residential community; almost 60,000 residents of diverse race and ethnicity backgrounds live south of Canal St. alone (US census data). The residents are economically diverse, some living in large public housing complexes, while others live 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 apartments on their own. 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.

We therefore collaborated with the New York State Department of Health in a study funded by the Centers for Disease Control to examine whether there was an increase in the rate of new respiratory symptoms in community residents near Ground Zero. The study was designed, implemented and completed 16 months after 9/11/01 and the results have now 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).

Community members were actively involved in the design and implementation of this work. We surveyed residents in buildings within one mile of Ground Zero, and, for purposes of control, other lower-risk buildings approximately five miles from Ground Zero. We mailed and hand-distributed questionnaires to apartments in selected buildings. We publicized the study at local events, health fairs, tenant's meetings, community board meetings and town hall meetings. The information obtained from the self-administered questionnaires included basic demographics, WTC dust exposure information, and previous and current health symptoms. Lung function testing, consisting of screening spirometry, was performed in a subgroup of individuals in the field. 9168 surveys were distributed in the exposed area, and 962 in the control area. We deliberately over-sampled the exposed area because at the time, this was the only study

of the residents. The response rate for these questionnaires was similar in the exposed and control area respectively (approximately 23%).

Surveys were analyzed for 2,812 residents in the exposed area. Approximately 60% of individuals in the exposed area compared to 20% 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. We therefore examined whether symptoms were present in the month preceding completion of the survey (8-16 months after 9/11) and defined persistence in that time period, as the presence of symptoms 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 % 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 versus 7.5% of exposed and control residents respectively; a more than three fold increase in symptoms. This included an almost four-fold increase in cough, three-fold increase in daytime shortness of breath, and a 6.5-fold increase in wheeze (10.5 % of exposed residents versus 1.6% of control residents respectively). In individuals with new-onset, persistent respiratory symptoms, wheezing, a symptom most characteristic of asthma, was present in 17.5% of individuals on a daily basis – a frequency, which would lead to classification these individuals as having severe-persistent asthma. These respiratory symptoms resulted in an almost two-fold increase in unplanned medical visits in the exposed population compared to the control population. Moreover, more than twice as many exposed residents used medications prescribed for asthma (controller and fast relief medications).

There are some potential limitations to our studies. First, because of the unexpected nature of the disaster, we had to rely on self-reported health information. We minimized the possibility of reporting bias or differential recall, with questions about non respiratory health issues; responses to these questions did not differ between the exposed and control groups. Second, we had a low response rate. 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. They 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 US Census. To confirm our data, we also targeted a few buildings in the exposed and control areas and performed more intense outreach, resulting in a better response rate (44%). 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 symptoms in the immediate aftermath, with persistence of symptoms in the year after the event.

Do these symptoms persist today, five years after the attack and some three and a half years after our study? When it comes to residents, we have little information. The NYCDOHMH Registry, which was implemented after our study was completed, and closed in 2004, found a similar pattern of symptoms to ours, but did not address the issue of persistence. We look forward to the resurvey planned by the Registry, which should 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 health issues

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 health issues for residents and responders, which began functioning in September 2005. To date, we have evaluated and are treating 570 individuals, including residents and responders, most of whom are clean-up workers. Most of our patients have persistent upper or lower respiratory symptoms for which they are seeking care, five years after 9/11. Interestingly, many of these symptoms did not occur immediately, but either developed or were recognized one year or more after the event. We have a backlog of hundreds of patients waiting to get into the program, suggesting that the need has not abated.

This week Mayor Bloomberg announced new initiatives to provide for evaluation and treatment of individuals with suspected World Trade Center-related illnesses. This much needed support will serve to provide evaluation and treatment for residents, office workers and individuals caught in the dust cloud. In addition, the Mayor announced that the City would be convening a task force to review the ongoing and emerging issues relating to the attack's aftermath. I am told that the Mayor has asked Deputy Mayor for Administration Edward Skyler and Deputy Mayor for Health and Human Services Linda Gibbs to convene all City agencies that serve or represent individuals potentially affected by WTC-related illness, including the New York City Health and Hospitals Corporation, to ensure policies are coordinated across agencies. They will also review the resources to assist those who have been affected by WTC-related illness, and recommend strategies to ensure the ongoing adequacy of those resources.

I would like to thank Mayor Bloomberg and Members of Congress for their continuing efforts to provide funding for monitoring and treatment and Members present for having

this important hearing. Before closing, I would like to say that it is important to note that this was an attack on the United States. Therefore, it is paramount that the federal government fully fund ongoing monitoring and treatment of all those who were exposed to the effects of the 9/11 attack in New York City.

Thank you for your attention. I am pleased to answer any questions.

Joan Reibman, MD

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.)

Mr. SHAYS. Thank you very much, Dr. Reibman. We will start out with Mrs. Maloney, and then I will go to Mr. Nadler, Mr. Weiner, and then I will be asking questions. We are going to do a 10-minute series of questions, so we can do it in a little more depth.

I basically view the first panel as kind of stating the case and the problem, and we need to get into some very important issues as to how we help folks. And I know that my focus is going to be not at this hearing, maybe there are other hearings and investigations, who did what when. I want to know, what are we going to do to monitor folks, what are we going to do to provide them health care, what are we going to do not just in the short run but the long run, and I hope with the answer to all of our questions that you are going to tell us what you think that commitment is in both the short and long run.

So at this time, I would acknowledge that Mrs. Maloney has 10 minutes to ask questions.

Mrs. MALONEY. I thank the chairman for yielding. I thank all of the panelists for their testimony and hard work. I particularly would like to thank Dr. Howard for working so hard on a Federal response, attending so many meetings, and particularly the meeting that we had yesterday with Secretary Leavitt. And I wanted to go over some of the issues that we discussed yesterday.

Yesterday, Dr. Howard, you and Secretary Leavitt committed to releasing the $75 million that the delegation and Congress secured in the budget, and in December releasing this money for monitoring and the first money for treatment in October. Is that correct?

Dr. HOWARD. That is correct.

Mrs. MALONEY. Thank you. You also committed to making this entire funding with no limitation to spreading it over periods of time. Is that correct?

Dr. HOWARD. That is correct.

Mrs. MALONEY. Just to be clear, we are going on what you said yesterday with Secretary Leavitt, and what you are testifying to today, instead of what was reported to the General Accounting Office, that the funding would not be released until February 2007, and that it would be spread over 3 years. Correct? You are not going with that GAO——

Dr. HOWARD. Correct.

Mrs. MALONEY. Thank you. Thank you very much. I would like to now go to Dr. Frieden, and I want to ask some questions about the clinical guidelines that thankfully came out last week. When did the city of New York know that the air around Ground Zero was not safe and that the Ground Zero dust was toxic?

Dr. FRIEDEN. I can only refer to my personal experience of the information on this. Actually, a few days after being sworn in as Health Commissioner, Senator Clinton's hearing occurred, at which I testified, and said at that time that we knew—and this was in February 2002—we knew that there were many people with short-term health effects. We knew that from other disasters the likelihood of long-term mental health effects was certainly present, and we did not know what the long-term respiratory or other physical health impacts would be.

Mrs. MALONEY. And this was your knowledge after being sworn in in 2002. Is there any way you can find out what happened earlier with your predecessor, and when did the city of New York and the Health Department suspect that people were getting sick from their exposure to the toxins at Ground Zero?

Dr. FRIEDEN. I can certainly look at the literature and get you any information in the future.

Mrs. MALONEY. Could you find out whether or not the city of New York's Health Department was part of a discussion on October 2001 to determine if area doctors were seeing a pattern of illnesses possibly related to September 11th? I know that NIOSH was there, the World Trade Center consortium was there, the fire department was there, and I am told that the city of New York was there. Do you have any knowledge of this meeting in 2001 discussing the pattern of illnesses?

Dr. FRIEDEN. I am not familiar with the answer, but I can certainly get it and get back to you.

Mrs. MALONEY. Thank you.

Dr. FRIEDEN. We do know that immediately after September 11th, with support of CDC, we implemented a system throughout area hospitals to monitor for different patterns of complaints. At that point, as you will recall, there were still concerns about the potential of a related bioterrorist attack, and that was the primary purpose of that system of monitoring.

Mrs. MALONEY. Was the city Health Department part of a December 2001 meeting—I am told that they were—where a draft of World Trade Center clinical guidelines were discussed? And why did the city's Health Department choose not to disseminate these guidelines discussed at the December 2001 meeting?

Dr. FRIEDEN. I have seen reference to that, and the recollection of people from within the Department who were present at that meeting was that the majority of people at that meeting felt that it would be quickest and most efficient to have them post it on the Mt. Sinai Web site. That was done, and the Health Department has referred clinicians to that Web site.

Mrs. MALONEY. Most doctors listen to an official directive from the New York City government or the Federal Government as an official directive. I wish you would look back to see why Mt. Sinai's Web site has more weight and credibility than the city of New York. I find that astonishing, quite frankly.

And did you mail to doctors the clinical guidelines you did prepare for September 11th mental health issues?

Dr. FRIEDEN. Yes. As soon as we could produce guidelines for three different conditions that we suspected or had evidence were related, specifically post-traumatic stress disorder, depression, and substance abuse disorders, we disseminated those guidelines widely to all licensed physicians as well as other providers in New York City as we are doing now with an update of those guidelines.

Mrs. MALONEY. When did you disseminate it? I was told you did not disseminate it until last week.

Dr. FRIEDEN. No, that is not correct. In terms of the mental health effects, as soon as we had evidence, we produced a publication called "City Health Information," which is mailed to all licensed physicians as well as other providers in New York City.

Mrs. MALONEY. What year did that go out?

Dr. FRIEDEN. There were three different bulletins produced, one on post-traumatic stress disorder, one on depression, and one on substance abuse disorders, and I would have to look up and give you the exact month and year when those were published.

Mrs. MALONEY. Thank you very much. Dr. Howard, you testified before this committee and in our meetings in February that this is a long-term problem, 20 to 30-year problem, is that correct?

Dr. HOWARD. Yes.

Mrs. MALONEY. In the 6-plus months that you have been on the job, has there been any actuarial study of just how much this will cost?

Dr. HOWARD. No.

Mrs. MALONEY. Has the Health and Human Services Department employed medical economists?

Dr. HOWARD. No.

Mrs. MALONEY. In the letter that you sent Congressman Fossella and myself yesterday, which I might note is on my Web site if anyone would like to read along and see his response to our questions, you have—you talk about 5 years after September 11th, and you say that there is no estimate of the cost or the extent because of the uncertainties involved. Is that correct?

Dr. HOWARD. Yes. If I could just expand briefly, I think what we are looking for now is the experience that we are going to get when our treatment money is released, which is the October date that I promised. We have some treatment experience from the World Trade Center clinical consortium, and from the fire department based on the limited Red Cross experience.

We would like to see some additional experience, so that we can do some sound actuarial analysis, to be able to answer some of the questions that you asked in terms of, what are the 2-year costs? What are the 5-year costs? What are the 20-year costs?

Mrs. MALONEY. Thank you. Yesterday at our meeting with Secretary Leavitt, you and the Secretary made a commitment to work toward a coordinated plan to get health monitoring and treatment for everyone exposed, residents and rescue workers, is that correct?

Dr. HOWARD. Yes, that is correct.

Mrs. MALONEY. And I just would like to say I would like to see more Federal leadership. The city is doing many good things, the State is doing many good things, the private sector is doing many good things, but we really have to pull all this together under one umbrella, and we are counting on your leadership.

Dr. HOWARD. Thank you very much. I just want to add in response to that, the Secretary, as you know, yesterday in the meeting with the New York delegation pointed out that he is convening a top-level HHS task force headed by our Assistant Secretary for Health, Dr. John Agwunobi, and the directors of the operating divisions of HHS.

He is doing that, recognizing that this issue that we are struggling with today needs the entire department's policy guidance. As you know, I have represented myself as a physician here, as the eyes and ears of HHS on the ground. It has been my privilege to do that. My agency funds a lot of the medical activities that are going on here in New York City, and I am pleased to see that the

Secretary is now putting policy guidance as an important link in that process.

Mrs. MALONEY. OK. Thank you so very much. That is important, and we look forward to your continued participation in this so-called A team. But as we heard from our first panel, people are sick, people are dying, and they don't need a task force, they need treatment money, and they need to get help. They also are examples of how widespread through many different areas, from the military to the residents, to the responders, to the Federal Government employees, that the $52 million that we got for treatment is just a drop in the bucket, so we need your leadership on making the estimates of what the cost will be, so that we can work on getting a line in this upcoming Federal budget.

But I don't see how you are going to be able to do it if you haven't hired any medical economists or made any estimates on how—the extent of the problem.

Dr. HOWARD. Well, one of the issues that I will tell you about is within the Department one of the individuals on the Secretary's task force will be the Administrator of the Centers for Medicaid and Medicare. I can assure you that those centers have numerous actuaries and economists who work there, so we are going to rely on their important contribution, and that for me extremely important.

As you may know, in NIOSH we are a research agency for occupational safety and health, so we do not have that expertise. So I am delighted that we will be able to rely on the expertise of the Department's actuaries and economists.

Mrs. MALONEY. I just want to point out, and the chairman has told me my time is up, but I just want to point out that in the letter that you sent Congressman Fossella and myself yesterday that you noted that you think that there were 50,000 rescue workers who are eligible for treatment, while I think the city of New York has been using the number of 40,000 responders. Am I right in assuming that we do not really have any firm grass on the exact number of people on the pile and those that responded?

Dr. HOWARD. Well, I think that you are entirely correct. I don't know of anyone at any level of government that is able to tell me the exact number. As our GAO witness pointed out, we don't—we never had a master list. One of the great lessons learned in terms of large public health disaster preparedness is we need to know who responds, how to reach them, what their number is, so that we can contact them after the disaster is over for medical monitoring purposes. That is one of the most significant lessons from this experience that I have been able to acquire in New York City here.

Mrs. MALONEY. Thank you all for your work.

Mr. SHAYS. Thank you. Dr. Howard, it is an amazing comment you are making, but it strikes us as so obvious times 10 that it is such an obvious point. Anyway, that needed to be made.

Doctor—excuse me, not Doctor. Mr. Nadler, Congressman Nadler.

Mr. NADLER. Thank you. I chose to be a politician, not a physician, but thank you very much, Mr. Chairman.

Mr. SHAYS. And it is probably a good thing for all of us. [Laughter.]

Mr. NADLER.

At both ends.

Mr. SHAYS. In both respects. [Laughter.]

Mr. NADLER. Thank you, Mr. Chairman. Let me start by saying—by making two comments. First, to Dr. Howard, I simply want to note and congratulate him for being one of the very few people in the executive branch of government that I have found in the 5-years that I have been working on this problem who have honest and forthcoming and as helpful as possible. It is a very small list at this point.

Second, I want to disagree with what my colleague Congresswoman Maloney and Dr. Howard were saying a moment ago. It is interesting to get a cost analysis, but I don't think it is all that important. What is important is to have a commitment to spend whatever is necessary and rapidly and to appropriate the money as necessary.

We never had a decent cost estimate for Iraq, and whatever you think of the Iraq war, the fact that we didn't have a decent cost estimate was not a central issue. We are spending whatever the administration thinks we ought to spend. We can second-guess whether we agree with them, but the fact is that if we agree that there is a major problem here, we ought to start—we are going to have a program to treat everybody, and whenever the bills come in pay them. Let me just make that off the top of my head.

Second, I have a series of questions for Dr. Howard first. Doctor, do you believe there is any doubt that people are sick as a result of exposure to World Trade Center contamination?

Dr. HOWARD. You know, certainly from the medical studies that our department has funded, both for the responder population as well as those studies that have been funded that Dr. Reibman talks about in the resident population, I don't think there is any doubt about the level of symptomatology. We still have some question about whether it is persistent in the resident population, and we are looking very much forward to the Health Department's World Trade Center health registry's first followup survey to look at that persistent issue, which is still an open issue.

Mr. NADLER. But in other words——

Dr. HOWARD. And in the responder treatment program, the responder monitoring program, the research that has come out of that program is fairly clear to me.

Mr. NADLER. So the answer is there is no doubt.

Dr. HOWARD. There is no doubt.

Mr. NADLER. OK. Thank you. Second, does the administration accept any responsibility because of the fact that people are now sick from World Trade Center contamination given that the EPA told people it was safe when it had no basis for saying that, and even when it had data to the contrary, and that many first responders were not provided respirators and OSHA rules were not enforced on the site? Because of all those facts, does the administration accept any responsibility for the level of sickness at this point?

Dr. HOWARD. I am not the one to respond to that question, Mr. Nadler.

Mr. NADLER. OK. I accept that answer. Thank you. And as you may know, as you obviously do know, there is no currently—there

is—currently, there is no federally funded program except for that $75 million as a first instance to provide medical treatment for anybody. There is no program to provide medical treatment to residents, to people who work in the surrounding office spaces, or children who go to school in the impacted area.

Many of these people went back to their homes and offices because they were told by Federal EPA it was safe, and they were told—and, frankly, the city Department of Health told them to clean up World Trade Center contamination with a wet mop or a wet rag.

Does the administration support providing all necessary funds for actual medical treatment, not just screening, for residents who were affected as well as for first responders? And not just residents, residents, workers, anyone who was in the area then, or may have been made sick by being in the area subsequently.

Dr. HOWARD. Again, I think that is one of the issues as a physician looking at the medical reports that we funded here in New York, and the findings of Dr. Reibman and others, the World Health Center registry's findings, those are the kind of things that I will bring back to the Secretary's policy guidance task force to be able to wrestle with that issue.

Mr. NADLER. OK. Thank you. And one final question: will all of the treatment programs at the participating clinical centers provide uniform services in terms of covered conditions, levels of services, in-patient versus outpatient, and provision of benefits counseling?

Dr. HOWARD. That is certainly our goal. I must say that it is challenging to bring all of these different provider agencies together on that point, but that is our goal.

Mr. NADLER. Thank you. Dr. Frieden, I have a number of questions for you. Does the city, in light of all of the recent study results, does the city administration now believe that people are indeed sick as a direct result of exposure to World Trade Center contamination?

Dr. FRIEDEN. There is a lot that we know, and there are some things we don't know. Some of the things we know is that most people exposed to the dust cloud, and many others exposed less intensely, had acute symptoms. We know that some people, either because of the intensity of their exposure or other factors, developed very severe respiratory illness. There are at least three such cases that are well documented in the medical literature.

We know that people who were more exposed appeared to be more ill, and in particular presence in the dust cloud is predictive of longer term health problems. We know that many people with pre-existing illnesses, such as asthma, would have had those conditions exacerbated, and that some people who did not have pre-existing conditions would have had new onset illness.

As Commissioner Scoppetta mentioned, hundreds of firefighters have developed severe enough respiratory illness to become disabled as firefighters. We also know that many, and probably most, people who had acute symptoms had improvement of those symptoms, but many continue to have symptoms. So, yes, we——

Mr. NADLER. Can I take that as a yes?

Dr. FRIEDEN. Yes.

Mr. NADLER. The city agrees that this has led to many people being ill.

Dr. FRIEDEN. Yes.

Mr. NADLER. Despite the mayor's comments.

Dr. FRIEDEN. I believe that some of the mayor's comments in the media were taken out of context.

Mr. NADLER. OK. That is good—yes. I am sorry, go ahead.

Dr. FRIEDEN. There is no doubt from our point of view, the city's point of view, that there are people who are ill as a result of exposures to the WTC disaster.

Mr. NADLER. And that includes people who live, work, or go to school in the area, or those who may be exposed to contamination inside buildings, not just first responders.

Dr. FRIEDEN. As I was saying in my response, I believe there is a gradient of exposure, and some of the things we don't know are the proportion ill in different groups and what the future course will be of illness. But the strongest evidence is the evidence that comes from the examinations on the first responders.

That is not to say that there isn't illness among others. It is just that the published evidence so far is strongest for the first responders.

Mr. NADLER. Do you believe there is some illness among others?

Dr. FRIEDEN. I have no doubt that there is mental illness among others.

Mr. NADLER. Physical?

Dr. FRIEDEN. I believe, depending on the level of exposure, that there may well be illness among others.

Mr. NADLER. May well be. OK. Thank you.

Commissioner, immediately following September 11th, your department, Department of Health, advised residents, put it on its Web site—and I know that it stayed there for at least a number of years, it may still be there for all I know, I checked on it about 2 or 3 years later, it was still there—advised residents returning to the area to clean up asbestos-laden World—well, to clean up dust—if they saw World Trade Center dust in their apartments, said that they should clean it up with a wet mop or a wet rag.

The guidelines just issued say that the dust cloud contained asbestos and other substances that may be carcinogenic. Secretary Henshaw, the head of OSHA, and the Deputy Secretary of Labor of the United States, in a memo on January—in January 2002 advised that all World Trade Center dust must be presumed to contain asbestos and triggers all the legal consequences of such a presumption.

On January 1, 2002, the first day of the Bloomberg administration, I advised you of this advice on the Department of Health Web site and told you my opinion that it ought to be taken down immediately, because it was reckless—it would lead to reckless danger to life and I thought was illegal because it is illegal to advise people to remove asbestos-laden material without being properly licensed and under proper protection.

You disagreed with me. You said it was fine, it would stay there. Do you still maintain that? Do you still think that was fine?

Dr. FRIEDEN. The issue is: what are people going to do with dust in their home or workplace? If they sweep it, or if they use a routine vacuum cleaner, that is dangerous. That——

Mr. NADLER. Wait a minute. But shouldn't the advice have been, if you see World Trade Center in your apartment, call a government agency and we will do something about it, not you do something about it? In fact, isn't that what was legally required?

Dr. FRIEDEN. The program established by the EPA—I don't recall the exact month, it was May or June or July——

Mr. NADLER. That was July 2002, but that was later. That is right, and that was different.

Dr. FRIEDEN. So what were people to do? The choice was between not giving guidance that would allow a reduction in risk, and giving guidance in wet mopping and HEPA vacuuming, both of which were recommended, are accepted ways of reducing risk. There are ways——

Mr. NADLER. So you are saying that if there is asbestos-laden material it is OK to advise people to undergo the danger of inhaling that material as they move it by cleaning it up with a wet mop and a wet rag?

Dr. FRIEDEN. No, I am not saying that.

Mr. NADLER. That is OK?

Dr. FRIEDEN. No, I am not saying that. I am saying that a way to reduce contamination is wet mopping or HEPA vacuuming. And we also——

Mr. NADLER. Did it say——

Dr. FRIEDEN [continuing]. We also advised New Yorkers to notify their building owner and/or fire professionals to clean if the dust was greater than a minimal amount.

Mr. NADLER. But, Dr. Frieden, the law says it is illegal to move or remove asbestos-laden material unless you are trained and licensed to do so and wearing proper protective equipment. And you were advising people who were not trained or licensed and were not particularly wearing any protective equipment to remove asbestos-laden material at their risk.

Mr. SHAYS. Let me just say the gentleman's time is up, so I would like you to respond, and then we are going to go to Mr. Weiner. We will have a second round, so we will be able to cover some territory.

Dr. FRIEDEN. I am a doctor, not a lawyer, but we will——

Mr. SHAYS. And so let me just say, tread carefully, because you are—you are not a lawyer.

Dr. FRIEDEN. Yes.

Mr. SHAYS. And the purpose here is to have us understand. The purpose is not to try to bag anybody.

Mr. NADLER. That is true. I am really looking at this—this was done. It is past tense. What I am really looking for is to say it never should have been necessary, because people should not be in the position of having to do unsafe things because government is letting them be victims, because I am looking for the future on this.

Mr. SHAYS. And let me just say, all of the witnesses here, you are—this is a superb panel, and we are going to try to make sure we, you know, cover the territory with all of you, and we will have a second round.

But because we do swear our witnesses in, I never want you to feel rushed, I never want you to feel like you have to say something without a lot of thought. The purpose is just for us to understand the truth, and you all—every one of you have tremendous credibility with us.

At this time, Dr. Weiner—Dr. Weiner, God—[laughter]—what is happening here? Now, you I might want as a doctor. [Laughter.]

Mr. WEINER. Thank you very much, Mr. Chairman, and I want to thank this panel. It is an excellent panel, and I want to particularly thank Commissioner Scoppetta, Commissioner Frieden, Dr. Howard, and the talented people who are giving so much of their time and energy on behalf of the people of this city and country, and we are grateful for that.

Dr. Howard, let me ask you, has OMB asked you, in preparation for a supplemental, to put some kind of a number on the table for what they think might be asked for in an upcoming appropriation request? Has there been any effort, anyone asked you to crunch some numbers to come up with some dollars, for what it would take to solve this problem?

Dr. HOWARD. No.

Mr. WEINER. Has there been at any time the mandate given from the Secretary, with whom we met yesterday, to start to do the process of trying to figure out what a compensation fund like that contemplated by Congressmember Maloney, or an expansion of Medicare as contemplated by Congressman Nadler, has anyone asked you to crunch the numbers on what would be required for that?

Dr. HOWARD. No.

Mr. WEINER. And I asked this because, frankly, if you look at the difference in response—you know, after September 11 we created the compensation fund, which was largely speaking an open-ended fund, we did a rather substantial bailout of the airline industry because it was seen as a Federal responsibility. The acts of September 11, compensating people, was seen as a Federal responsibility.

Is it seen by the administration for whom you work that the—that compensating people for their health care costs, taking care of them, is, in whole or in large part, a Federal responsibility by extension of that same thinking?

Dr. HOWARD. Well, I can only quote Secretary Leavitt, who you met with yesterday, in terms of his commitment for compassionate care for all World Trade Center responders, and his use of the term that, when he referred to the $75 million, in terms of adding treatment, as a downpayment. I think when you use the word "downpayment" it implies that there will be future issues.

The third point I wanted to make from the meeting yesterday, again, he said, "We all have to work together," and I think he was talking about the entire New York delegation, the Department of Health and Human Services, and indeed all of the entities that are here today—the Health Department, the city, etcetera. I think this is a problem that we all have to work on.

Mr. WEINER. But did he say we all need to work together, and then you are going to pay the bill? Or we all have to work together, and then we are going to divide up the bills?

Dr. HOWARD. Well——

Mr. WEINER. I mean, the concern that I have, to be honest with you, Dr. Howard, is it seems latent in some of the comments that you have made, and the Secretary made yesterday, is this notion that we have to figure out who is going to pay the bill here, because it could be fairly substantial. And if we reach that mind-set, we are getting into a morass that could leave many of the victims of these health problems waiting for a very long time.

Part of the beauty of the compensation fund, with all its laws, is it provided a certain sense of finality, and frankly a certain sense of assumption of responsibility by the Federal Government. When you say we all have to coordinate, we have to synchronize, we have to get on the same page, does that mean that the administration doesn't believe that this is something that should be paid for in whole by the Federal Government, and that some of these costs they expect to be borne by the city or State or individuals?

Dr. HOWARD. No, I don't think that the thinking has advanced to that direction. I think that is something that I would be happy to carry back to the Secretary, your issues and questions with regard to that.

Mr. WEINER. Well, I think it would be something that would be—you know, that should be clarified, because I think that what—the next question I am going to ask about the fingerpointing that has emerged within the last 24 hours, about who is responsible for some of the shocking mistakes that were made in those early hours and in the time after.

And I am fearful that what we are setting up for here is a high stakes game of he said/she said that is being—becoming a substitute for the important work that Dr. Herbert and Dr. Reibman and others are doing to try to find help and care for these people. And that is my concern, and I kind of see it, in fairness, on the part of city officials as well, people a little bit concerned about accepting too much responsibility for fear of what kind of liability that would bring.

If the President of the United States, when he comes here to visit this weekend, says not we are proud of you, but we are sorry and we are going to accept responsibility for paying these bills as soon as we can figure out exactly how to do it, then I think it opens the door for Carolyn's bill, it opens the door for Jerry's bill. Once we have that commitment made, then I think things become a lot easier.

Commissioner Frieden, you are a health expert, one that has been recognized. I want to read you something, and tell me just if from your—the documents that you have read and your experience as a health professional whether you think this is true.

"If someone said that we, the Federal Government, did everything we could to protect the people from that environment, and we did it in the best way that we could, which was to communicate with those people who had the responsibility for enforcing, the city was that primary responder." Do you think that, in what you know, that the Federal Government and the EPA did everything that they could to protect people?

And I want to point out that some of the advice that they gave in those early days was to wear dust masks, and they urged first responders and rescue workers to "change their clothing." Do you

believe today, with the benefit of hindsight after 5 years, the Federal Government did everything they could to protect people on the pile and in our city during that period?

Dr. FRIEDEN. This is not as simple a question as can be answered with a yes or no.

Mr. WEINER. Take your time.

Dr. FRIEDEN. I think the primary issue we are concerned about is respiratory protection, and the issues are not simple. I think that reasonable people can disagree on the best course that could or should have been taken. We know a few things. We know that if there had been regular wearing of respiratory protection, the risks would undoubtedly have been lower.

We also know that the respirator that was agreed upon—half-mask, half-face respirator—is very cumbersome to use. And 20/20 hindsight is easy, but if you remember back to those first days people were looking for survivors. And to say to someone in that kind of an emergency operation "you can't go there if you are not wearing this mask" when the mask might actually make it very difficult to work or communicate, is difficult. It is a judgment call.

I will correct the record on the enforcement question in that quotation that you have just read. It is OSHA and PESH that have enforcement responsibility and authority. The city Health Department considered and determined that it did not have the authority to mandate respirator wearing at the site.

Mr. WEINER. But in retrospect, and just as a matter of as close to fact as we can get, when it was said by the Secretary of EPA—and this is on September 18—"Given the scope of the tragedy from last week, I am glad to reassure the people of New York and Washington, DC, that their air is safe to breathe, and that their water is safe to drink." With the benefit of 5 years of hindsight, that was not true, was it?

Dr. FRIEDEN. And one of the tenets of risk communication is the issue of safety is always a very complicated one. And I don't think that was an appropriate way to word the message at that time.

Mr. WEINER. Commissioner Scoppetta, can you weigh in on this? Your men were—based on the numbers that you quoted in your statement, your men and women of your department, almost every single one of them, was at some time or another down on the pile or down near Ground Zero.

Based on the information that you know—that you now have about the condition of the air, the ailments that have emerged from your members, was it—was that true, that the air was clean, it was safe to breathe, and the water was safe to drink? Because part of the defense that Secretary Whitman has made in this 5-year after-the-fact revision of history was that she was referring at the time to the pile, which is where your men were working, or, rather, that she was not referring to the pile, she was referring to the area around the pile.

But knowing just what you do as a layperson, is it pretty clear now after the fact that is not—that wasn't true at the time?

Mr. SCOPPETTA. Well, as I said in my testimony, within weeks of the attacks respiratory illnesses were reported, or symptoms of illnesses. And within 4 weeks we started a monitoring program because of it, so it did become apparent that was the case.

Now, we did require, and OSHA and PESH worked with us, required that our people working on the pile use masks. But keep in mind they were working 12-hour shifts. It was a recovery effort. It is extremely difficult to communicate wearing those masks. So even those who were wearing them regularly would have to remove them from time to time to engage in consultation, because it was extremely important that we recover any remains. And that is why they were on the pile for 9 months.

And so it—to answer your question directly, it seems——

Mr. WEINER. And I just have——

Mr. SCOPPETTA [continuing]. Clear that the advice we were getting, those mixed messages, I referred to them as our people finding illness and at the same time being told that the air is OK, must have had an impact on our firefighters who were on the pile.

Mr. WEINER. I see.

Mr. SCOPPETTA. Thinking they could remove the mask for longer than they should have.

Mr. WEINER. Well, my time has now expired. I just have one final—this is something that emerged in the meeting with the Secretary yesterday. I just want you to clarify—could you explain to me what type of health coverage a firefighter who retires—who retires has after they leave service to the fire department, if they were, God forbid, in a couple of years to emerge with an ailment? Are they still covered by the health insurance provided by the city as if they were employed?

Mr. SCOPPETTA. No. Retirees have to rely on their own insurance to cover their illnesses, and that—in my testimony—maybe I didn't get to it, but it is certainly submitted—there are certainly gaps, insufficiencies we can call them, in insurance coverage for medication, for in-house health care across the board, and that is one of the reasons why we so desperately need funding for treatment as well as monitoring.

Mr. WEINER. Thank you, Mr. Chairman.

Mr. SHAYS. I have been looking forward to this opportunity to have a dialog with all of you. I would like to first ask, if you were not a question but you would have liked to have answered the question, I would like you to answer the question. These were good questions of my colleagues, and so I saw some of you take notes. If you have an observation that you would like to make—and we are going to go for a second round here. We are down to the full committee.

I would like you to—I would like you to respond. Anything that has been brought up in the first testimony or the first panel or the second, any question that was raised to one of your colleagues on your panel that you would like to make an observation or point about? Yes, Commissioner.

Dr. FRIEDEN. I would like to make two points, if I may. The first, just to amplify on my response earlier in terms of what the city said and when. On November 1, 2001, Dr. Jessica Layton testified before the New York City Council Committee on Environmental Protection, and among other things noted that, "Persons at greatest risk of health effects include unprotected workers on the debris pile or very close to the site, persons with pre-existing conditions, such as asthma, chronic obstructive pulmonary disease, heart disease,

children who have developing systems and greater exposure due to their body size, elderly." So I think there was recognition and publicity about that early on from the city's standpoint.

The second point I want to make I think all of us experienced, sometimes the media coverage being less than as accurate as we would like it to be, and there were some remarks of mine several months ago from a television show relating to Mr. Zadroga that I would like to clarify——

Mr. SHAYS. Sure.

Dr. FRIEDEN [continuing]. And amplify. I would like to apologize for any misunderstanding that my remarks made. What I did say in that interview was that some individuals heavily exposed are having serious respiratory problems that without knowing the details of an individual case I cannot comment on it. But I did not mean to cast doubt on the specific findings, only to say that I can't comment on them.

I do believe it is useful for us to have transparent, agreed-upon standards so that if and when there are fatalities there can be a standard that any organization or institution can use to assess what the causality might be relating to WTC.

Thank you.

Mr. SHAYS. Thank you. Any other comments that you would like to make?

Dr. HOWARD. Just following the Commissioner's comment and Representative Maloney's comments earlier on my efforts to put that into action, a fatalities investigation program, and I am happy to see that the Commissioner is supportive of that in his department.

We are working with the New York Department of Health, and we are working with experts in my agency, with experts at Mt. Sinai, and we intend to put that in action, so that we can get a handle on these reports that all of us read in the print and electronic media of individuals whose deaths are attributed to World Trade Center exposure. This is extremely important for me as a project to put into action immediately.

The other issue I wanted to bring up to let everyone know is in our department, in the Department of Health and Human Services, we are putting together a Web site on the World Trade Center. So if you go to HHS.gov, you will see a World Trade Center logo. And that World Trade Center site will have a one-stop shopping point of view for all of the issues that we are all talking about in World Trade Center.

It will have links to every existing resource, including the physician guidelines that the New York City Department of Health and Mental Hygiene has put out for physicians across the country. This is something that I would like to acknowledge that the committee has supported. It is extremely important, and we hope to have that live very soon.

Mr. SHAYS. Thank you. Dr. Herbert, do you have any comments that you would like to make about any observations of the first panel? And, Dr. Levin, I am going to ask the same thing of you, sir.

And let me just say something. They don't need to directly relate to the work that you do. You think about this all the time, so you

must have opinions outside your own specific requirements. So what I want is a candid conversation about what was seen. I am looking for recommendations on how we proceed.

And I just want to make sure that, like you do, all of you do, that we see change take place in terms of our being able to respond to this issue.

Dr. HERBERT. I have a couple of thoughts. The first is completely my own view, and it is that I—you know, I am very concerned about on the one hand I know there is concern about fingerpointing between different levels of government. For me as a physician taking care of World Trade Center responders, it has been very troubling to see the difficulties our patients have had receiving medical care and testing.

And I think that the panelists this morning were—it was heartbreaking to listen to them, and I wish I could say that they were unusual, but they really represented what all——

Mr. SHAYS. We didn't bring them because they were unusual, so——

Dr. HERBERT. Exactly.

Mr. SHAYS [continuing]. So I don't want you to wish that. I mean, in the sense that I want people to understand that they had a very universal message.

Dr. HERBERT. Exactly. And I just wish that, first of all, with respect to responders that we could design a system in which, a) every responder can get regular medical examinations to look for both physical and mental health for their lifetime. In terms of treatment, I think it is in the responder's best interest if we can get away from a system in which responders have to prove that they were there, have to prove that their illnesses is World Trade Center related, and all the legal—I feel like we spend more——

Mr. SHAYS. Let me just ask—and continue later, go further—but I think it would be irresponsible if we just assume that anyone who steps forward and said "I was there"—there has to be some way that someone can document it. But, I mean, yes, not signed, sealed, and delivered. But I would be—I mean, we saw that with Katrina. I mean, everybody was making claims, and we just doled out money.

If we do that, there won't be enough money to go around. So I want to make sure that the people who are, in fact, responders get it. So you are going to have—to win me over on that point, you are going to have to give me a little bit of what you mean, maybe fill in——

Dr. HERBERT. OK. I will be a little more precise. I think I am probably reacting again as a physician to my patients who were down there for weeks being told—being—you know, men in their forties and fifties who have worked their whole lives being brought to tears and worker's compensation courts being accused of lying about being down there. So I think I may be reacting to that.

I think the question—the issue is that I think it is worth at least examining what the possibility of having something along the lines of a presumption system, so that at least some conditions would be considered World Trade Center related. You know——

Mr. SHAYS. It is a different issue, though. The issue is if you were there, we presume that whatever illness comes along is a result of your being there. And there you and I would be totally——

Dr. HERBERT. Right. And I think, I mean, the issue—right, the issue—I guess Katrina is—you know, most of our patients, we have not found that the issue of people not—who come to our treatment program, we have very stringent criteria, exposure-based eligibility criteria. So I may look at this in a different way in terms of the exposure, the establishment of exposure and presence at the World Trade Center site or having been exposed.

But I think that perhaps what I am trying to say is that right now so much of the onus remains on the World Trade Center responder to prove that he or she were down there, and to then, you know, just sort of try and navigate these very complex systems of access to health care.

So I think that if there were a way to develop a system that—where at least there was—where it didn't start out sort of so heavily tipped against the World Trade responders, which is the way it feels now.

Mr. SHAYS. OK. Well, you know, I would like to pursue that a little bit, but I am so grateful you are making these points, because these are the points we need to be discussing. And I am not trying to convince you your point is wrong. I want you to stay a doctor, and I want you to think like a doctor. I want to think like a legislator who wants to be helpful, and then let us see where there is a point where we can do something sensible. Do you have another point or two?

Dr. HERBERT. I just want to acknowledge that Dr. John Howard has been extraordinarily helpful to all of our World Trade Center programs, and I think he has been sometimes not as recognized as he should be, and I want to acknowledge that.

Mr. SHAYS. Well, you know, Doctor, we are not allowing applause, but just imagine that the place would be a standing ovation. We are. Thank you.

Any other points before I go to Dr. Levin?

Dr. HERBERT. No, thank you very much.

Mr. SHAYS. OK. Dr. Levin.

Dr. LEVIN. Well, I just want to make a couple of points, and I think everyone knows that in the immediate hours, and even few days, after September 11—the September 11 attacks it was a chaotic environment. Everyone understands that is so, and when there is conditions of chaos it is hard to impose organization.

But it is also clear that the September 11th experience should be teaching us the lesson that we have to be better prepared in advance. For example, the point about registering everyone who was there—the boundaries were very porous down at Ground Zero for the first several days, and gradually there evolved checkpoints and ways to identify who was coming in and who was going out.

If we can't in advance of the next either a natural disaster or manmade disaster find ways to identify who was there and have teams of people prepared to do that as people come into such environments, and leave such settings, then we are going to make the same mistakes that we made this last time and that we made in

Katrina. And Katrina was even harder I think than dealing with what happened in Lower Manhattan.

We will find ourselves in the position of not knowing who was exposed, dealing with the very question that you just raised and that is: how do we know if someone was there? We had that terrible story told to us this morning of someone who had several photographs of himself down on the pile and was asked, "Well, this could have been digitally altered."

To be—I have many patients who have been challenged in the worker's compensation process, in the pension process, with exactly that kind of question. They have a picture book full of photos of themselves, sometimes with elected officials with arms around them identifying them as heroes, and yet it wasn't sufficient for the worker's comp process as an identification of the fact that they were there.

Mr. SHAYS. Well, let me just be clear, since I responded so clearly about this issue, there has to be common sense.

Dr. LEVIN. Right.

Mr. SHAYS. And that is really I think as a physician trying to take care of patients and get care for them, to have common sense prevail we think would be really important. And let me just extend that a little bit.

You know, in public health there is this notion of the precautionary principle, and it says that if there is reason to believe that there is hazard, but you don't know yet whether it is so, you behave as if it is so until you know better. That is a sort of a rephrasing of the general principle.

And I think that approach really wasn't taken following the September 11 attack. I don't think that at each government level we behaved in a way that indicated concern that, in fact, there were hazards there or might be hazards there. Putting aside Ms. Whitman's open statement to the contrary, there was in general a failure to recognize the necessity of protecting people and monitoring them closely.

I am going to make an observation to you, that intuitively those statements defy logic. But they also defied logic to the press then, and everybody was given a mask.

Dr. LEVIN. I am not sure which statement to——

Mr. SHAYS. I am going to say to you, to have said—for anyone to say that this was a safe environment, it defies logic. And everyone knows that. You can't have what we had and have people believe for a second—and all I am saying to you is that the press is really on to this issue now. I am not looking to pick a fight with the press, but I am willing to say to you, everybody was focused on a lot of other issues.

Dr. LEVIN. Yes, I understand that. And in a way that large population of responders fell through a very large crack, and we are dealing with the consequences of that now. And I can tell you, just to follow what you just suggested, there was hardly a physician with experience in occupational or environmental medicine who saw people being dragged off of the pile, really choking for breath, for whom the issue of potential asthma occurrence, sinusitis occurrence, didn't arise.

It was an environment so clearly one that had hazards for respiratory illness, never mind psychological——

Mr. SHAYS. We had a—I have a constituent who runs a national rental business, and they provided, without rent, a lot of this equipment. They said the equipment literally shut down every few moments, because it was getting clogged up as it was sucking in air to feed the gasoline in the engine.

Dr. LEVIN. Under those circumstances, which were obvious to all—not just to physicians but anybody who was there, people who watch television, to find ourselves as physicians working so hard to persuade worker's compensation officials, pension boards, etcetera, of the reality of this illness—of these illnesses that developed, even to the current day because so many of our patients still have unresolved claims, are still fighting to get benefits that really just help pay the mortgage, that we are not dealing with a common sense approach never mind a scientific approach, but, rather, we are dealing with, unfortunately, politics and economics that really don't have a place in the public health concerns that I think we are really talking about here.

Mr. SHAYS. Thank you for your observation. Any other observations?

Dr. FRIEDEN. Since you have asked, you know, what are the issues to deal with, Chairman Shays, I just—one of the points made this morning I think shouldn't be lost, and that is that in addition to the special and significant problems being faced by people who were there at September 11th and the months that followed, what we are seeing is that overlaid on a health care system that has problems, gaps in care, lack of access, co-payments that can be very significant, even for people with insurance.

Some of the chronic conditions may be hundreds of dollars a month for medications and specialty service needs. So I think as we think about what to do, I think that is a point worth not losing.

Mr. SHAYS. We were—I was basically blown away yesterday to learn that while you are in the fire department you are getting Medicare, and if you are, you know, on disability and you are out because you are ill, you are not getting that health care. You are paying for it yourself. That just blows me away. Blows me away.

An observation, Commissioner, or Dr. Reibman?

Mr. SCOPPETTA. Well, of course, that is one of the points we make in the testimony about the need for assistance in these particular circumstances. September 11th was an unprecedented event. The response was unprecedented, and it turns out perhaps the illnesses that were contracted after that, at least in this particular event—instance our retirees ought to get some help.

Mr. SHAYS. We are going to talk about that. Dr. Reibman.

Dr. REIBMAN. I would just like to say that I think what we have been hearing about mostly, and appropriately so, are the issues of the responders. But the responders, maybe they can show a picture, can have some evidence that they were exposed. For many of the residents, it will be much more difficult to have attribution and disease. And this is a major issue that we have been dealing with and will be dealing with, attribution that the disease is due to World Trade Center dust exposure.

Mr. SHAYS. See, what we did when we had these hearings, we had 15, give or take, hearings on Gulf war illnesses. Not being a physician, it was fascinating to go through this process. But there was unbelievable resistance on the part of the Department of Defense and VA to acknowledge that people were sick, and we used to have the generals and the doctors testify first, and then people who were sick, and hold lots of different ways, and parents of young kids in a sense who had lost their lives testifying, and the first panel left so we reversed that.

But it took even the intervention, frankly, of Ross Perot who started to fund research for what happens when you are exposed to toxic material when you are under stress. And when you are under stress, there is a whole different way your body responds. And there were some breakthrough efforts, but it took 10-plus years.

What I am struck with is this, and then I am going to go to Mrs. Maloney for her second round—I have taken my second round right after my first, that is a privilege the chairman has—but what I am struck with is there is not a chance in hell that you would have been able to stop a first responder from going there. And if you said to them, "You are going to cut your life by 10 years by going in there," they are saying, "My buddies are down there. I am going to get them. I am going to help them." You couldn't stop them.

But where I have my big problem is after the first week. Now, but I also have a big problem for the guys and the women who the first week were doing that who aren't getting help, because it is like we should be on our knees in gratitude and then we should be saying, "What can we do to help you? And by the way, what can we help your young child, that 4-year old child who is growing up now without a dad, what can we do to help her?"

So that is kind of where I am reacting. When I get my third round, I am going to want someone to describe the whole universe to me. I mean, we have firefighters, police, emergency medical personnel, transit workers, construction crew, and volunteers in general.

I want to have a sense of what the whole—now that is just the responders, and then, I am going to make an assumption that I want corrected or not, that the challenge we have for the residents is that the ones who are probably most affected, who had a pocket of a cloud, who—so, in other words, that it won't be evenly dispersed, it will be someone in some apartment building nearby, and then someone further away, and they would have been exposed to something really deadly, but everyone in between might not have.

In other words, I just think intuitively that as these clouds disperse, and they weren't there indefinitely, as they were right above Ground Zero where there was just a heated furnace for months and months and months. So I will want to have someone kind of walk me through that.

Mrs. Maloney, thank you for your patience.

Mrs. MALONEY. Thank you so much, Mr. Chairman. I would like to ask Commissioner Frieden, earlier we heard some—a very moving statement from the father of James Zadroga, where he testified that a medical expert in New Jersey directly linked his son's death to his work at Ground Zero, the fact the lung weighed three times

more than a normal lung, was totally black, and was laden with debris. Does the city of New York recognize these medical findings? In other words, did James Zadroga die from his work at Ground Zero? Yes or no.

Dr. FRIEDEN. I cannot comment because I have not seen the details of his situation. But what it highlights is what both I and Dr. Howard mentioned earlier, I think it is critically important that we agree on and have everyone have input so people can agree upon a set of standards that can be used to assess fatalities related to see whether the weight of evidence suggests that they are related.

From the media reports, it certainly sounds consistent with illness from WTC, but without knowing the details of what examinations were done and what the prior history is, I can't responsibly make that determination.

Mrs. MALONEY. The New York Daily News has documented the death of at least seven responders, including James Zadroga. Many people come to my office saying their loved ones died as a direct result. So the Daily News has documented seven, and we have probably a list of about 30 in my office. How many deaths has the city's Health Department documented? You say you didn't look at this material. Shouldn't you have looked at it and given some support to James Zadroga's father?

Dr. FRIEDEN. His death was in New Jersey, so it was not within our jurisdiction. In terms of deaths within the jurisdiction here, if the cases are cases that are referred to the medical examiner or taken by the medical examiner, then they get a full assessment.

Otherwise, it is a determination of whether the family agrees to an autopsy, and I really commend families that do that, because it can be difficult. But that is what allows us to increase our awareness and knowledge of what is happening, so we can all try to get closure in individual cases as well as more generally.

Mrs. MALONEY. Well, the city's Health Department has documented at least 20 deaths as a direct result of this summer's heatwave. And how can the city a month later know that certain deaths occurred because of the heatwave, but they are not able to document any deaths related to the September 11th toxic fumes that happened 5 years ago?

Dr. FRIEDEN. We will indeed be tracking the deaths and illnesses and cancers associated with the more than 71,000 people who registered for the WTC health registry. This will provide us with as close as we can get to a population-based summary.

I would also point out that the process for death certification includes specifically whether it was from heat exposure. So the death certificate comes in with it written on the death certificate, heat exposure. That does not occur for situations like the WTC, so it is not as simple as it might seem.

Mrs. MALONEY. Well, you testified there should be guidelines, there should be transparency. It is 5 years later. People are dying, and we now know scientifically what we have known in our hearts that it is related to September 11th. When will the city have the particular transparent documents that we can get some numbers and some sense from this?

Dr. FRIEDEN. In terms of the specific fatality investigation, Dr. Howard and NIOSH are taking the lead on that. And what we in-

tend is for there to be a document that everyone can comment on, so people can agree at the outset these are the standards that need to be applied but by whatever institution needs to do the investigation.

Mrs. MALONEY. Well, that is another thing thrown on your plate, Dr. Howard. You testified earlier and came back and clarified one of my questions. Earlier you said that November 1, 2001, in testimony before the New York City Council, the then Health Director did testify that there were illnesses related to September 11th toxic fumes.

And where were the clinical guidelines for these illnesses and conditions? The city has known that people were sick since November 1, 2001, according to your testimony but waited until last week to issue and mail out guidelines to the doctors.

Dr. FRIEDEN. Just to clarify, I did not say that the city said people were sick. What I quoted was testimony that highlighted populations for which there was the greatest risk of health effects, including unprotected workers and others with pre-existing conditions. I would also——

Mrs. MALONEY. Thank you for that clarification, but my question is: why did it take 5 years to mail out guidelines on physical sickness? The Federal Government got guidelines out on SARS, the bird flu, and every other flu you can imagine within a very short period of time. And you testified earlier that you had mailed out guidelines for mental health.

I would say people dying of respiratory sicknesses, people should be notified. And I really want to put on the record a study and ask that this study be put in the record. It was done by the fire department or done by the World Trade Center consortium. I am going to get this study. This study showed that 30 to 40 percent of the people that were being reviewed I believe in the World Trade Center consortium were misdiagnosed and mistreated.

They were having lung disease and treated for asthma, and that this was causing many, many problems. So my question to you, and I feel very strongly about it, because what you see in this panel is what members—prior panel is what Members of Congress see in their offices every week, sick people coming in saying they were misdiagnosed. Why in the world could the city of New York, the greatest city on earth, I really believe that, why in the world could not the city of New York get out the medical guidelines until 1 week ago?

Dr. FRIEDEN. I would like to point out a few things. First, the conditions that those guidelines go over are actually very common conditions seen in medical practice—cough, sinusitis, the reflux disease. These are not conditions with which doctors are unfamiliar, or these are—to say that more clearly, doctors are familiar with these conditions.

We did not know until relatively recently the extent to which symptoms have been persisting—mental—not mental health, but physical health symptoms have been persisting. In fact, really our first sense of that was in November 2004 when we looked for the first time at our own data from the registry and saw such a high rate of respiratory conditions.

But as Dr. Reibman appropriately pointed out, we didn't assess for persistence at that time. Additional information was provided, case reports were coming out, we began the process in 2005, and we sought to achieve consensus. Maybe it is better to get something out that not everyone agrees with, but we felt what is important is to get something out that not only will we be able to say we got it out, but people will say, "We agree with this, we are behind it, and we are going to do it, we are going to follow these guidelines."

All of that said, would I wish that they had gotten out sooner? Absolutely. I would also wish that we would have had more scientific published evidence sooner that would help us make those determinations and make those recommendations.

Mrs. MALONEY. I would say everybody with any common sense knew that there was a medical connection. And I ask you then, how were you able to get out mental health guidelines but you were not able to get out medical guidelines? Is mental health guidelines easier to get a consensus on? What was the difference between the two that you could get out mental health clinical guidelines, and you were going to get back to me at what time and year you got them out.

And also, by the way, after September 11th everybody sort of did what they could, and my office adopted—they adopted mental health, and we worked with the mental health community and got grief counselors out to every business organization that had lost people on September 11th. So we interact with that community because we worked with them as a special project, and I thank my office for their help today, and really for every day working on September 11th. It is a top priority of my office.

But mental health doctors did not tell me that they got guidelines, so I would like to know in writing who got these guidelines? How far were they mailed? Was it to 100 people or every mental health doctor in New York? Because I know many that we—the offices said they never got them. So I would like to know where it was sent, when it was sent out, and why can you get out mental health guidelines—that is important, I congratulate you—but you could not get out physical health guidelines?

Dr. FRIEDEN. Just to reiterate, we knew from the first moments of the attack, based on other experience, that mental health effects would be long lasting and severe, and we began to produce guidelines to address those.

Mrs. MALONEY. Did you not know that those that were breathing that debris that was so——

Dr. FRIEDEN. No, we did not.

Mrs. MALONEY [continuing]. Thick you could chew it, that you would not have physical problems?

Dr. FRIEDEN. No, I can say I did not. We certainly knew there were short-term health effects. What the long-term health effects were we—I could not predict. Others may have predicted them accurately, but I certainly could not have.

Mrs. MALONEY. Well, did the city of New York have a role in developing the clinical guidelines for mental health and for physical health? Did the lawyer's department have a role in developing these guidelines?

Dr. FRIEDEN. We have shared early drafts with a wide variety of individuals including the Law Department, but every technical, clinical, scientific decision on the guidelines is made solely by the Health Department in conjunction with our partners in that document, including Mt. Sinai, the fire department, and others.

Mrs. MALONEY. Beyond reviewing the draft clinical guidelines, what role has the city's lawyers had when it comes to your public statements about September 11th health and the toxins at Ground Zero?

Dr. FRIEDEN. As you know, for all public officials there is a review process, and so our comments are reviewed by the General Counsel, the Health Department, as well as by the Law Department. They make suggestions. We determine whether or not to take those suggestions.

Mrs. MALONEY. Did the lawyers review your testimony before us today? Have you received any advice from the city's lawyers in preparation for your appearance today?

Dr. FRIEDEN. Yes.

Mrs. MALONEY. OK. I would like to ask Dr. Howard—can I——

Mr. SHAYS. I want to—it has been 10 minutes here now, and ask you, Commissioner, about what I want to understand is I want some—maybe I can have you, Dr. Herbert first, or Dr. Howard, have me—I am trying to make sure that we get information to be able to write a report hopefully by this year. And the information I am asking is relating to not whether someone should have acted sooner or not, that is not going to help my committee get this done, and I need to make sure before we leave we get this done.

I need to understand the varying degrees of coverage that all of these so-called—I want to take the universe—here is what I am wrestling with. I want to take the universe, and I want to know who got the best coverage and who got the worst coverage.

And it strikes me—and, Commissioner, I am going to start with you, it strikes me that almost every firefighter was a potential volunteer at Ground Zero, but that you all should have been able to determine pretty well how many of the firefighters were. Can you tell me who they—your universe that you think, of your total number, how many you think were there? Commissioner.

Mr. SCOPPETTA. Me?

Mr. SHAYS. Yes. I am talking firefighters now.

Mr. SCOPPETTA. Yes. Virtually every member of the fire department served some time at Ground Zero.

Mr. SHAYS. It was almost a badge.

Mr. SCOPPETTA. Yes, it is more than 11,000 firefighters, and more than 300,000 EMTs and paramedics worked at the site during——

Mr. SHAYS. We can make an assumption almost everybody did.

Mr. SCOPPETTA. Yes.

Mr. SHAYS. OK. Now, I make an assumption that you had monitored all of them, as your testimony—in other words, this is a group of folks who got monitored early on, and while they are part of the department are getting health care. The bottom line is, though, that they are—some may not show any signs of not being well right—of being sick. But that they may be sick when they are no longer employed by the department, is that correct?

Mr. SCOPPETTA. That is correct.

Mr. SHAYS. But at least—the good news is this, that with our firefighters they were monitored, and anyone who had health problems were getting attention, their health needs met, is that correct?

Mr. SCOPPETTA. Yes. And we are monitoring retirees now as well.

Mr. SHAYS. And is that being paid for by the department?

Mr. SCOPPETTA. That was paid for—the Federal funds are——

Mr. SHAYS. So that is the Federal dollars.

Mr. SCOPPETTA. Yes.

Mr. SHAYS. And by the way, if I expose some ignorance here, feel free to jump right in and clarify. You know, I need to know. So these are the Federal dollars, what enables you to continue this process for those who no longer are active.

Mr. SCOPPETTA. Yes.

Mr. SHAYS. Dr. Herbert, Dr. Levin, Dr. Howard, Commissioner, whomever, Dr. Reibman, tell me who comes closest to matching the firefighters in terms of getting good monitoring and good health care at least while they are active? Who would that be?

Dr. HERBERT. I would say monitoring and health care are two different issues.

Mr. SHAYS. Absolutely.

Dr. HERBERT. OK. To be eligible for our program——

Mr. SHAYS. No, I just—let me just—I have given you the folks that I think are involved here—fire, police, emergency medical personnel, transit workers, construction crew, and then obviously volunteers in general—was there any other—do I rank the firemen, firefighters, up at the highest level? I am just trying to—I want to know where people fit in here. Are the construction folks, the guys who are getting screwed the most, are they getting help? Help me out here, guys.

Dr. HERBERT. You have in the world of other responders, the people who did——

Mr. SHAYS. Tell me who gets the next best after the firefighters. Maybe nobody.

Dr. HOWARD. Let me try this.

Mr. SHAYS. And you can take monitoring, and then you can take——

Dr. HOWARD. Yes. If you are a responder or a volunteer, if you were rescue, recovery, cleanup, restoration, essential services, OK, if you were in that category, which we commonly call responder or volunteer, then there is—there was medical screening for you. Dr. Herbert's group reported on her findings recently.

Mr. SHAYS. For those who volunteered to be——

Dr. HOWARD. Exactly. Responder or volunteers.

Mr. SHAYS. Yes.

Dr. HOWARD. Then, they got monitoring——

Mr. SHAYS. Let me just—I am sorry, but I am really trying to nail this down. When you work for the police department or you work for the fire department, you are part of a club. If you work for a union, you are part of a union. You know, you talk to your colleagues. I want you to separate the volunteers who came just—and just came every day that weren't part of any organization. I want to be able to categorize, so I need a little bit more definition to what you are telling me.

Dr. HOWARD. And your categorization criteria is, which of those groups that we are going to name has the most availability of medical support, monitoring of treatment.

Mr. SHAYS. Right. And while you are telling me that everyone who was a potential responder has the right to monitoring, there is a difference between having the right and actually taking advantage of the right.

Dr. HOWARD. OK. If you look at that, just that question, and you use the estimate that Mrs. Maloney used that we commonly use of 40,000 as the denominator, in the combined programs that the Federal Government has funded for screening and monitoring we have screened and monitored about 30,000, so that is about 75 percent.

We still—and we always take every opportunity—I thank the print and electronic media for giving us the opportunity to say if you were a responder in that 40,000 group, and you haven't had an examination, please come in and get an examination. So out of that 40,000, we have screened 30,000.

Mr. SHAYS. OK. So, and as Mrs. Maloney points out, and others point out, and you all have pointed out, being screened, being monitored, and getting health coverage are two different issues.

Now, let us just talk about health coverage. Do you want to talk, Dr. Levin, about——

Dr. LEVIN. Because health care delivery is such a patchwork system——

Mr. SHAYS. I am going to ask you to give the mics back to—we basically have three mics. You are going to share the mic with Commissioner Scoppetta, so that way you only have to go to two, OK?

Dr. LEVIN. What we are dealing with is a patchwork health care delivery system and our patients, the responders. Putting aside community residents, and putting aside office——

Mr. SHAYS. Well, putting aside community residents, because that is an important issue, but I just want to first get the responders, the responder community.

Dr. LEVIN. You have a special group of cleanup workers who were the undocumented workers, often hired from the street corner to work each day, often struggling to get paid at the end of the day, offered no protection, and who are very worried themselves about entering any kind of system because of their concerns about being identified as undocumented workers.

That is a group that we have been seeing in our center. I know Dr. Reibman has been seeing a number there, but they are not easy to reach because of their fears of——

Mr. SHAYS. Seen for what? To get health benefits or——

Dr. LEVIN. To be evaluated and then treated for——

Mr. SHAYS. Oh, to be treated. OK.

Dr. LEVIN. Yes. We know that there are many, many hundreds, probably thousands, who have never been seen in our programs because of their concerns about being identified as undocumented workers. That is just one aspect of it.

We have in our population of responders a number of people who are pure volunteers. In other words, they were not employed down there. They never received a paycheck. They came to do volunteer work. It turns out that after some struggle the worker's compensa-

tion system in New York did set up a program to cover the health care costs of volunteers.

Those people had an easier path to getting health care benefits through the worker's compensation system than people who in fact were employed down there and filed worker's compensation claims.

Mr. SHAYS. I mean, this is the stuff we need to hear.

Dr. LEVIN. I thought that this was the kind of issue that you were concerned with. The volunteer program had no insurance company opposing the cases. Employed workers had either insurance companies or self-employed—I mean, self-insured employers like the city, New York City, or the Transit Authority, or Conn Ed. These are self-insured worker's comp programs, and I can tell you that the track record of our patients in getting through the system, if they were employed down there, was really nightmarish.

Mr. SHAYS. OK. Nightmarish as it was, once they got it, will they get it when they retire?

Dr. LEVIN. So long as they have persistent medical problems that derive from their exposures at Ground Zero or in World Trade Center response work, their medical care is supposed to carry through for the rest of their lives unless—and if you want this level of detail I think maybe it is useful to you.

Unless they take a lump-sum settlement, which they are vigorously encouraged to do within the system, at which time if they take a lump-sum settlement they waive all their rights to further payment for medical care or wage replacement or anything else.

Now, many of our patients who face financial difficulties paying the rent, dealing with, you know, the kids' tuition——

Mr. SHAYS. What kind of settlement are we talking about?

Dr. LEVIN. Something in the order of $50, $60, $70,000.

Mr. SHAYS. So it could just be a whisper compared to what they need.

Dr. LEVIN. Yes, but what it does is it enables them to get out of debt temporarily.

Mr. SHAYS. I understand that. I am not——

Dr. LEVIN. But, yes, you are right, it is barely enough to cover a couple year's expenses, and then they are left on their own. And as was pointed out before, you are talking about medications alone that can cost several hundred dollars a month just to keep symptoms under control.

So you have people in the worker's compensation system who were delayed in getting care, delayed in getting testing, and ultimately may not be covered for the duration of their illnesses, because they have taken lump sum.

I want to talk about construction workers, because that is a large group of people who are down there.

Mr. SHAYS. Is that the largest group, do you think?

Dr. LEVIN. In our population, law enforcement and construction workers were almost comparable in terms of——

Mr. SHAYS. Do you put law enforcement—firefighters as law enforcement?

Dr. LEVIN. No, because the firefighters were not seen as part of our program.

Mr. SHAYS. OK. I got you.

Dr. LEVIN. So construction workers are in the paradoxical situation that if they are ill enough not to be able to put in enough hours on the job——

Mr. SHAYS. Let me just stop you. We are not going to go too much longer. Do we have a time problem here? I am sure you do. OK. How much more time do you have? You both have time problems here.

Let us do this. I am going to just have—we are going to go—if my colleague wants another 5 minutes, we will go with that and end with that. Does that meet your needs?

Just finish your question.

Dr. LEVIN. I will finish this, because it—you have the paradoxical situation for construction workers that they have to put in a ceratin number of hours on the job in order to retain their health benefits and the benefits for their families. At the very time that they are ill from the World Trade Center experiences, and they can't work because often their jobs are dusty jobs that provoke their symptoms, they find themselves losing their health care insurance.

Mr. SHAYS. Let me just interrupt. Your questions will not involve either Commissioner? OK. Gentlemen, thank you very much. Thank you.

Mrs. MALONEY. I just want to thank the fire department for their extraordinarily leadership. They have come to Washington 10, 20 times to lobby for more funds. We are deeply grateful.

Mr. SHAYS. And I also want to thank our Commissioner for being here. Thank you. You have been at our other hearings, and you have been very forthcoming and we appreciate it.

Dr. LEVIN. Well, just to continue briefly, you have people who are falling through what you could consider natural cracks in a patchwork system, but you also have people who are facing the vigorous opposition of their claims by both insurance companies and self-insured employers. That has been the most common of experiences.

Mr. SHAYS. Do the construction workers get covered by their own fund, their own health care? That is what I am not clear about. Does it depend construction to construction?

Dr. LEVIN. Overwhelmingly, the way construction workers get health care is through joint employer/union administered benefit funds. And it is part of I think the way construction trades are set up.

Mr. SHAYS. I will have my staff followup on this.

Dr. LEVIN. But they lose their health care benefits, find their cases being fought in the worker's compensation process. And essentially, if it weren't for the treatment resources that we have been able to garner at Mt. Sinai, and our partners from Red Cross, etcetera, these people would do without health care because there would be no resources available to them.

So even though construction workers seem on the surface of it to have excellent plans, under ordinary circumstances in the particular situation of the World Trade Center related illnesses, they find themselves in desperate circumstances because there is no source that you can identify if it is not from philanthropic sources, and now the prospect of Federal funding.

Mr. SHAYS. Dr. Reibman, do you want to respond to any of this? OK. Mrs. Maloney.

Mrs. MALONEY. First of all, I would like to thank my staff that has worked every single day on these issues since September 12, particularly my chief of staff in Washington, Vince Chevette, my district chief of staff, Minnie Elias, and Edward Mills, who has worked with me to draft and implement several legislative proposals and the continual letters that we send out practically every day on this.

I just would like to ask Dr. Howard, we learn in the Bible that Moses traveled in the desert for 40 years, because he did not have a plan. And what has struck me is how every single question keeps being bounced back in your court, and every time I pick up a paper I read that you have not even one single staff member assigned to your—help you on this.

So a lot has been thrown on you, Dr. Howard, and my question is: when are we going to have in writing, submitted to Congress, the plan?

Mr. SHAYS. And I am just going to say, in my religious belief they wandered in the desert for 40 years because the children of Israel weren't ready to cross the Promised Land. [Laughter.]

Mrs. MALONEY. But in any event, my constituents can't wait 40 years. They want the plan now, and they have bounced in your court the fatality report and the criteria. To me, if someone's lungs are black and they are throwing up black phlegm when they are dying, and their family talks about how they spit out nails and black phlegm, I would say it is related to September 11th.

But in any event, we need a fatality report that builds on the science that came out of the Mt. Sinai-World Trade Center consortium science, but we need that also in writing, so it can be implemented.

So my question to you—and I think your question back to us, is to call Ross Perot and get you some more resources to help get this research done. But I see a tragic ending here. I know—we can all be idealistic, but I know if you do not have a plan, if you do not have cost estimates that are scientifically based, even with all the plans in the world that are scientifically documented, it is had to get it in the budget.

So we don't have a prayer as a New York delegation combined with Connecticut and New Jersey in getting a budget line for health care unless we get the plan, unless we get the documentation and the health estimates, which is a huge job. So my question to you is: we can't wait 40 years. When are you going to give us our plan in writing? And thank you very much.

Mr. SHAYS. Is there any comment that any member of the panel—I thought it was a statement that——

Mrs. MALONEY. No, it was a very sincere question.

Mr. SHAYS. OK. Well, then——

Mrs. MALONEY. He gave us a definite deadline. I hope he can make it, but God bless him he gave us a deadline of October 1st for distributing the first money. And if we don't get a deadline, and if we don't get a commitment in some framework, we are going to be waiting for 40 years. So in all sincerity, it is a sincere question.

Mr. SHAYS. Could you respond?

Dr. HOWARD. In terms of the treatment money, yesterday after our meeting with the Secretary we sent out to the grantees, some who were sitting very close to me, an e-mail solicitation of 15 items that we need from them to immediately begin this process, so we can get their applications in writing and we can begin the review process, so we can meet that October date.

So that is the important thing. With regard to the World Trade Center fatality investigations program, we have——

Mrs. MALONEY. May we have a copy of those items?

Dr. HOWARD. Sure. I will send you the e-mail. They will be receiving even more detail——

Mr. SHAYS. Send the full committee the e-mail as well.

Dr. HOWARD. They will be receiving an e-mail on Monday, which even contains more detailed requirements. So that is moving forward. We hope that we can meet that date. I have every indication we can.

With regard to the World Trade Center fatality investigations program, which we talked about, the Commissioner mentioned, we have a draft which will be coming out for external review next week. I would like to thank the Mt. Sinai Medical Center, Dr. Landergen, and others who have worked on that as well.

Mrs. MALONEY. May we see——

Dr. HOWARD. Of course you can. It will be out for external review. And the Health Department. This is a combined effort, and I would like to thank all of the partners for that.

Mr. SHAYS. Thank you. Let me just ask you, Dr. Howard, one last question that Vito Fossella wanted to ask. He said——

Mrs. MALONEY. But, sir, you didn't answer the full plan. We can't wait 40 years. Can you give us a general——

Dr. HOWARD. You know, as I have mentioned, I am hoping that the Secretary's task force that does give policy guidance will be able to assist me in that regard.

Mr. SHAYS. Dr. Howard, this is from Vito Fossella. He said, "Dr. Howard, at our meeting yesterday Secretary Leavitt announced the formation of a new task force dedicated to the long-term health needs of September 11th first responders. In your role as September 11th coordinator, you have already been extremely effective, and we want to make sure you remain an integral part of this effort. Can you explain how your role will or will not change in the context of this new task force?

Dr. HOWARD. As I explained before, my role—eyes and ears—as a program coordinator here on the ground in New York City, will be to liaison with this high-level policy guidance task force that will give the Secretary his policy guidance.

Mr. SHAYS. And you will be a part of that task force?

Dr. HOWARD. Yes, sir.

Mr. SHAYS. Fine.

Mrs. MALONEY. Thank you.

Mr. SHAYS. Thanks all very much. We appreciate your testimony. We want to thank you.

This hearing is adjourned.

[Whereupon, the subcommittee was adjourned.]

○