9/11 HEALTH EFFECTS: FEDERAL MONITORING AND TREATMENT OF RESIDENTS AND RESPONDERS

HEARING

BEFORE THE

SUBCOMMITTEE ON GOVERNMENT MANAGEMENT, ORGANIZATION, AND PROCUREMENT

OF THE

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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9/11 HEALTH EFFECTS: FEDERAL MONITORING AND TREATMENT OF RESIDENTS AND RESPONDERS

WEDNESDAY, FEBRUARY 28, 2007

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON GOVERNMENT MANAGEMENT,
ORGANIZATION, AND PROCUREMENT,
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 12 p.m., in room 2247, Rayburn House Office Building, Hon. Edolphus Towns (chairman of the subcommittee) presiding.

Present: Representatives Towns, Murphy, Welch, Maloney, Nadler, Bilbray, Duncan, Platts, and Fossella.

Staff present: Michael McCarthy, staff director; Rick Blake, professional staff member; Velvet Johnson, counsel; Cecelia Morton, clerk; Lakeshia Myers, editor and staff assistant; Susie Schulte and Christopher Bright, minority professional staff members; and Benjamin Chance, minority clerk.

Mr. TOWNS. The subcommittee will come to order. Welcome to today's hearing to help the thousands of New York City residents who were exposed to dangerous toxins after the terrorist attacks on the World Trade Center. This is the first hearing of the Government Management Subcommittee in this Congress. We are taking on the issue of 9/11 health effects for two reasons: First, it is a sign of how important this issue is for the House Oversight Committee. Second, we want to continue the bipartisan work that was done on this issue in the previous Congress and set the tone for continued cooperation in this subcommittee to make sure our 9/11 responders and affected residents get the health care they need. We also want to work toward our larger goal of making sure Government is working effectively and efficiently for all Americans.

I have invited several members of the New York City delegation, and Mr. Shays, to be here today, and I would ask unanimous consent that they be able to participate in this hearing. It is our practice to recognize members of the committee first, then after that, we can go to other Members who are present. We also have with us Congressman Nadler, who is from New York, and of course, from within the district in which the incident occurred. We are delighted to have him with us and we will extend the same courtesy to him. Hearing no objection, that's an affirmative.

We also have here my colleague from New York, Mr. Fossella. I would also like to thank my colleague, Mrs. Carolyn Maloney, who

I understand is on her way. She has also played a great role in planning today's hearing and I want to thank her for that. Mrs. Maloney has been called to the House floor.

Due to time constraints, the Chair and ranking member will each have 5 minutes to make opening statements. I don't like to do that, but on this particular day we will have no choice. So at this time, I would like to yield to the ranking member.

Mr. BILBRAY. Thank you, Mr. Chairman. Mr. Chairman, I appreciate the fact that the bipartisan team from the region that was attacked so terribly so many years ago, and that is living with the problems and the repercussions of that attack by Al Qaeda every day, I think that bipartisan approach is what American people not only want but expect from us, and I appreciate the fact that on this issue we have given, I think, the American people the kind of leadership that they have been desiring.

Mr. Chairman, I think that we need to remember that this wasn't just an incident, it was an attack by a foreign body against the people of the United States, not just an incident in New York. The terrorist attack was unprecedented. The response was appropriate in the matter of the American people call to arms and to protect our neighbors. The impact of the response, and let me just say this, those of us that are involved in emergency response understand it. Those of you that have never been in an emergency team may not. But to ask a firefighter, a paramedic, a lifeguard, a police officer not to respond to this kind of incident is asking for the world not to spin for 24 hours, asking to fight the laws of nature. Those of us who are involved in emergency response, a response is natural and immediate, and is not voluntary. You go in because that is what you do.

I think that kind of response is what we desperately need in this country. We have to understand the repercussions of that kind of response is something we need to address.

It is not an issue that just affects New York and Connecticut and the surrounding areas. We had responders from San Diego getting out and going into the area as quickly as possible. This is a national issue. It was an attack by foreign powers on U.S. soil, but it was a response by all of America.

I think the brave individuals who exposed themselves to the toxics, to all of the environmental threats here, need to be addressed here. We need to remind ourselves that the problems have not gone away. They are with us today. I think the President including $25 million in the budget for the coming year as placing a placeholder is a step in the right direction. But I think that we need to make sure that what resources we put to addressing the problems are as effective and comprehensive as possible.

Finally, let me say, there is no disagreement with the fact that things could have been done better. All I have to say is that anyone who has ever managed an emergency response effort will always know that after the response, there is a process that we call debriefing, where everyone understands there are things that could have been done better. There were breakdowns in systems, that emergency response, much like war, is organized chaos. And you just hope to minimize that level of chaos and inefficiency.

So hopefully, we will be able to build from and learn from that, move forward from here. Again, Mr. Chairman, I appreciate the chance to have this hearing. I hope we all remember that this was not a natural disaster. This wasn't something that happened to one State or one community. This was an attack by a foreign power directed at the American people. And the target here happened to be New York and Washington, DC.

But it just happened to hit those two cities because the people wanted to strike at the American people, not New Yorkers or Washingtonians. I think that is one of the things that all of us need to remember. Again, this was an attack by a foreign power, this was caused by an attack by a foreign power and we have to remind ourselves again and again that the enemy is still out there. The enemy created this situation and we need to make sure we address it appropriately.

At this time, I will yield back, Mr. Chairman.

Mr. TOWNS. Thank you very much. We will give each Member 2 minutes for an opening statement. We have time restrictions, let me go to Mr. Nadler from New York.

Mr. NADLER. Thank you, Mr. Chairman. Let me say at the beginning I appreciate the consideration shown to me to enable me to sit in on this hearing, though I am not a member of this committee. I have an opening statement which I would ask be put into the record. It is considerably longer than 2 minutes, I won't read it now.

Mr. TOWNS. Without objection, so ordered.

Mr. NADLER. Thank you. Let me just say that I hope that this is the first of a series of hearings, both in this committee and other committees in the House, and I know Senator Clinton is going to hold a hearing in the Senate, that will begin to deal with these problems.

I have had to spend the better part of my last 5 years in public life cajoling the Federal Government to tell the truth to its citizens about 9/11 air quality, insisting that there must be a full and proper cleanup of the 9/11 environmental toxins that to this day are still poisoning New Yorkers, because they were never properly cleaned up, and for those already sick, demanding that the Government provide long-term comprehensive health care. I hope that today's hearing will be the beginning of a process under which we can achieve what I believe are the four things that we must achieve.

First, to increase and expand the Federal funds that are beginning to be made available to provide for long-term monitoring and treatment of all the victims of 9/11. Second, to bring into this process and to be clear that we are covering and giving the same help to residents and workers, not just to first responders, because it is clear that residents and workers in lower Manhattan and Brooklyn, maybe in Queens, we are not even sure where, were also affected by this.

Third, to get the Federal Government to do the proper inspection and environmental cleanup of New York and possibly New Jersey that was recommended by the EPA Inspector General 3 years ago, without which we will continue to poison people for decades to come, unknowingly, from toxins that are still present inside build-

ings, city government buildings, State government buildings, and regular non-government buildings all over perhaps Manhattan, Brooklyn, Queens, northern New Jersey, for all we know.

And finally, that there should be a comprehensive medical screening and long-term care system put into place for all these people that is not dependent on annual appropriations in the future from Congresses and Presidents who may be more or less sympathetic or ignorant than this Congress is in the future. Because this problem is going to be with us for the next 30 or 40 or 50 years.

So I hope this is the beginning of this process, and I thank you, Mr. Chairman.

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

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OPENING STATEMENT OF
U.S. REPRESENTATIVE JERROLD NADLER (NY-08)

Before the House Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization and Procurement

Hearing on "9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders"

February 28, 2007

Thank you Mr. Chairman for convening this hearing on "9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders" and for allowing me to speak before you today.

Mr. Chairman, I represent the district where the World Trade Center once stood; the site of the tragic events of September 11, 2001. Since then, hardly a day has gone by when I have not been fundamentally disturbed by our Federal government's response, or lack thereof, to the victims of these horrible attacks. I have had to spend the better part of my last five years in public life cajoling the Federal government to tell the truth to its citizens about 9/11 air quality, insisting that that there must be a full and proper clean-up of the 9/11 environmental toxins that, to this day, are poisoning New Yorkers, and demanding that the government provide long-term, comprehensive health care for those who are already sick. I am hopeful that the change in Congress will finally enable us to shine real light on the Administration's failures, and finally force it to deal honestly with the victims and heroes of 9/11 -- by ending the cover-up on air quality, providing a real, rather than totally inadequate, clean-up, and by supplying more than a small fraction of the federal funding necessary to provide the best possible care -- care that is necessary because of the government's negligence and inaction.

As is now common knowledge, then-Environmental Protection Agency (EPA) Administrator Christine Todd Whitman told New Yorkers shortly after September 11th, that their air was "safe to breathe." This statement, which she repeated often and did not qualify, has since been shown by the EPA's own Inspector General to have been misleading, false and politically-motivated. But the Administration stood by it, and still does, and, as result, countless first-responders, residents, workers and students are sick, and some are dead. This statement lulled Americans into a dangerous sense of false safety and gave government decision-makers the cover to take extremely perilous short cuts.

This now infamous statement and the EPA's initial inaction "shocks the conscience" according to Federal Judge Deborah Batts's ruling in a case brought by victims of 9/11 contamination. While the statement

in and of itself potentially put millions of New Yorkers and others at risk, the Federal government's actions that followed from this statement were no less egregious.

First, as the heroic first responders rushed to Ground Zero for rescue and recovery operations, they were met with a never-before seen toxic cloud that has been described by experts as worse than the Kuwaiti oil fires and as caustic as drain cleaner. Yet, despite the Ground Zero area being an extremely dangerous place to work, Ms. Whitman's statements and the Occupational Safety and Health Administration's (OSHA) extremely lax enforcement of respiratory protection standards resulted in a shocking level of illness, and even death, for those who gave of themselves to make our city and country whole. Testimony by first responders at hearings I held with the then-EPA Ombudsman in 2002 showed that many police officers worked on the "pile" without any protection for 41 days. Some workers on the site were never given the proper "personal protective equipment" (PPE). And, yes, because of dangerous false assurances and lax enforcement, some thought they didn't need it.

Thanks to the Mt. Sinai World Trade Center Medical Monitoring Program, we now have conclusive evidence for what many of us had long-suspected -- over 70% of first responders are sick as a result of working on the pile. And yet, amazingly, this was preventable. While the contamination at the site of the 9/11 Pentagon attack in Washington, DC was less severe, Ms. Whitman gave no false assurances about air safety there, and OSHA enforced the law and required everyone to wear PPEs. Almost no one there got sick.

Conclusion: the Federal government has a serious 9/11 debt to pay.

Second, the toxic contaminants did not stay outdoors. Like the debris, office furniture, steel beams and human remains that have been found in buildings throughout downtown Manhattan, dangerous contaminants, such as asbestos, lead, and mercury, today remain in indoor spaces like apartments, workplaces and schools in Manhattan, Brooklyn and, possibly, further afield. Whereas nature cleans the outdoor air, that is not so with the indoor air. Toxins remain in carpets and drapes and porous wood surfaces and in the HVAC systems. It will take a proper testing and clean-up program to find these contaminants and get rid of them.

In my April, 2002 "White Paper on Lower Manhattan Air Quality," I meticulously detailed how Ms. Whitman's unfounded and misleading statement, followed by the EPA's unlawful, complete dereliction of its responsibility, resulted in totally inadequate hazardous materials testing and remediation inside residential and commercial buildings downtown – putting the public health at grave risk.

After months of dodges, finger-pointing and excuses, EPA conducted a phony clean-up program. Not only was there no scientific substance to the program, but EPA actually asserted that there was no need for a real clean-up program, as there were no air quality problems. This program, they said, was designed to "re-assure the public." In other words, it was pure public relations.

A year later, after much public outcry, EPA's own Inspector General found this original "clean-up" to be thoroughly inadequate -- that it was improperly limited in scope, deeply flawed in methodology, and "fail(ed) to utilize . . .standard health-based benchmarks." The same report documented White House interference in EPA press releases post-9/11, resulting in important cautionary sentences being deleted. The IG's conclusion: EPA must engage in a real, comprehensive and scientifically-based testing and cleaning program to address 9/11 contamination wherever it went.

In response to pressure by Senator Hillary Rodham Clinton in 2004, EPA appointed scientific experts and community leaders to a "World Trade Center Technical Review Panel" to respond finally to the IG's recommendations by developing a proper clean-up plan. The "Panel" labored for over a year and made some sound recommendations to EPA. The EPA then drafted a new plan. The overwhelming consensus of the Panel was that this plan not only failed to meet the IG's 2003 recommendations for a proper clean-up, but ignored its own panel's recommendation. The EPA knew how to handle this problem: they unilaterally disbanded the panel in 2005 and proceeded with this new phony program anyway.

Like the original EPA clean-up plan, the new "Test and Clean Program," announced last December and which is currently underway, is just another shortcut -- more window dressing -- and falls far short of what is necessary for EPA to fulfill its legal mandate, moral obligation and mission to protect the public health. To this day, EPA has failed to protect the citizens of New York from the environmental and health consequences of 9/11 and, more directly, from EPA's own statements and inaction. Thousands of New Yorkers are sick today, and, unfortunately, many more will get sick in the future because of this lawless course of action.

Conclusion: the Federal government has a serious 9/11 debt to pay.

Which brings me to this hearing today. As I have said, the Federal government has a serious 9/11 debt to pay on two fronts. First, the government must provide top-quality monitoring and health care for those already sick from the 9/11 attacks and the government's willfully harmful actions -- be they first-responders or residents, workers or schoolchildren. Second, it must initiate a comprehensive and proper clean-up of all 9/11 contaminated spaces as described by the EPA's Inspector General in order to prevent future illness and injury. To fail on either front is a failure of our government to pay a serious debt to the nation. And, to be sure, thus far, the government has failed on both counts.

As you know, it has taken years of painstaking work on the part of the New York Congressional delegation to get what little federal commitment to coordinate and fund a federal 9/11 health response we have today. The National Institute for Occupational Safety and Health (NIOSH) estimates that over $256 million a year will be necessary and a new report from Mayor Bloomberg suggests that the number may be closer to $393 million a year. Thus far, only $75 million has been disbursed. Even with the President's late-to-the-game budgetary commitment of an additional $25 million, the paltry overall sum we have is due to run out before the end of FY2007. That means critical programs like Mt. Sinai's WTC Medical Monitoring and Treatment Program and the FDNY WTC Medical Monitoring and Treatment program have uncertain futures if major action isn't undertaken. This is a failure to pay the debt.

And no federal funding is currently available to treat non-first-responders. That means that residents, workers, school children and even federal employees who are or will be sick due to an unresponsive EPA have only what the City has been able to provide through Dr. Joan Reibman's World Trade Center Environmental Health Center at Bellevue Hospital. It is unconscionable that entire 9/11 affected populations have not benefited from any federal funding, when the federal government played a key role in causing their injuries and illnesses in the first place. This is another failure to pay the debt.

Truth be told, we are not even scratching the surface. In terms of scope, fewer than 40,000 9/11-affected individuals are currently being monitored or treated with the little existing federal money. Mayor Bloomberg's report estimates that as many as 681,000 people will potentially seek medical monitoring and treatment through

the years. And that number could increase dramatically if the government fails to clean contaminated indoor spaces.

The amount of federal funding is so inadequate that the private philanthropic community this week again decided they needed to step in. On Monday, seven New York philanthropies announced that they will contribute more than $4.3 million for the care of populations with 9/11 related injuries and illnesses. This is the debt being pushed off to others.

And while the Administration has appointed two eminent individuals -- Drs. John Howard and John Agwunobi -- to coordinate the existing programs and to make further recommendations, it has failed to develop a comprehensive federal 9/11 health response plan. Nor have they successfully advocated for a real broadening of existing programs or for a proper EPA cleanup to prevent further illness. Frankly, given the Administration's actions thus far, I suspect they have had their hands substantially tied.

Indeed, we absolutely need a substantial increase in the funding and coordination of the individual monitoring and treatment programs. However, this alone cannot be the total answer. We need a comprehensive approach to providing health care to all 9/11 affected populations, one that won't be subject to the limitations of the annual budgeting and appropriations process. That is why I am today re-introducing the *9/11 Comprehensive Health Benefits Act*. This bill, and the companion legislation introduced by Senator Hillary Rodham Clinton in the Senate, provides for a sensible, easy-to-access and cost-effective way to give comprehensive medical treatment to all individuals suffering from 9/11-related illnesses through the Medicare program, and establishes a structure to support the coordination of screening, monitoring, treatment and research with a state-of-the-art clinic located in downtown Manhattan.

And again, we need a proper post-9/11 clean-up of indoor spaces, as EPA's own Inspector General prescribed, and as has been done in a variety of other hazardous sites around the country.

The Federal government is clearly culpable for recklessly allowing tens of thousands of people to be exposed unnecessarily to dangerous environmental toxins in the wake of 9/11. As such, the Federal government must pay its debts. It must assume the responsibility of ensuring the proper screening, monitoring and medical treatment for all those sickened by WTC toxins by increasing federal funding to key programs and by providing a comprehensive solution. We must no longer allow 9/11 victims to struggle to pay health care costs because they can no longer work and no longer have health insurance, or because they have had their worker's compensation claims controverted, or their Captive Insurance Fund claims rejected. And we must test and clean indoor spaces properly, so as to ensure that no one else becomes sick. Until the Administration commits to paying this debt fully by protecting the health and safety of everyone affected by the 9/11 attacks, we perpetuate the tragedy of that day.

Thank you.

Mr. TOWNS. You can be assured that we will be holding additional hearings because this is a very important issue.

Now let me recognize the person who was the Chair of this subcommittee in the last Congress, who did a magnificent job, while setting a model in terms of how important it is to work together in a bipartisan fashion. I want to say to you, Mr. Platts, that I plan to continue in that same spirit.

Mr. PLATTS. Thank you, Mr. Chairman. I don't have a formal opening statement either, but I do commend you for holding this hearing today. I especially want to congratulate you, Mr. Chair. It was an honor to serve as Chair of this subcommittee and it is indeed an honor to serve with you. Thank you, Mr. Chairman.

Mr. TOWNS. Thank you very much.

Now Congressman Murphy.

Mr. MURPHY. Thank you, Mr. Chairman. I don't have a formal opening statement, either, except to say that it is a great honor, as a new Member, to be sitting here with both you and Ranking Member Bilbray as well as our colleagues from New York who have led this fight so valiantly, paying no attention to party or ideology. My only point of introduction is to say that Connecticut also sent many brave men and women down in those days, weeks, and months, following that tragic event and are now suffering from those same very effects that have befallen those in the districts of Mr. Nadler and Mr. Fossella and so many others who have fought for this issue.

So I am very happy and honored to be part of this subcommittee and very glad that this is our opening salvo as a subcommittee into an issue which has great regional importance for the Connecticut-New York-New Jersey region. Thank you.

Mr. TOWNS. Thank you. Let me turn to my colleague from New York, Congressman Fossella.

Mr. FOSSELLA. Thank you, Mr. Chairman.

[The prepared statement of Hon. Vito Fossella follows:]

STATEMENT OF
REPRESENTATIVE VITO FOSSELLA
BEFORE THE SUBCOMMITTEE ON GOVERNMENT MANAGEMENT, ORGANIZATION AND PROCUREMENT, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM
FEBRUARY 28, 2007

I first want to thank Chairman Towns for holding this hearing and allowing me to join this panel. The Chairman has been a stellar ally on this important topic. Working together, Chairman Towns, Congresswoman Maloney, myself and the rest of the New York area delegation have achieved much in advancing the needs of sick 9-11 first responders and workers. I applaud Chairman Towns for remaining vigilant on this issue.

The symbolism of today's hearing cannot go overlooked. Just one year and one day ago Dr. Howard was appointed 9-11 Health Coordinator. Since taking the job, he has helped speed the development of clinical guidelines on 9-11 illnesses. He also helped ensure expedited release of the first ever federal funds to treat responders and workers suffering from 9-11 sicknesses. I applaud and thank him for his work and look forward to continue working with him in addressing the needs of our nation's heroes.

Much has been accomplished for the health of our 9-11 heroes, but there is much to be done. The recent report of Mayor Bloomberg's World Trade Center Health Panel emphasizes this reality. It notes over 681,000 people were exposed to Ground Zeros toxins. About 410,000 of these people were "heavily exposed", 69 percent of responders have new or worsened respiratory conditions and 40 percent have either no insurance or inadequate coverage. The facts are clear: thousands are suffering – and in some cases dying - from their work at Ground Zero. The devastation of this crisis is seen regularly on the pages of our newspapers.

James Zadroga was one of the first publicized victims. His autopsy concluded his death from respiratory disease was explicitly linked to his efforts on 9-11. Other deaths followed and more cases of long term illnesses were revealed. Just last weekend, my hometown paper, the Staten Island Advanced, chronicled the story of three living victims. New York Firefighter Robert Wallen dug through the pile for a week after 9-11, wearing only a paper mask to shield him from the cloud of toxic dust. A year later he started becoming overwhelmed with fatigue. By 2003, he was diagnosed with a disease sometimes classified as an early form of cancer - characterized by an ineffective production of blood cells. It took a bone marrow transplant to clear Wallen of the disease, but he still suffers fatigue and takes over 26 pills a day.

Once a weight lifter, 52 year old NYPD detective Gary White also answered the call. He worked the pile on 9-11 and six months afterwards. His problems started with a rash, then a cough, then a severe nasal drip which prevented him from sleeping. Last year, a doctor discovered he had stopped breathing between 35 and 40 times each hour. This condition eventually led to a stroke and permanent brain damage.

Forty three year old Ed Wallace joined the recovery efforts at Ground Zero following his brother's death from brain cancer only a few days after 9-11. As the Advance notes, "Wallace spent five months shuttling between Ground Zero, Fresh Kills and the morgue as a member of the Crime Scene Unit. Now, he can no longer open jars because his joints constantly ache. Patches of burning red bumps flare up across his body, tumors swell beneath his skin and acid swims in his mouth." His lung ailments required surgery. Doctors had to cut out three sections of his lungs. His disease was sarcoidosis – a condition becoming prevalent in 9-11 workers.

These were all young men who are seeing several years shaved off their lives because of their sacrifice. There are thousands who share their story. It is our nation's duty to provide these heroes with the care they need so they can have some hope to once again lead normal lives. In only the last two years, we have reached many milestones on 9-11 health. We reversed the rescission of $125 million and provided $75 million of that money for the first ever treatment of 9-11 illnesses. We saw the appointment of Dr. Howard and the creation of a World Trade Center Health Task force at the Department of Health and

Human Services, headed by Dr. Agwunobi. The efforts of these individuals and the continued vigilance of the New York area delegation most recently lead to the inclusion of a $25 million down payment in the President's budget for 9-11 health treatment. I once again applaud the President for this funding and for the Administration's commitment that this is only a first step – that more money is on its way.

Today we will talk about the results of the Mayor's 9-11 Health Panel Study and get an update on the workings of current programs. We will also hear from Dr. Agwunobi and Dr. Howard on their efforts to assess the long term cost of the 9-11 health crisis. It will be another stark reminder of the challenges ahead, but will also guide us in our efforts to continue fighting for the needs of September 11th's forgotten heroes. I want to once again thank the Chairman for holding this hearing. I also want to thank Deputy Mayors Skyer and Gibbs for this work on this report and thank Doctors Agwunobi and Howard agreeing to testify as well. I look forward to working with all of you moving forward to fulfill the government's commitment to our nation's bravest individuals and I yield back the balance of my time.

Mr. TOWNS. Thank you very much, Mr. Fossella.

The attacks that destroyed the World Trade Center on September 11, 2001 created a human tragedy on an enormous scale. That day we knew immediately that thousands had lost their lives in the collapse of the Twin Towers. What we now know is that the toxic environment created when the towers collapsed claimed still more victims. First responders, rescue, recovery and clean-up workers, volunteers from all 50 States, area residents, office workers, and school children. All may have been exposed to a range of dust, smoke and toxic pollutants.

Sometimes when people are hurt or killed in an accident, we say that they were in the wrong place at the wrong time. For the responders who rushed to the scene of the World Trade Center on 9/11, and those who worked on and around the pile afterwards, it is just the opposite. They were in the right place at the right time, doing their jobs, coming to the aid of their fellow citizens at the hour of greatest need. Now many are suffering from a wide range of diseases and disabilities and require medical care. It is our obligation as a Nation to make sure they get the care they need.

The range of people who are now ill goes beyond just those responders who were working at or around Ground Zero right after the attacks. The collapse of the towers created an enormous dust cloud that covered lower Manhattan, then blew east across the river and through Brooklyn. New York City residents and workers were exposed to these toxins with some developing serious illnesses. They too, are victims of 9/11. The Government has an obligation to treat people who have become sick and monitor those who were exposed to toxins so we can identify, and prevent if possible, diseases that emerge from people whose lives have been greatly disrupted.

Today's hearing will examine what the Federal Government is doing to help those suffering from 9/11-related illnesses. The answer is "not enough." More than 5 years have passed since 9/11, and just recently the Federal Government has finally put in place some medical monitoring and treatment programs. These programs are doing good work and we will hear from the doctors who are treating patients with 9/11-related diseases.

But why has this happened so late? The Federal programs we have right now suffer from two serious flaws. The first is that they are not inclusive enough. The programs cover those who worked and volunteered on the rescue and recovery effort, but there is no Federal program for residents who were affected by the toxins in the air. Not only is there no Federal plan to treat these residents, there is not even a program to monitor them and gather essential data that may help us track and treat 9/11-related illnesses.

The second problem is that the existing programs lack sufficient and sustained funding. The programs are running out of money and will have to shut down if this shortfall isn't addressed. We have a temporary fix from the administration, which is helpful, but we need something more permanent. Some of the serious health effects from 9/11 are illnesses like post-traumatic stress disorder. The last thing people suffering from these types of illnesses need is fear and uncertainty that their treatment will be cutoff due to lack of funding.

The administration says they are working on a plan, but even now it is not clear if that plan will include everyone who was exposed and everyone who is sick. Five and a half years after 9/11, we need to have something better than what we have now, and we need to have it right now.

I look forward to hearing from our doctors and first responders about what the medical needs are, and from our government witnesses what they are doing to create inclusive and sustainable medical monitoring and treatment programs.

The government has to do more to help people who are still suffering from the effects of 9/11. I hope we can learn more today about how to help, and then work together to make sure it happens.

[The prepared statement of Hon. Edolphus Towns follows:]

SUBCOMMITTEE ON GOVERNMENT MANAGEMENT, ORGANIZATION,

AND PROCUREMENT

OPENING STATEMENT OF

Chairman Edolphus Towns

HEARING TOPIC: "9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders."

12:00 Noon, Wednesday, February 28, 2007

Room 2247 Rayburn House Office Building

The attacks that destroyed the World Trade Center on September 11, 2001 created human tragedy on an enormous scale. That day we knew immediately that thousands had lost their lives in the collapse of the towers. What we now know is that the toxic environment created when the towers collapsed claimed still more victims. First responders; rescue, recovery, and clean-up workers; volunteers from all 50 states; area residents, office workers, even school children. All may have been exposed to a range of dust, smoke, and toxic pollutants.

Sometimes when people are hurt or killed in an accident we say that they were in the wrong place, at the wrong time. For the responders who rushed to the scene of the World Trade Center on 9/11, and those who worked on and around the pile afterward, it's just the opposite. They were in the right place, at the right time, doing their jobs; coming to the aid of their fellow citizens at the hour of greatest need. Now many are suffering from disease and disability, and require medical care. It is our obligation as a nation to make sure they get the care they need.

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attacks. The collapse of the towers created an enormous dust cloud that covered lower Manhattan, then blew east across the river and through Brooklyn. New York City residents and workers were exposed to these toxins, with some developing serious illnesses. They too are victims of 9/11. The government has an obligation to treat people who have become sick, and monitor those who were exposed to toxins so we can identify, and prevent if possible, diseases that emerge in this group.

Today's hearing will examine what the federal government is doing to help those suffering from 9/11-related illnesses. The answer is "not enough." More than five years have passed since 9/11, and recently the federal government has finally put in place some medical monitoring and treatment programs. These programs are doing good work, and we'll hear today from the doctors who are treating patients with 9/11-related diseases.

But the federal programs we have right now suffer from two serious flaws. The first is that they are not inclusive enough. The programs cover those who worked and volunteered on the rescue and recovery effort, but there is no federal program for residents who were affected by the toxins in the air. Not only is there no federal plan to treat these residents, there is not even a program to monitor them and gather essential data that may help us track and treat 9/11-related illnesses.

The second problem is that the existing programs lack sufficient and sustained funding. The programs are running out of money, and will have to shut down if this shortfall isn't addressed. We have a temporary fix from the Administration, which is helpful, but we need something more permanent. Some of the serious health effects from 9/11 are illnesses like post-traumatic stress disorder. The last thing people suffering from these types of illnesses need is fear and uncertainty that their treatment will be cut off due to lack of funding.

The Administration says they are working on a plan, but even now it is not clear if that plan will include everyone who was exposed and

everyone who is sick. Five and a half years after 9/11, we need to have something better, and we need to have it now.

I look forward to hearing from our doctors and first responders about what the medical needs are, and from our government witnesses what they are doing to create inclusive and sustainable medical monitoring and treatment programs.

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Mr. TOWNS. At this time, I would like to ask the witnesses to please stand to be sworn in.

[Witnesses sworn.]

Mr. TOWNS. Our first panel is made up of two physicians and leaders from the Department of Health and Human Services, Dr. John Agwunobi, Assistant Secretary for Health at the Department of Health and Human Services. He is also an Admiral leading the Commissioned Corps of the U.S. Public Health Service.

We also have with us Dr. John Howard, who is the Director of the National Institute for Occupational Safety and Health at HHS. He is a board certified specialist in internal medicine and occupational medicine, as well as an attorney, and serves as a Federal 9/11 health coordinator at HHS.

Why don't we just start with you, Dr. Agwunobi?

STATEMENTS OF ADMIRAL JOHN O. AGWUNOBI, M.D., MBA, MPH, ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES; AND JOHN HOWARD, M.D., MPH, J.D., DIRECTOR, NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION, DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF JOHN O. AGWUNOBI

Dr. AGWUNOBI. Good afternoon, Chairman Towns and distinguished members of the subcommittee. As was just indicated, my name is John Agwunobi and I am indeed the Assistant Secretary for Health for the U.S. Department of Health and Human Services.

Beside me is a close colleague and friend, Dr. John Howard. He is the Director of NIOSH.

I thank you for holding this hearing on the Federal response to the health impacts of 9/11. On September 11, 2001, within hours of that terrorist attack, HHS, our Department, dispatched the first group of emergency medical and mortuary teams to the New York City area to assist local emergency personnel and health providers in caring for those affected by the terrorist attacks on the World Trade Center.

Within 8 days of the attacks, the Federal Government and the State of New York jointly created and implemented a disaster relief Medicaid waiver. Now, this Federal Government waiver, which was provided to the State of New York as a Medicaid program, was to the tune of about $333 million. It was designed to support the treatment of individuals affected. Over 340,000 individuals eventually enrolled and were able to access the full array of medical benefits and treatments that were offered through that waiver.

Between 2001 and 2002, the Department released over $239 million, which went to support health centers and hospitals, mental health programs and environmental monitoring, and research in and around New York City for that same purpose. In early 2002, NIOSH developed a baseline medical screening program to address the gap in medical screening of World Trade Center responders. This program was subsequently expanded in 2004 to provide long-term medical monitoring for the World Trade Center rescue and recovery workers and volunteers, including current and retired New

York City firefighters. The medical monitoring program has now conducted more than 30,000 initial examinations and 17,000 follow-up examinations since its inception back in 2002.

In 2002, the World Trade Center health registry was established. This registry collects self-reported survey data to evaluate potential short and long-term physical and mental health effects of the exposure to the disaster. So far, more than 71,000 individuals are currently enrolled in that registry.

In 2006, $75 million was provided to further support existing HHS World Trade Center programs and to provide treatment to responders, rescue workers and recovery workers. Thus far, based on the reports from those responders and our partners and our analysis of some scientific analysis, Secretary Leavitt decided that we needed to do more. He established an internal task force which I chair, and Dr. John Howard is the task force's co-chair.

The mission of the task force is to provide the Secretary with an analysis of all the available data that we can get our hands on related to the World Trade Center associated health conditions, so that the administration can devise a pathway to the future, a pathway that addresses the needs of care and the needs for more research. The World Trade Center task force is comprised of top science and health policy experts from throughout the Department of Health and Human Services. It actually began meeting back in October of last year.

HHS continues to collect information pertaining to 9/11 health effects and is committed, absolutely committed, to providing passionate and appropriate support to the responders affected by the World Trade Center, those that were exposed following the terrorist attacks. The President's fiscal year 2008 budget does indeed include $25 million for the continuation of treatment for the World Trade Center responders. The administration intends to review this budget request, using all the data that we gather in our analysis, the task force's work, as we look to the future.

Sir, I thank you again for this opportunity. I know that Dr. Howard and I would be happy to answer questions. I would just end by saying, we believe that this is a very important, very, very important duty that we have been given, to analyze and review the data in order to further advise the Secretary. I have no doubt that he, upon hearing from us, will enter into dialog with Congress and the administration. I look forward to working alongside all of you, sir.

[The prepared statement of Dr. Agwunobi follows:]

Testimony
Before the Subcommittee on Government Management, Organization and Procurement
Committee on Oversight and Government Reform
United States House of Representatives

9/11 Health Effects: HHS's Monitoring and Treatment of Responders

Statement of
John O. Agwunobi, MD, MBA, MPH
Assistant Secretary for Health
U.S. Department of Health and Human Services

For Release on Delivery
Expected at 12:00 p.m.
Wednesday, February 28, 2007

Good afternoon, Chairman Towns and distinguished Members of the Subcommittee. My name is John Agwunobi and I am the Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS). Beside me is my colleague within the Department, John Howard, the Director of the National Institute of Occupational Safety and Health at the Centers for Disease Control and Prevention and HHS World Trade Center Program Coordinator. We thank you for holding this hearing and for the opportunity to testify before the Subcommittee on the federal response to the health impacts of the 9/11 attacks and the federally funded programs that provide monitoring and treatment to responders.

Since the attacks on the World Trade Center towers on September 11, 2001, the Department of Health and Human Services (HHS) has been committed to providing compassionate and appropriate support to responders affected by World Trade Center exposures following the attacks

On September 11, 2001, within moments of the attacks, HHS activated the National Disaster Medical System, placing medical teams nationwide on alert to be deployed to assist local areas in responding to the medical emergencies associated with the attacks. Within hours, HHS dispatched the first group of emergency medical and mortuary teams, including more than 300 medical and mortuary personnel to the New York City and Washington, D.C. areas to assist local emergency personnel and health providers in caring for victims of the

terrorist attacks on the World Trade Center and the Pentagon. Veterinary disaster teams were also dispatched to New York City to provide care and treatment for rescue dogs. This was the first time the federally coordinated response system had been activated on a nationwide basis. HHS also authorized the first emergency use of the National Pharmaceutical Stockpile, delivering substantial supplies to support medical personnel caring for victims of the airplane attack on the World Trade Center.

Beyond the Department's initial response to provide supplies and medical responders, it is important to mention the hundreds of millions of dollars that the Department of Health and Human Services spent in the months and years following the attacks has gone to provide health care, both physical and mental, to those who were, and continue to be, affected and in need.

Within eight days of the attacks, the Federal government and the State of New York jointly created and implemented a Disaster Relief Medicaid waiver. This 4-month temporary Medicaid authorization included a simplified, one page application, on-the-spot eligibility determination and immediate access to services for low-income New York children and adults in the Medicaid, Child Health Plus and Family Health Plus programs and temporary medical coverage for those affected by the September 11th attacks. The Federal government provided the State of New York Medicaid program with $333 million in funds to support the program.

On September 18, 2001, the 2001 Emergency Supplemental Appropriations Act for Recovery from and Response to Terrorist Attacks on the United States provided the Department with funding, of which:

- $10 million was granted through the Health Resources and Services Administration (HRSA) to 33 Health Centers in New York City and Northern New Jersey to support immediate costs of response as well as longer-term health care services as a result of the attacks;
- $35 million was granted through HRSA to St. Vincent's Hospital-Manhattan and New York University Downtown Hospital, two nearby hospitals in Manhattan that were dramatically impacted by the attacks, for mobilization of staff to respond to seriously injured patients;
- $22 million was provided through the Substance Abuse and Mental Health Services Administration (SAMHSA) to support mental health treatment for long-term disorders and to expand substance abuse treatment services to address the needs of individuals and families impacted by the attacks; and
- $5 million was provided to the Agency for Toxic Substances and Disease Registry to provide environmental health monitoring.
- $10.5 million was provided to the National Institute of Environmental Health Sciences (NIEHS) at NIH to support both a research program involving workers and community members who were heavily exposed to WTC dust and to fund the health and safety training provided to workers cleaning up the WTC site and to policemen and firemen who must

respond to future accidents/disasters involving toxic substances in New York City.

Beyond the emergency supplemental, additional funding has been appropriated and disbursed to meet the health needs of, and support scientific research related to, victims of the attacks. This funding includes

- $135 million granted through HRSA under the Hospital Emergency Response program in Fiscal Year (FY) 2002. This money went to health care entities that suffered financial losses directly attributable to the attacks.
- $10 million was granted in FY 2002 through SAMHSA to support 5 multi-year grants to the National Child Traumatic Stress Initiative to improve the quality of treatment services to children and adolescents who experienced traumatic events; and
- $4 million was granted in FY 2002 through SAMHSA to mental health organizations to provide services to public safety workers.
- $8 million was appropriated to NEIHS in FY 2003 to continue its research studies on health effects associated with exposure to WTC dust and to develop curricula and train a nation-wide cadre of environmental response workers to respond to future disasters.

In 2003, with $20 million in initial funding provided by FEMA, the Agency for Toxic Substances and Disease Registry (ATSDR) and the New York City Department of Health and Mental Hygiene (NYCDOHMH) jointly developed the World Trade Center Health Registry. The purpose of the WTC Health Registry is to evaluate potential short and long term physical and mental health effects of exposure to the disaster among responders, building and school occupants, and residents of the affected area. Over a period of 14 months, more than 71,000 individuals enrolled in the registry. Since its inception, an additional $10.9 million in Federal funds has been provided to the Health Registry for follow-up surveys and scientific studies of the collected data.

In early 2002, with $12 million in funding from a Department of Defense emergency supplemental, NIOSH developed a baseline medical screening program to address the gap in medical screening of WTC responders. The NIOSH program was designed to assess the health status of the emergency services and rescue and recovery personnel who were not otherwise covered by established screening programs. NIOSH contracted with Mt. Sinai School of Medicine in FY 2002 for baseline safety screening of 12,000 responders, rescue and recovery workers.

Also in 2002, $3.7 million was provided to the Office of Public Health and Emergency Preparedness [now, the Office of the Assistant Secretary for Preparedness and Response] to perform baseline medical screenings for

Federal responders. Current Federal workers, who choose to register for tracking, are screened through Federal Occupational Health (FOH) clinics and other clinics that have contracts with FOH throughout the country. Retired Federal workers and intermittent Federal employees hired during the post-9/11 period to work in Manhattan have access to screening through the NIOSH Medical Monitoring program. Because these programs are voluntary, the epidemiological data provided has some limitations, but the programs ensure that Federal employees have a safety net to assure their needs are addressed.

In 2004, NIOSH established the national WTC Worker and Volunteer Medical Monitoring Program to continue baseline screening (established in 2002) and to provide long-term medical monitoring for the WTC rescue and recovery workers and volunteers, including current and retired New York City firefighters. NIOSH received $90 million from the FY 2003 Consolidated Appropriations Resolution (P.L. 108-7) to fund monitoring through a series of grants until approximately FY 2009. This program consists of a consortium of clinical centers[1] and data coordination centers that provide patient tracking, standardized clinical and mental health baseline screenings, long-term health monitoring and analysis for responders, rescue and recovery workers, patient data management and clinical referral services. While it has been challenging to implement a national program for responders who do not live in the New York City metro area monitoring has

[1] The consortium consists of the Fire Department of New York, Mt. Sinai School of Medicine, University of Medicine and Dentistry of New Jersey -Robert Wood Johnson Medical School, Research Foundation of the City University of New York, New York University School of Medicine, and the Research Foundation of the State University of New York.

been achieved through a national network of clinics that has a subcontract with Mount Sinai. The Medical Monitoring program has conducted 33,251 initial examinations and 17,453 follow up examinations since its inception in 2002.

In 2006, $75 million was provided to further support existing HHS WTC programs and provide treatment to responders, rescue and recovery workers. Prior to the allocation of Federal dollars for treatment, responders received treatment through traditional insurance plans and/or through various philanthropic avenues, including the American Red Cross WTC Health Effects Treatment Program. The American Red Cross program funds are projected to end in 2007. To date, some grantees have exhausted their Red Cross funds and others still have some money remaining. Federal funding allocated specifically to treatment of responders through the consortium of clinical centers (approximately $50 million) has been disbursed and is being used or will be used to treat responders once the Red Cross funding is exhausted. NIOSH has worked closely with the American Red Cross to ensure a seamless transition in funding treatment for WTC responders. NIOSH has also granted funds to the NYC Police Foundation Project COPE ($3 million) and the Police Organization Providing Peer Assistance (POPPA) ($1.5 million) to provide mental health services and counseling for police officers who assisted in the response and recovery effort. In addition, funds have also been allocated to support the existing WTC Medical Monitoring Program ($8 million), the WTC Health Registry ($9 million) and provide program coordination and direction ($3.5 million).

It is important to recognize that our grantees have been operating with FY 2006 Federal resources for responder treatment for less than four months and have just delivered the first quarter of data to HHS.

HHS and HHS grantees recognize the importance of scientific or peer review to help ensure that reliable and valid assessments are made regarding any trends and patterns in conditions associated with WTC exposure. The WTC Medical Monitoring Program and WTC Health Registry have reported on the symptomatology and conditions being reported and seen among their respective populations, such as pulmonary function abnormalities, worsened respiratory symptoms and serious psychological distress (SPD). These findings have been reported in various peer-reviewed journals, including the Morbidity & Mortality Weekly, the American Journal of Respiratory and Critical Care Medicine and Environmental Health Perspectives.

On September 11, 2006, Secretary Leavitt announced that scientific research suggesting adverse health effects among WTC responders necessitated a thorough review of available health care resources and scientific understanding. The Secretary then formed an internal Task Force, which I Chair as Assistant Secretary for Health. Dr. John Howard, Director of NIOSH and HHS WTC Programs Coordinator, is the Task Force Vice-Chair. We have been tasked with providing the Secretary with an analysis of data, options on Federal policies, and

financing related to WTC-associated health conditions and WTC responder health care needs. The WTC Task Force is comprised of top science and health policy experts throughout the Department and began meeting in October 2006.

The Task Force has worked primarily in two areas of analysis via two subcommittees. The Science subcommittee has looked specifically at the process by which HHS determines which health effects are directly related to 9/11 exposure and what type of scientific studies should be conducted to better understand the long-term health effects of 9/11. The Finance subcommittee was tasked with providing an analysis of long-term monitoring and treatment options. The Task Force's analysis will be shared with the Secretary soon.

Overall, over $778 million in Federal appropriations have been spent or obligated to assist in WTC related health consequences since September, 2001. Throughout the spending of Federal money, the Federal government has continued to collect information pertaining to 9/11 health effects and is committed to providing compassionate and appropriate support to responders affected by World Trade Center exposures following the attacks. The FY 2008 Budget request includes $25 million for the continuation of treatment for WTC responders. The Administration intends to review the grantee data that has been submitted for the Task Force's analysis.

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

Mr. TOWNS. Thank you very much.

Dr. Howard.

Dr. HOWARD. Mr. Chairman, I don't have a written statement, I am in a supporting role today.

Mr. TOWNS. We thank you very much.

Let me begin by asking a few questions about the task force. First of all, when will we get the report from the task force?

Dr. AGWUNOBI. Mr. Chairman, the task force, our work is largely analytical in nature. We gather data, we review that data and we are supposed to advise and inform the Secretary with what we find. We currently are not engaged in the writing of a report for public dissemination. We are actually engaged in trying to review all the information so that we can advise the Secretary.

Mr. TOWNS. Now, are you including the area residents in this? This is a serious problem, as you heard from some of our colleagues in the opening statements.

Dr. AGWUNOBI. Very clearly there are many unanswered questions that relate to residents. I have no doubt that there will be much dialog and discussion going forward on that subject. But the work of the task force that John and I chair, Dr. Howard and I chair, is focused on the responders to the event, firefighters, volunteers, retired workers, those that responded to the event, in the day of and the days following.

Mr. TOWNS. Well, there is a school that was in the area and they are complaining. It is a high school, and they are saying that as a result of 9/11, that many young people now are having health problems. So I was just wondering, would you include them in it somehow? I am saying I think we should make treatment and care inclusive.

Dr. AGWUNOBI. Yes, sir. The Secretary has asked us to report back to him quickly with the data that we have, the analysis of the information that we have. We will do that. If the Secretary then asks us to go on and review further data or, I have no doubt, as I have said, that there will be dialog on that issue going forward.

Mr. TOWNS. When will residents have access to the Federal programs?

Dr. AGWUNOBI. Following our completion of our analysis and our presentation to the Secretary, Michael Leavitt, as to the breadth, the scope, the issues involved in this particular situation, I have no doubt, as I have said, that he will engage in dialog. That dialog will no doubt include Congress and the rest of the administration. It is a little unclear to me, sir, as to the exact time lines, as to that process. I imagine you will be a part of that process as well.

But the current programs, as they were appropriated, the appropriations for the current programs focus the programs on responders, not on the residents. We are speaking now about the program at Mount Sinai and the associated program at FDNY. My understanding is that the Bellevue program, which has funding from, I think a little bit of funding from the Federal Government, most of its funding is from the city. That program does actually allow residents into access for treatment.

Mr. TOWNS. Right. Well, will we know about it within 3 months, 6 months, a year? I hate to push you, but we need to know.

Let me just say this. I don't see this as a blame situation. I think we all have to work on this together. I think that we need certain information for us to be of assistance. I think that we are talking about the lives of people from all over this country, all 50 States. We are talking about young people in high school, and of course, they are now complaining.

And these are issues that I think we have to recognize and have to find ways and methods to deal them. So that is the reason why I am really trying to push you on a timeframe.

Dr. AGWUNOBI. Sir, I would concur that urgency is important in this situation. There are real people out there suffering and there are individuals who are in need. Our process is designed to try and gather data so we can use that data to design programs for the future.

The Secretary has been very, very straight on this with me. He wants us to go as fast as we can, but he wants our analysis to be based on data, as much data as we can gather. He has indicated that he wants us to brief him in March, and we will. But that, as I have said, is a part of a process that would no doubt include dialog with the administration and indeed, with Congress.

Mr. TOWNS. Thank you. I yield to the ranking member, Mr. Bilbray.

Mr. BILBRAY. Thank you, Mr. Chairman. I apologize for turning your mic off. Like everything else in this town, everything operates opposite of the rest of the world.

Mr. TOWNS. Oh, you turned my mic off? [Laughter.]

Mr. BILBRAY. Yes, I just turned myself off, too. It's typical, this is the only town where you un-push something to get it to turn on.

Let me first ask, the city of New York and the locals seem to be doing a very aggressive approach to this health risk assessment. Frankly, as somebody who comes from the local, I was a disaster preparedness chairman for a small, intimate group of 3 million people in San Diego County. I prefer to have the local people do as much as humanly possible, because they tend to be more efficient, more sensitive and more effective. But there is a situation where this impacted and affected not just one municipality, it had a broad, regional impact. What are we doing about monitoring the impacts on the areas outside of the city of New York, in the adjacent areas? What kind of response are we getting there?

Dr. AGWUNOBI. If I may, I am going to turn over to my colleague who has been involved in the monitoring from the very beginning. But I will say that the work of the task force today does contemplate what you just said, the fact that even if it is not a big portion of the individuals that are affected that live outside of New York today, in the future it might be, as people retire and move around the country. So as we think this through, as we perform this analysis, we are contemplating the notion that it might need to be something that has, whether it be quality, access or cost, it needs to have a national scope to it in terms of our thinking and our planning.

I will turn over to my colleague, Dr. Howard, if you want to add on what we have done so far.

Dr. HOWARD. Sure. Mr. Bilbray, as a fellow San Diegan, I am certainly very much aware of all the search and rescue and disas-

ter medical assistance teams that came from all over the United States. Actually, when we have looked at that population of national responders, we find them in about 2,000 different zip codes throughout the United States. So it is one of our, probably our greatest challenge, is to be able to provide medical monitoring services and now treatment to that highly dispersed population.

So since the program began with both private as well as Federal moneys, we have developed a network of clinics which are coordinated through Mount Sinai in which responders that are in other States can avail themselves of medical monitoring services as well as now treatment services. So that is probably, as I want to emphasize one more time, that is a significantly challenging area of our program development. Because we are trying to put together a national set of clinics, the only kind of model for that in this country is the Veterans Administration, for instance. There is really no national clinics that we have to rely on. So we are putting that together as we have gone through the last few years.

Mr. BILBRAY. The task force, how frequently has it met since its inception in 2006?

Dr. AGWUNOBI. The task force has a structure where most of its work is done not unlike here, in subcommittee. So we have a full task force that has met three times since October and will probably meet a couple of other times, maybe one more time before we are completely done. But most of the work has been actually farmed out to two subcommittees, one that focuses mostly on science and research with a view to the future, what are we going to need in the future in terms of research, in terms of clinical systems, clinical issues and Dr. Howard has very kindly chaired that subcommittee.

The other subcommittee focuses on the issues of health financing, the different, what are the costs and what are the projections into the future and what are the different health financing models that we need to study in order to fully inform the Secretary. Between the different subcommittees, and there are small groups that break off of them and meet, there have actually been quite a few meetings in between each, in the order of tens of meetings between the main subcommittee meetings. So there has been a fair amount of meeting going on. A lot of our work, because we are all in the same department, is actually done in the hallways and in sidebars as we meet continuously across the course of our business day. We are all colleagues within the Department.

Mr. BILBRAY. As pointed out before, this is sort of a unique situation. In all fairness, from a disaster preparedness point of view, it is so different because unlike people that live out west and know they are moving into an earthquake area, know that is part of the decision they are making as individuals, or people that move down south into a hurricane area, you know there is an exposure there. This is one that was totally unforeseen and can't be foreseen. But more importantly, the people in New York don't have to worry about earthquakes, and people in Chicago don't worry about hurricanes.

But everybody has to worry about, in the future, the same situation could occur in any city. In San Diego, we have three nuclear carriers, one of them with a big name across it called Ronald Reagan. It is a sitting target. So the big key there is what do we

learn for future applications? What do we learn that can help us prevent the kinds of long-term problems that we are seeing here and the next response that we may have?

And let's just stop a second and say, one thing we don't do enough of in this country is say, thank the Lord, thank the system, thank the Government for doing the right things we do. And one of the right things is, we haven't seen this happen again. I think we take it too much for granted that it hasn't happened. But what are we doing to prepare in case it happens again, if Chicago is hit, if San Francisco is hit? Where are we looking at this kind of thing?

And I can just imagine the respiratory issue. Don't send anybody in unless they have the right equipment. Does that mean that we try to provide this equipment to every local responder? Is that going to be cost effective? Or are we talking about having a mobile capability to bring in this kind of equipment to be available wherever it happens? We are looking at that prevention in the future if another incident occurs.

Dr. AGWUNOBI. One of the tasks of the science subcommittee of our task force is to see through research whether or not there are lessons that we can learn from those that are tragically affected today, lessons in terms of diagnosis, lessons in terms of treatment. The task force, however, is not performing an after-action, a review, an audit of the events that occurred on 9/11 and the days that transpired. Those after-actions were done or are being done, I would imagine, at the different levels of agencies, cities, State, and the Federal Government when they work on how they did and how can they do it better. Our focus has been on the victims that are suffering as a result of exposure today and how can we learn from their experience going forward in order to assure that the systems that we use to, in these circumstances in the future, are responsive to the needs of the victims.

Mr. BILBRAY. Mr. Chairman, I appreciate the time. I just want to say that one of the problems for those of us who will be at the local government level or the local community level, if we don't know the health risks, at least some projection of risk out there, how do we know a good example of downwind, do you shut down the schools like we would with an air response, don't let the kids out or do we move them out of the area. Those kinds of questions, we need to have the health data on to be able to make those local decisions in case it happens again.

Dr. AGWUNOBI. Sir, that is exactly the sort of thing that the science subcommittee is learning and hopefully we are going to have research going forward that helps us answer many of these questions.

Dr. Howard, did you want to add to that?

Dr. HOWARD. I will just add that the World Trade Center health registry, which is operated by the New York City Department of Health and Mental Hygiene, is envisioned to be a 20 year project that will gain a lot of data about population health.

The issue that you mentioned is really huge. When you look at it from the perspective of the responders and what we are dealing with now in terms of their symptomatology, their lung function abnormalities, in the Department, what we are doing is looking at pre-deployment preparation, during deployment services that are

necessary for responders and post-deployment, debriefing, medical evaluations, etc. So we are looking from all the lessons that we are deriving from the medical and scientific literature from this event and trying to design a program that will cover all three phases of responder deployment.

Mr. TOWNS. Thank you.

I recognize Mr. Murphy.

Mr. MURPHY. Thank you, Mr. Chairman.

I come at this from a slightly different perspective than some people sitting around this table. I wasn't a Member of Congress when this happened, I was a member of the public going through it with my community in Connecticut, like everyone else did. And so Doctor, when I hear you talk about the need for urgency here, and then I also hear that 5 years after the fact, we are convening the first task force that is going to start to look into a comprehensive health care strategy, there is a disconnect there for me, there is a disconnect for the folks in my district, there is a disconnect for the folks in Connecticut who went down and assisted in this effort.

And so my question is very simple. What is your answer to people who say that 5 years after the fact, after putting in very small, relatively small amounts of money that simply don't comport with the estimates that have been given by Dr. Howard's organizations and others, as to the full cost of this, how do you provide an answer to people who have said that the only reason we are even here today is that you have come kicking and screaming to the table, being dragged there by members of the New York delegation and advocates? What is your answer to folks who just don't buy that there is a sense of urgency coming from the administration?

Dr. AGWUNOBI. The administration's commitment is to make sure that where there are unmet needs, that those needs are met, and where there are lessons learned from science, that those lessons are applied. Many of the conditions, I will defer to my colleague to give you detail on this, but many of the World Trade Center related illnesses are an emerging phenomena, in that we are learning with the passage of time that No. 1, they are related, and that No. 2, that there are needs that are specific to that population, to those specific conditions, that need to be met.

We recognize that over the long run, there are going to be needs that our work has to meet. But we are committed to trying to use data and science that has been gathered, that is gathering over time. The data will improve even going forward. Our commitment is to use that data to construct systems and responses that are sustained and that make a difference. Because they are founded in science, founded in what we have learned.

Mr. MURPHY. Here is the problem as I see it, or one of the problems. It sounds to me as if what you are saying is that you want to very methodically and carefully make sure that the diseases and the complications, the health complications are directly related to what happened on that site. But for the folks that rushed down there, they didn't wait to see the data or the science on what those chemicals were going to do to their body. They saw this as a national emergency. And the response back that we are hearing today is, well, we have to be very careful about how we go about the treatment to make sure that the science is right.

Well, the folks that went down there didn't make sure the science was right and they are suffering for it. So shouldn't there be a sense that maybe we should err on the side of inclusiveness instead of erring on the side of making sure the science is exactly right?

Dr. AGWUNOBI. Sir, indeed, the Federal Government, the city especially and philanthropy, in a very real way, provided care from the very beginning. What we are talking about here today is what do we design for the future? What do we design to assure that the needs of the individuals that are being met today are met 60, 50, 40 years from now? It is true that in response to 9/11, these heroes, and that is what they were, responded without second thought, emergently, to the event. It is also true that the health community responded right on their heels, whether it was Federal programs, State programs, philanthropic programs. The world rallied, the health world rallied to the site. That is why Mount Sinai, that is why FDNY, that is why other programs have been there working pretty much from the beginning.

Now, what our job is going forward is to make sure that Government, all of us, that we make sure that these programs, that programs are there for people to meet their needs in the future.

Mr. MURPHY. I yield back the balance of my time, Mr. Chairman. I guess my point is that I think it is hard to make the case when we are seeing estimates that this is going to have an annual cost of anywhere from $250 million to $390 million, that a President's budget that includes $25 million is evidence of our national Federal health care community rallying to the cause. I hope that is a placeholder, because we know and you know, Dr. Howard certainly does, because he has looked at these numbers, know that it is going to take a lot more to convince a lot of us in Congress that we are indeed putting our money where our mouth is on this issue.

So I yield back the balance of my time, Mr. Chairman.

Mr. TOWNS. You don't have anything to yield. [Laughter.]

Congressman Duncan.

Mr. DUNCAN. Thank you, Mr. Chairman.

Dr. Agwunobi, you mentioned the figure 340,000 at one point. Was that the number eligible? Or maybe I misunderstood that.

Dr. AGWUNOBI. Yes.

Mr. DUNCAN. That is what I thought you said. The staff said that was the number eligible, but you have 340,000 actually enrolled.

Dr. AGWUNOBI. Following the attack, the Federal Government provided the State of New York, through its Medicaid program, pretty quickly, within weeks, a $330 million waiver to help support the care of individuals in the months and years that followed. Over 340,000 individuals enrolled in that program and received care as a result of that program.

Mr. DUNCAN. Well, let me ask you this. I have seen in Tennessee and throughout the country, we have this sick workers program for the Department of Energy. We have found that many, many people, because there is a big pot of money there, they are coming in and claiming money, even family members, of people who weren't exposed. So we are finding that we have to be somewhat skeptical of some of these claims to be fair to the taxpayer.

Now, I know every Government agency wants to expand its mission and expand the number of people that it is taking care of or helping out. But is somebody being at least a little bit skeptical about whether all these things are related to 9/11? In other words, what I am getting at is this: I sure don't want to sound mean, but if 9/11 had never happened, all of these people would have gotten sick, would have gotten various types of diseases, would have gotten cancer or other forms of disease. Everybody would, all of them would have died at some point, hopefully after a long life.

But are we at the point now where anything that ever goes wrong with these people is going to be in some way tied in to 9/11? I mean, if somebody comes in with measles, where we do draw the line here? Is this a program that you are talking about it lasting 50 or 60 years, you are talking about it already ballooning to, one of our colleagues just said $390 million. Is it going to be a multi-billion dollar program in the very near future?

Dr. AGWUNOBI. Sir, the task force, our work, analyzing information and bringing together data in order to inform the Secretary and the administration, we haven't approached this with skepticism. We have approached this with a deep-seated respect for science and for data. One of the reasons we are being deliberative about this is that we believe you should start with a foundation of solid data, where you have that available to you, and with science. As to the rest of your question, related to the kinds of diseases, we are very proud of the work that NIOSH has done, we are very proud of the work that clinicians and others across the community have done in gathering data.

Dr. Howard, did you want to talk a little bit to the kinds of conditions, the kinds of patterns that you are seeing?

Mr. DUNCAN. You are going to have to do it very quickly, because we have votes unfortunately that are starting. I apologize.

Dr. HOWARD. I will just mention, Mr. Duncan, that also being in the same institute that handles the Energy Employees Occupational Compensation Program, it is extremely important that we have the best, the most fulsome, the most robust science. Right now what we are seeing are associations between exposure and certain populations.

I would have to look chiefly, and I would be happy to give you information, and the fire department medical officers are here today. If we look at that cohort of individuals, all of which are being examined, all of which were exposed, we look at the literature that has come out of that particular experience. We see people not only with symptomatology, primarily respiratory, but we see lung function abnormalities, objective tests. And that is our best indicator, these are the people that were maximally exposed.

Then we go from there to other cohorts, then to other affected populations. As we go through that sort of transition, there are variable levels of association that we are seeing.

Mr. DUNCAN. Well, all I am saying is, we need to take care of things that are directly attributable to the events of 9/11. But we can't just take care of anything that happens to anybody just because there happens to be a pot of money there and they happen to be in this pool. I had a group of these sick workers from Oak Ridge who came to see me one time. One woman broke down and

cried and said that the work at Oak Ridge killed her father. And I started asking here what his story was, and he had retired at the age of 62 and had died 27 years later. I can tell you, almost every man around would say 89 good healthy years of living is a pretty good deal.

But at any rate, I think some people just need to look at this very closely before it just balloons totally out of control. Thank you very much.

Mr. TOWNS. Congressman Welch.

Mr. WELCH. I yield my time to my colleague from New York.

Mr. NADLER. I thank you very much.

Let me say that I am very cognizant of the very important need to increase the funding and make it a reliable stream to the centers of excellence in New York, to Mount Sinai, to Bellevue, which by the way, Bellevue has not received any Federal funding as far as I know, and to expand other programs that would treat a huge percentage of the 9/11 health cases. But I have a couple questions.

No. 1, how do we deal with the fact going forward 15, 20, 30 years from now that the current Federal funding approach is subject to the whims of an annual appropriation process? Shouldn't we be looking at setting up some sort of an ongoing, automatic system, so that people who because of 9/11 are still struggling with emphysema or cancer or whatever, 30 years from now don't have to worry about an annual appropriation process?

Dr. AGWUNOBI. Sir, I am poorly qualified to comment on the annual appropriations process. It is one that I work for and live under and respect greatly. I do believe, however, that it is important that we give this planning, this process, a long-term horizon, that we focus not just on today's needs or on today's population, but on the needs of that population in the future.

Mr. NADLER. Thank you. Second, your task force is focusing very strongly and properly so, as far as it goes, on the first responders, the people who worked on the pile and many of whom, 70 percent of whom, according to the Mount Sinai report, are getting sick. But my concern is and has been for a long time, what about residents in the area? What about workers who come in to work in that area, not only that day, but subsequent? We know some people who have gotten sick because they work for the SEC, the Securities and Exchange Commission, in a building nearby. And they have lung-related problems now, because they worked in a building that was not a Federal Government building, not properly cleaned up after the disaster.

So what is your task force doing about looking at the question of residents, workers, students, living in New York on the day of the disaster, or in Connecticut or New Jersey, and after the disaster? In particular, we know that the Inspector General of EPA said that they never did a proper cleanup, that thousands of buildings may still be contaminated, and that people may be being poisoned on an ongoing basis. Are you looking at that question, at implementing perhaps the EPA Inspector General's recommendations for how to deal with that question, and if not, why not?

Dr. AGWUNOBI. Sir, the task force's charge is very clear. We look at issues that relate to responders.

Mr. NADLER. So in other words, there is nobody in the executive branch now that you know of of the Federal Government looking beyond the responders?

Dr. AGWUNOBI. I have no doubt, however, that information on residents will be a part of the dialog on the data and science at the Department of Health and Human Services.

Mr. NADLER. Well, in terms of being a part of that dialog, you do realize that the EPA abolished the Office of Ombudsman of the EPA, because they told them what they should be doing. They have disregarded the EPA's Inspector General, who 3 years ago told them what they should be doing. They have disbanded scientific advisory panels, who also told them what they should be doing. And they have ignored every single recommendation and conducted so-called cleanups that the EPA Inspector General characterized as phony cleanups. And that as far as we know, the Federal Government is doing nothing to protect the health of people who live and work in the New York area from the ongoing contamination that every scientific body that has looked at it at the request of the Federal Government said is ongoing and is not being dealt with.

Dr. AGWUNOBI. Sir, I represent the Department of Health and Human Services.

Mr. NADLER. Let me then apologize for unloading on HHS what is really a question for EPA and for the President and for the Federal Government. I do that because we have been stonewalled for 5 years so far when we try to raise this question anywhere else. It is, as far as I am concerned, two cover-ups were conducted. One cover-up was of the health effects of the first responders. That cover-up started unraveling a year ago with the Mount Sinai report and then with some very good work done by, in particular, the Daily News of New York. And now at least we are talking about it, the task force is appointed, etc.

But the other cover-up is still going on. And that cover-up is of the fact that large areas, well, we don't know if there are large areas, but potentially large areas of New York City, New Jersey, etc., were contaminated, were never properly cleaned up and are poisoning people to this day, so that we may see thousands of cancer, asbestosis, lung cancer, whatever, 15 years from now. We have to uncover that cover-up and get it out to the public and have the Federal Government deal with that, as well as the fact that the Federal Government is first beginning to deal with the first responder problem.

Thank you.

Mr. TOWNS. Let me thank the gentleman. At this time, we will hear from Mr. Fossella. We have votes on the Floor, and immediately after Mr. Fossella, we will adjourn until 1:30.

Mr. FOSSELLA. Thank you, Mr. Chairman. I think part of this hearing process is education, judging by some of the questions and speculation. Clearly, as someone who always wants to insure that taxpayer money is spent wisely, I think we have an education process. I would like to submit for the record Mayor Bloomberg's report. On page 3, it lists the eligibility criteria that was established by Mount Sinai for those who can participate in the program.

Mr. TOWNS. Without objection.

[NOTE.—The referenced information entitled, "Addressing the Health Impacts of 9–11, Report and Recommendations to Mayor Michael R. Bloomberg," may be found in subcommittee files.]

Mr. FOSSELLA. Thank you, Mr. Chairman. Because it is clear that still many Americans don't fully appreciate the tens of thousands, if not hundreds of thousands of people who were left exposed and are suffering as a result of 9/11. And they will continue to do so for years to come. I think it is essential that we get and build that support.

Dr. Agwunobi, has HHS completed its internal cost estimate, or at least has a project of what it would cost in this coming fiscal year and beyond?

Dr. AGWUNOBI. Sir, we have. Our process involves, as I said, reviewing all the data, doing an analysis of that, informing the Secretary. He will then take the next step, which is to engage in dialog. Let me just say that we don't stop at costs, we look at what are the ways to assure quality care for these people. Then you move to what is the best way to assure access to that quality care, the structure of the system, how it lays out across the Nation, what are the best ways to assure access to that quality care. Only then do we say, OK, of the different ways this might be done, what are the different costs.

Mr. FOSSELLA. OK. I am going to try to ask you, and I appreciate, given the time, if you could shorten those answers, if you can. The data example compiled by the fire department and Mount Sinai, is that not sufficient data to date to at least say something publicly or declare publicly what it is going to cost, at least in the short-term or the next couple of years, do you think so?

Dr. AGWUNOBI. Sir, that is one data point.

Mr. FOSSELLA. What other data points exist?

Dr. AGWUNOBI. We look at every source of data you have talked about, Mount Sinai, data from other systems, in the past, we are looking at every source of data.

Mr. FOSSELLA. So you don't think, for example, the fire department, where I think 96 percent of the responders who participated in that program is a pretty good or significant data point?

Dr. AGWUNOBI. I think we are absolutely in our system going to have data from the authority events, port authorities and subsequently. However, to fully inform the Secretary, we need to look at all the data we can get our hands on.

Mr. FOSSELLA. You say in terms of developing cost estimates, do you anticipate supporting the current programs, for example, Mount Sinai, Fire Department and Bellevue centers of excellence already in place, or do you anticipate using different sources to fund the health needs?

Dr. AGWUNOBI. I'm sorry, sir?

Mr. FOSSELLA. Are there programs, other than the existing ones that are currently treating the vast, vast majority of 9/11 responders, are you considering creating or funding those programs to treat 9/11 World Trade Center victims?

Dr. AGWUNOBI. We are going to look at all of them, from all the data that we have, including the mayor's report. But I can't say what that net result in terms of the decision will be.

Mr. FOSSELLA. Is it safe to say that anyone receiving treatment in any of these centers of excellence for this coming what is called fiscal year will continue to receive treatment and will not be let go as a result of diminished Federal funding?

Dr. AGWUNOBI. Our focus is on the people who are in need.

Mr. FOSSELLA. But can you say that anybody receiving treatment this year will receive that treatment, they will not be denied as a result of lack of Federal funding?

Dr. AGWUNOBI. I think we have recommended to assure that everyone that has a need that is not met that they are taken care of.

Mr. FOSSELLA. At least for this fiscal year, as you begin to develop the long-term, and I don't think anyone is denying that there is a long-term commitment, for those triage people who need work on a day to day basis, the names of, for example, the people who can't breathe, for the sake of argument, we are not saying, the Federal Government is not telling them they are going to be denied?

Dr. AGWUNOBI. I misunderstood your question. Funding for the current program will get us through the end of this fiscal year.

Mr. FOSSELLA. Second, do you think that there is an effort or a noble or national effort that we can say that these centers of excellence, we can look to for research or for registry purposes that will help to serve a national population that is already moving, whether it be to California or Florida or Connecticut, that health care professionals in those areas can turn to these centers of excellence to help treat those individuals that ultimately, if not now, will need care?

Dr. AGWUNOBI. Sir, I would say that lessons learned, information we acquire, that we would share freely and openly with every one of these centers.

Mr. FOSSELLA. Thank you, Mr. Chairman.

Mr. TOWNS. We will recess until 1:30. We will discharge this panel, and panel No. 2 will be at 1:30.

[Recess.]

Mr. TOWNS. Let me apologize for being late. There were a lot of votes on the floor and it lasted much longer than we ever anticipated. So may I now ask all of you to stand and be sworn.

[Witnesses sworn.]

Mr. TOWNS. I would like to welcome our second panel. I will briefly introduce each witness. Linda Gibbs is the deputy mayor of New York City for health and human services. We are delighted to have you. Ed Skyler is the deputy mayor of New York City for administration. We are delighted to have you as well. Together they chair the City's World Trade Center health panel and will be presenting the recommendations of the panel which Mayor Bloomberg has endorsed.

They are accompanied by three physicians who have been treating New York City responders and residents: Dr. Joan Reibman, director of the World Trade Center Environmental Health Center at Bellevue Hospital. Welcome. Dr. David Prezant represents the fire department; Dr. Eli Kleinman represents the police department of New York.

Dr. Robin Herbert is another experienced physician who leads a program to monitor and treat 9/11 illnesses. Dr. Herbert is with

Mount Sinai Hospital, serves as director of the World Trade Center Medical Monitoring Program Data and Coordination Center.

We have also with us John Sferazo, who was one of the workers at Ground Zero on the morning of September 12th, before sunrise. He worked on search and rescue and burned iron on the pile in search of survivors of the disaster. For more than 30 days he worked at Ground Zero. Mr. Sferazo has diminished breath and lung capacity from the exposure to 9/11 pollutants. He has been unable to work since August 2004 because of his health impairments.

We also have with us paramedic Marvin Bethea, who was buried in debris when the first World Trade Center Tower fell, but he got out. As the second building started to collapse, he helped an older woman across the street into a hotel and was covered in debris again. He returned to provide more aid on September 14th. Five weeks later, he suffered a stroke attributed to 9/11 stress. Later he was diagnosed with adult onset asthma, post-traumatic stress disorder and chronic bronchitis.

We are honored to have such a distinguished panel here with us today. As with the first panel, of course, let me just say that we will go right down the line. We will start with you, Deputy Mayor Gibbs.

STATEMENTS OF LINDA I. GIBBS, CO-CHAIR OF MAYOR BLOOMBERG'S WORLD TRADE CENTER HEALTH PANEL AND NEW YORK CITY DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES; EDWARD SKYLER, CO-CHAIR OF MAYOR BLOOMBERG'S WORLD TRADE CENTER HEALTH PANEL AND NEW YORK CITY DEPUTY MAYOR FOR ADMINISTRATION, ACCOMPANIED BY JOAN REIBMAN, M.D., ASSOCIATE PROFESSOR OF MEDICINE AND ENVIRONMENTAL MEDICINE, DIRECTOR NYU/BELLEVUE ASTHMA CENTER, DIRECTOR OF BELLEVUE WTC ENVIRONMENTAL HEALTH CENTER; DAVID PREZANT, M.D., CHIEF MEDICAL OFFICER, OFFICE OF MEDICAL AFFAIRS, CO-DIRECTOR, WTC MEDICAL MONITORING AND TREATMENT PROGRAMS, NEW YORK CITY FIRE DEPARTMENT; ELI J. KLEINMAN, M.D., SUPERVISING CHIEF SURGEON, NEW YORK POLICE DEPARTMENT; ROBIN HERBERT, J.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; JONATHAN SFERAZO, DISABLED UNION IRON WORKER; AND MARVIN BETHEA, PARAMEDIC

STATEMENT OF LINDA I. GIBBS

Ms. GIBBS. Thank you, Chairman Towns, Ranking Member Bilbray, Congress Members from New York and additional members of the subcommittee, thank you so much for convening this hearing today and inviting me and Deputy Mayor Skyler to testify.

We are accompanied here today by Dr. Joan Reibman of Bellevue, Dr. David Prezant of the fire department and Dr. Eli Kleinman of the police department. We would ask that you submit their testimony to the record.

Mr. TOWNS. Without objection, so ordered.

Ms. GIBBS. Thank you.

I am here today as the co-chair, with Deputy Mayor Skyler, of a panel that Mayor Bloomberg convened in September 2006, the fifth anniversary of 9/11, to examine the health effects of the 9/11 attacks and attack the sufficiency of resources devoted to World Trade Center-related health needs. The result of the panel's efforts was the most exhaustive examination of the health impacts of 9/11 to date and it was laid out in an 83-page report, co-authored by panel directors Rima Cohen and Cas Holloway, who are also with us here today.

In this process, the panel started with the evidence. Let me summarize some of that for you. Over the past 5 years, medical researchers and clinicians have reported in peer review studies and from their own treatment experiences that thousands of people endured physical and mental health conditions that were caused or exacerbated by the 9/11 exposure. While many have recovered, others continue to suffer from a range of ailments. The most common are respiratory illnesses, such as asthma, and mental health conditions, such as post-traumatic stress disorder, anxiety and depression. We do not yet know the extent to which these conditions will remain or can successfully be resolved with treatment.

We also know that the health issues associated with 9/11 affect not only New Yorkers but tens of thousands of volunteers and workers from across the Nation, including every State represented on this subcommittee, who responded to the call to help and participated in the unprecedented rescue, recovery and cleanup effort that followed the terrorist attacks. These rescue and recovery workers are those most likely to experience ill health related to the exposure. For example, more than 2,000 of the fire department's 14,000 first responders, 15 percent, that is, have sought treatment for respiratory conditions since September 11th. More than twice that number have sought services for mental health care. Among a sample of 9,400 rescue and recovery workers examined at the World Trade Center Health Program, coordinated by the Mount Sinai Medical Center, 32 percent self-reported lower respiratory system and 50 percent reported upper respiratory systems near the time of their initial medical evaluation.

Area residents, school children, commercial workers and others also reported a variety of illnesses in the aftermath of 9/11, including acute breathing problems, worsening of asthma, nausea, headaches and stress-related illness and anxiety. Data from the New York City Department of Health World Trade Center Registry, the largest public health surveillance effort of this kind, has been documenting the physical and mental health conditions reported by over 70,000 participants. Its data showed that two-thirds of adult enrollees reported new or worsened sinus or nasal problems after the exposure to 9/11, two-thirds.

Fortunately, help is available for many of those in need. Among the dozens of health and mental health programs that developed over the years since the attack, three have emerged as centers of excellence in diagnosing and treating World Trade Center-related health conditions. You have heard a lot about them here already today. The first at the New York City Fire Department, serving firefighters and EMS workers; the free monitoring and treatment

program coordinated by Mount Sinai Medical Center is the second, which meets the needs of all other first responders, workers and volunteers; and third, the World Trade Center Environmental Health Center at Bellevue, which has served all the area residents, commercial workers and other non-first responders.

These programs have provided a virtual lifeline to thousands of individuals from across the Nation. Equally important, the data generated by these programs and research efforts by the Registry and the New York City Police Department have led to important scientific studies, and have also informed the development of clinical guidelines for diagnosing and treating 9/11-related health problems. That is the good news.

But the panel also found that these efforts and the critical research they generate are in serious jeopardy. Each of these programs faces a bleak future unless we secure ongoing Federal funding. Even with President Bush's recent pledge of $25 million, the fire department and Mount Sinai clinical programs are expected to run out of funds before the end of this fiscal year. The Federal Government has provided no support to the Bellevue program, the only program available to the thousands of residents, school children, Chinatown businesses and commercial workers who may have 9/11-related conditions.

That is why the Mayor's panel recommended that New York City vigorously pursue Federal funding to support the programs that form the cornerstone of our response to 9/11 health impacts. As Mayor Bloomberg said when he accepted our report, "Individuals who are now suffering from 9/11 health effects were responding to an act of war against this Nation." Congressman Bilbray spoke eloquently about this this morning, that the Government is responsible for assisting them, and New York City cannot bear the responsibility on its own, especially for those who aided New York in its time of need, but now live in other States.

We are asking the Federal Government to step up to the plate, stand shoulder to shoulder with us to support these brave men and women. Let me turn this over now to Deputy Mayor Ed Skyler.

[The prepared statement of Ms. Gibbs follows:]

Statement of

Linda Gibbs
Co-Chair of Mayor Bloomberg's World Trade Center Health Panel and
New York City Deputy Mayor for Health and Human Services

9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders

February 28, 2007

Before the
Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement
U.S. House of Representatives

Thank you Chairman Towns, Ranking Member Bilbray, Congresswoman Maloney, and members of the Subcommittee on Government Management, Organization, and Procurement for convening this hearing and for inviting me and Deputy Mayor Ed Skyler to testify. We are accompanied here today by Dr. Joan Reibman of Bellevue, Dr. David Prezant of the Fire Department of New York and Dr. Eli Kleinman of the Police Department. I would like to ask that their testimony be included in the record. They are available to answer any questions you might have. I also want to applaud you and other members of the New York Delegation, as well as our allies throughout the U.S. Congress, who have worked tirelessly to secure Federal resources and recognition for those who have suffered ill health because of their exposure to the September 11 attacks and their aftermath. Your efforts have yielded vital support for tens of thousands of individuals and their families. As I will outline in my testimony, it is crucial that these efforts continue until we secure an expanded, sustained Federal commitment to addressing one of the painful legacies of this attack on America.

I am here today as the Co-Chair with Ed Skyler of a Panel Mayor Bloomberg convened in September 2006—the fifth year anniversary of the 9/11 attacks—to examine the health effects of 9/11 and assess the sufficiency of resources devoted to WTC-related health needs. The Mayor asked the panel, which was comprised of 14 City agencies, to explore what we know about the health impacts of 9/11, and to develop recommendations to ensure that affected individuals can get the first-rate care they deserve for their current and emerging health care needs.

Over the course of five months, the Panel immersed itself in these issues. We reviewed the science; surveyed every City agency; conducted 60 interviews of area residents, medical experts, union representatives, local businesses, day laborers, policymakers, and 9/11 health program administrators; and met regularly to consider a wide range of medical and policy questions. The result of these efforts was the most exhaustive examination of the health impacts of 9/11 to date, laid out in an 83-page report that includes 15 recommendations to expand and ensure the long-term sufficiency of

resources to address 9/11's health effects. The Mayor accepted the recommendations in their entirety.

I am appearing before you today with my fellow Deputy Mayor Ed Skyler to begin in earnest the Mayor's charge to us to implement these recommendations as quickly as possible. My testimony today will summarize the highlights of our inquiry, and I will submit a copy of the full report for the hearing record.

Panel Findings

Over the past five years, medical researchers and clinicians have reported in peer-reviewed studies and from their own treatment experiences that thousands of people endured physical and mental health conditions that were caused or exacerbated by 9/11 exposure. While many have recovered, others continue to suffer from a range of ailments. The most common are respiratory illnesses, such as asthma, and mental health conditions such as Post-Traumatic Stress Disorder (PTSD), anxiety, and depression. We do not yet know the extent to which these conditions will remain or can be successfully resolved with treatment.

We also do not yet know whether late-emerging and potentially fatal conditions, such as cancer and pulmonary fibrosis, will arise in the future, but the specter of these feared illnesses is raised time and again in discussions with responders and residents alike. We know that we must build the capacity to respond to any conditions that may reveal themselves in the future.

We also know that the health issues associated with 9/11 affect not only New Yorkers, but tens of thousands of volunteers and workers from across the nation—including every state represented on this subcommittee—who responded to the call for help and participated in an unprecedented rescue, recovery, and clean-up effort that followed the terrorist attacks. These rescue and recovery workers—including firefighters, police, volunteers from all 50 states, and contractors—are those most likely to experience ill

health related to 9/11 exposure. For example, more than 2,000 of the Fire Department's 14,000 first responders—15%—have sought treatment for respiratory conditions since September 11, and more than twice that many have sought mental health care. Among a sample of 9,400 rescue and recovery workers examined at a WTC health program coordinated by Mount Sinai Medical Center between 2002 and 2004, 32% self-reported lower respiratory symptoms and 50% reported upper-respiratory symptoms near the time of their initial medical evaluation.

But adverse health effects are not confined to our first responders. Area residents, school children, commercial workers and others also reported a variety of illnesses in the aftermath of 9/11, including acute breathing problems, worsening of asthma, nausea, headaches, and stress-related illness and anxiety. Data from the New York City Department of Health's World Trade Center Health Registry, the largest public health surveillance effort of its kind, has been documenting the physical and mental health conditions reported by 70,000 residents, responders, commercial workers and others in the vicinity of the World Trade Center site on and after 9/11. Within weeks of closing enrollment into the Registry, its data showed that two-thirds (66%) of adult enrollees reported new or worsened sinus or nasal problems after their exposure on 9/11. Enrollees also reported higher levels of psychological distress than the citywide average between two and three years after 9/11. More detailed data from the Registry is now being published that document the persistence of high rates of PTSD reported by residents, workers, and tower evacuees.

Support for 9/11-related Conditions

Fortunately, help is available for many of those in need. Among the dozens of health and mental health programs that developed over the years since the attack, three have emerged as centers of excellence in diagnosing and treating WTC-related health conditions:

1. The New York City Fire Department's program, which provides free monitoring and treatment of firefighters and EMS workers who responded on 9/11 and took part in rescue and recovery;

2. A free monitoring and treatment program for other first responders, workers, and volunteers coordinated by Mt. Sinai Medical Center, which has affiliated centers across the nation for responders who live in other parts of the country; and
3. The WTC Environmental Health Center at Bellevue Hospital, a City-funded program that is open to anyone with possible 9/11-related symptoms.

These programs have provided a virtual lifeline to thousands of individuals, from across the nation.

Equally important, the data generated by these programs and research efforts by the Registry and the New York City Police Department have led to important scientific studies examining 9/11's physical and mental health effects. They have also informed the development of clinical guidelines for diagnosing and treating 9/11-related health problems, which is important for ensuring a consistent standard of care for those who seek treatment for their own health care providers, outside of the centers of excellence. Each of these programs has been critical to confronting the array of 9/11 health challenges we face.

That is the good news. But the panel found that these efforts and the critical research they generate are in serious jeopardy.

Each of these programs faces a bleak future unless we secure ongoing federal funding. The FDNY and Mount Sinai programs have provided world class care to our first responders, but from the outset they have had to patch together City funding and one-time philanthropic and Federal grants to stay afloat. Though the 9/11 health problems they treat have persisted, these programs, and the World Trade Center Health Registry, have never had a dedicated, dependable source of funding to ensure their future. Even with President Bush's recent pledge of $25 million, both clinical programs are expected to run out of funds before the end of the year.

And the Federal government has provided no support for Bellevue—the only program available to the thousands of residents, school students, Chinatown businesses, and commercial workers who may have 9/11-related conditions. The City and a small amount of private funding support the Bellevue program, and the City alone has committed to doubling its capacity from 6,000 potential patients to 12,000 in the next five years.

That is why the Mayor's Panel recommended that New York City vigorously pursue federal funding to support the programs that form the cornerstone of our response to 9/11 health impacts. These programs include the three clinical centers of excellence; research efforts of the Registry and the NYPD that, along with the data from the centers of excellence, will enable us to continue to stay on top of emerging health care problems; mental health treatment, through the extension of an expiring privately-funded program that supports community-based mental health services; and aggressive outreach to let people who may be affected know about the services available to them, and the science that informs the available treatment options.

As Mayor Bloomberg said when he accepted our report, individuals who are now suffering from 9/11 health effects were responding to an act of war against this nation. The government is responsible for assisting them, but New York City cannot bear the responsibility on its own, especially for those who aided New York in its time of need, but now live in other states. We are asking the federal government to step up to the plate, and stand shoulder-to-shoulder with us to support these brave men and women.

Thank you again for this opportunity to testify. I look forward to working with you, Chairman Towns, and your colleagues to secure the long-term federal commitment to 9/11 health care that we need going forward. Let me now turn to Deputy Mayor Skyler, who will discuss other important Panel findings, and explore the 9/11 cost issues in greater depth.

STATEMENT OF EDWARD SKYLER

Mr. SKYLER. Thank you. Good afternoon. My name is Edward Skyler. I am the New York City deputy mayor for administration and I co-chair the Mayor's World Trade Center Health Panel with Deputy Mayor Gibbs.

I want to first echo Mayor Gibbs' thanks to you, Chairman Towns, Ranking Member Bilbray, members of the subcommittee, such as Congresswoman Maloney, Congressman Murphy, as well as members of the New York delegation who are here, Congressman Nadler, Congressman Fossella, especially members of the New York delegation and their staffs, who have long made this issue a top priority.

I also want to note that we have copies of the Mayor's report here for you and your staff.

Deputy Mayor Gibbs walked you through some of the panel's medical data, existing treatment and research options and the core recommendations. I want to cover two related topics: what we need from the Federal Government at a minimum to provide the direct treatment, research and information that people suffering from 9/11-related health effects need; and the urgent need for Congress to reopen the Victim Compensation Fund.

The Federal Government contributed substantially to New York's economic and physical recovery from the 9/11 attacks. Mayor Bloomberg and the people of New York City are grateful for the Federal Government's strong support. But Federal support has been slow in coming to address the health care needs of those who responded on and after 9/11, and of the residents and other people of New York City, who have remained since the attacks and have done so much to contribute to the city's resurgence. And the aid that has come is far less than is needed.

Based on informed but necessarily contingent assumptions, the estimated gross annual costs to provide health care to anyone who could seek treatment for potentially 9/11-related illness, whether through the fire department, Mount Sinai, Bellevue programs or from a personal physician or any other source, is $393 million a year. That $393 million covers the cost to treat anyone anywhere in the country for a potentially 9/11-related illness, including the thousands of responders and others who answered New York City's call from 50 States. We estimate that 45,000 people from outside New York City and New Jersey were exposed on 9/11.

If you assume that number is a reliable estimate of gross costs in each of the 5-years since 9/11, then the total cost of 9/11 health impacts has already surpassed $2 billion. We estimated that the minimum amount of Federal support needed, just to sustain and expand existing treatment and research programs, and to implement the rest of the panel's recommendations is $150 million next year, increasing to $160 million by fiscal year 2001. Put another way, that $150 million is the amount needed to fill the gaps in available information and treatment for 9/11-related health needs.

What will that money pay for? Sustaining the fire department's monitoring and treatment program at current levels; sustaining the Mount Sinai program, which is monitoring and treating thousands of NYPD responders and other workers and volunteers who participated in recovery operations at the World Trade Center site; sus-

taining and expanding the Bellevue program to evaluate and treat up to 12,000 patients over the next 5 years, the only program that treats residents in lower Manhattan; sustaining and expanding mental health services made available through the city's health department; expanding the treatment and research capacity of the police department and implementing the remainder of the panel's recommendations.

The health impacts of 9/11 are substantial and will be with us for years to come. Without the help of Congress and the administration, there is a real risk that health care needs of those who responded on 9/11 or who stayed with the city to help us and the Nation rebuilt will go unmet. We should work immediately and urgently to prevent this entirely preventable outcome.

Second, I want to briefly talk about the panel's recommendation to reopen the Victim Compensation Fund. When Congress created the Victim Compensation Fund in 2001, it chose a no-fault compensation program. Those injured were compensated without any need to establish negligence or fault. Those who did not meet the eligibility criteria or did not sign up in time had no choice but to go the traditional litigation route. Congress worked with the city to create the World Trade Center captive insurance company, to insure the city and its approximately 150 contractors whose construction and other workers played a critical role in the World Trade Center cleanup for claims arising from those operations. The insurance company was funded with $1 billion of the $20 billion that Congress and President Bush made available to the city after the 9/11 attacks.

But this insurance mechanism is not suited for what we are faced with today. More than 6,000 city employees and other workers have already sued the city and its contractors, alleging harm in connection with the operations at Ground Zero. Taken together, those lawsuits allege damages that the city conservatively estimates to be in the billions of dollars. And we don't know who or how many people may allege they are harmed because of 9/11 in the future.

I should note that Congress capped the city's liability at $350 million, but the potential liability of contractors who participated is not capped by statute.

The insurance company cannot just hand out the $1 billion Congress provided for insurance coverage. As with any fault-based insurance mechanism, plaintiffs must not only show they were harmed, but must also prove fault. The city and its contractors have strong defenses for what was clearly a necessary response to a national attack.

New Yorkers have always been proud of the way the city came together after 9/11. But this drawn-out and divisive litigation is undermining that unity. The fundamental point is, compensating people who were hurt on 9/11 should not be based on a legal finding of who is to blame. We all know who is to blame: 19 savages with box cutters. We are here today because New York City would rather stand with all those who filed suit than against them in a court room. At its core, reopening the Victim Compensation Fund is about fairness. There is no reason why people harmed as a result

of 9/11 should now have to go to court and prove liability. Proof of harm should be enough to receive fair and fast compensation.

Simultaneously with the reopening of the fund, it is essential that Congress eliminate any liability of the city and its contractors arising from the recovery and cleanup. Congress could then move the $1 billion now available to captive insurance to the newly reconstituted Victim Compensation Fund. Only by taking these steps can we ensure that those who were harmed by 9/11 get compensation quickly. Only by taking these steps can we ensure that in the event of another terrorist attack, whether in New York, San Diego, Boston, Chicago, anywhere on American soil, the private sector will come to the country's aid as swiftly and with the same selflessness, energy and determination that was brought to bear on September 11, 2001. Reopening the funds and eliminating liability to the contractors is not just about providing health care and compensation, it is necessary to our country's safety in the future.

Thank you for the opportunity to testify before you today.

[The prepared statements of Mr. Skyler, Dr. Reibman, Dr. Prezant, and Dr. Kleinman follow:]

Testimony of

Edward Skyler

Co-chair of Mayor Bloomberg's World Trade Center Health Panel and
New York City Deputy Mayor for Administration

9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders

February 28, 2007

Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement
U.S. House of Representatives

Good afternoon. My name is Edward Skyler and I am the New York City Deputy Mayor for Administration. I co-chaired Mayor Bloomberg's World Trade Center Health Panel with Deputy Mayor Linda Gibbs. I first want to echo Deputy Mayor Gibbs's thanks to you Chairman Towns, Ranking Member Brian Bilbray, and members of this Subcommittee for convening this important hearing. And I want to thank the members of the New York delegation and their staffs who have long made this issue a top priority.

Deputy Mayor Gibbs walked you through some of the key medical data, existing treatment and research programs, and the panel's core recommendations. I'm going to cover two related topics: (i) what we need from the federal government ***at a minimum*** to provide the direct treatment, research and information that people suffering from 9/11-related health effects need; and (ii) the urgent need for Congress to reopen the Victim Compensation Fund.

Minimum Resources Needed to Implement Panel's Recommendations

The federal government contributed substantially to New York City's economic and physical recovery from the 9/11 attacks. Mayor Bloomberg and the people of New York City are grateful for the federal government's strong support.

But federal support has been slow in coming to address the health care needs of those who responded on and after 9/11; and of the residents and other people of New York City who have remained since the attacks and have done so much to contribute to the City's resurgence. ***And the aid that has come is far less than is needed.***

Based on informed, but necessarily contingent assumptions, the estimated gross annual cost to provide health care to anyone who could seek treatment for a potentially 9/11-related illness--whether through the FDNY, Mt. Sinai or Bellevue programs, or from a personal physician or ***any other source***—is $393 million this year. That $393 million covers the cost to treat anyone, ***anywhere in the country***, for a potentially 9/11-related

illness, including the thousands of responders and others who answered New York City's call from all 50 states. If you assume that that number is a reliable estimate of gross costs in each of the five years since 9/11, the total cost of 9/11 health impacts has already surpassed $2 billion.

We estimated that the ***minimum*** amount of federal support needed ***just*** to sustain and expand existing treatment and research programs, and to implement the rest of the Panel's recommendations is $150 million next year, increasing to $160 million annually by FY 2011. Put another way, $150 million is the amount needed to fill gaps in available information and treatment for 9/11-related health needs. What will that $150 million pay for? Beginning in City FY 2008 (which begins this July) that funding would be sufficient to:

(i) Sustain the FDNY WTC monitoring and treatment program at current levels;

(ii) Sustain the Mt. Sinai program—which is monitoring and treating thousands of NYPD responders and other workers and volunteers who participated in WTC recovery operations;

(iii) Sustain and expand the Bellevue program to evaluate and treat up to 12,000 patients over the next 5 years;

(iv) Sustain and expand mental health services made available through the City's Health Department;

(v) Expand the treatment and research capacity of the NYPD; and

(vi) Implement the rest of the Panel's recommendations.

The health impacts of 9/11 are substantial and will be with us for years to come. Without the help of Congress and the Administration, there is a real risk that the healthcare needs of those who responded on 9/11, or who stayed in the City to help us and the nation rebuild, will go unmet. ***We should work together immediately to prevent this entirely preventable outcome.***

Reopening the Victim Compensation Fund

Second, I want to talk briefly about the Panel's recommendation to re-open the Victim Compensation Fund (VCF). When Congress created the VCF in 2001, it chose a no-fault compensation program—those injured were compensated without any need to establish negligence or fault.

Those who did not meet the VCF eligibility criteria, or who did not sign-up in time, had no choice but to go the traditional litigation route. Congress worked with the City to create the WTC Captive Insurance Company to insure the City and its approximately 150 contractors—whose construction and other workers played a critical role in the WTC recovery and clean-up efforts—for claims arising from those operations. The Captive Insurance Company was funded with $1 billion of the $20 billion that Congress and the President made available to the City after the 9/11 attacks. But this insurance mechanism is not suited for what we are faced with today.

More than 6,000 City employees and other workers have already sued the City and its contractors—alleging harm in connection with the operations at Ground Zero. Taken together, those lawsuits allege damages that the City conservatively estimates to be in the ***billions*** of dollars. And we don't know who or how many people may allege that they were harmed because of 9/11 in the future. I should note that Congress capped the City's potential liability at $350 million, but the potential liability of the contractors who participated in the WTC recovery and clean-up is not expressly capped by statute.

The Captive Insurance Company, however, cannot just hand out the $1 billion Congress provided for insurance coverage. As with all fault-based insurance mechanisms, plaintiffs must not only show that they were harmed, but must also prove fault—and the City and its contractors have strong defenses for what was clearly a ***necessary*** response to a national attack. New Yorkers have always been proud of the way the City came together after 9/11, but this drawn-out and divisive litigation is undermining that unity.

The fundamental point is that compensating people who were hurt on 9/11 shouldn't be based on a legal finding of who is to blame. We know who is to blame—19 savages with box cutters. We are here today because New York City would rather stand with all those who have filed suit, rather than against them in a courtroom. At its core, re-opening the VCF is about fairness. There is no reason why people injured as a result of 9/11 should now have to go to court and prove liability. Proof of harm should be enough to receive fair and fast compensation.

Simultaneous with the re-opening the fund, it is essential that Congress eliminate any liability of the City and its contractors arising out of the WTC recovery and clean-up operations. Congress could then move the $1 billion now available to the Captive Insurance Company to the re-opened VCF. ***Only by taking these steps can we ensure that those who were harmed by 9/11 get just compensation quickly***.

And only by taking these steps can we ensure that in the event of another terrorist attack—whether in New York, or Boston or Chicago, or ***anywhere on American soil***—the private sector will come to the country's aid as swiftly and with the same selflessness, energy and determination that was brought to bear on September 11, 2001. Re-opening the VCF and eliminating the liability of the City and its contractors is not just about providing healthcare and compensation for injury; it is necessary to guarantee our country's safety in the future.

Thank you for the opportunity to testify before you today, and we are glad to take any questions you may have.

Statement of

Joan Reibman, MD

Associate Professor of Medicine and Environmental Medicine
Director NYU/Bellevue Asthma Center
Director of Bellevue Hospital WTC Environmental Health Center

Bellevue Hospital
New York University School of Medicine

9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders

February 28, 2007

Before the

Committee on Oversight and Government Reform

Subcommittee on Government Management, Organization, and Procurement

U.S. House of Representatives

Thank you Chairman Towns, Ranking Member Bilbray, Congresswoman Maloney, and members of the Subcommittee on Government Management, Organization and Procurement.

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

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

With funds from the CDC, we collaborated with the New York State Department of Health to examine whether there was an increase in the rate of new respiratory

symptoms. The study was designed, implemented and completed 16 months after 9/11/01 and the results have been reported in two publications (Reibman et al. The World Trade Center residents' respiratory health study; new-onset respiratory symptoms and pulmonary function, Environ. Health Perspect. 2005; 113:40-411. Lin et al. Upper respiratory symptoms and other health effects among residents living near the world trade center site after September 11, 2001, Am. J. Epidemiol. 2005; 162:499-507). We surveyed residents in buildings within one mile of Ground Zero, and, for purposes of control, other lower-risk buildings approximately five miles from Ground Zero. Lung function testing, consisting of screening spirometry, was performed in a subgroup of individuals in the field. Analysis of the 2,812 residents in the exposed area revealed that approximately 60% 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. To address this question, we examined whether symptoms persisted in the month preceding completion of the survey (8-16 months after 9/11) with a frequency of at least twice/week. Such new-onset and persistent symptoms as eye irritation, nasal irritation, sinus congestion, nose bleed, or headaches were present in 43% 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 increase in new onset, persistent cough, daytime shortness of breath, and a 6.5-fold increase in wheeze (10.5 % of exposed residents versus 1.6% of control residents respectively). These respiratory symptoms resulted in an almost two-fold increase in unplanned medical visits and use of medications prescribed for asthma

(controller and fast relief medications) in the exposed population compared to the control population.

There were some potential limitations to our studies. 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 (approximately 23%). One must keep in mind that during the time of the study, the postal service was not functioning in Lower Manhattan and often mail did not reach residents – we resorted to hand delivery. Residents were moving in and out of the buildings, were emotionally distraught, and were being bombarded with a variety of forms for housing services, clean-up services etc. Our response rate, though low, is comparable to that of the 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 new onset symptoms in the immediate aftermath, with persistence of symptoms in the year after the event. Our findings are similar to those now described through the NYCDOHMH WTC Registry.

Do these symptoms persist today, five years after the attack and some three and a half years after our study? When it comes to residents and local office workers, we have little information. The NYCDOHMH WTC Registry, which was implemented after our study was completed, and closed in 2004, found a similar pattern of symptoms in residents and office workers, but did not address the issue of persistence. This question

is now being addressed with a second study implemented by the NYCDOHMH WTC Registry and we look forward to the results, which will help shed light on this question.

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

To date, we have evaluated and are treating over 1000 individuals. In the past month alone, with minimal outreach, we received over 400 calls to enter the program. We have a wait list of hundreds. These requests are from local residents of diverse socioeconomic status, some of whom were evacuated, but others who were left in their apartments, with no place to go. We also receive calls from office workers, many of whom were caught in the initial dust cloud as the towers disintegrated and then later returned to work. And we have a large contingency of clean-up workers, the individuals who removed the layers of dusts that had infiltrated the surrounding commercial and office spaces in order to allow the city to function.

An individual has to have a physical symptom to enter our program; we are not a screening program for asymptomatic individuals. Most of our patients have symptoms that began after 9/11 and consist of upper respiratory symptoms such as sinus congestion (45%), or lower respiratory symptoms, such as cough (52%), shortness of

breath (65%) or wheezing (36%), for which they are still seeking care, five years after 9/11. Whereas many of these individuals have symptoms that can be treated like asthma, others have a process in their lungs that we do not fully understand and may consist of a granulomatous disease of the lung like sarcoid, or fibrosis, which is a scarring in the lungs. And although we call ourselves a "treatment" program, many questions remain. We do not know how best to evaluate and monitor the symptoms. We do not know which medications work best. We do not know how long we will need to treat these individuals and if the symptoms will completely resolve. We do not understand the underlying mechanism or pathology of the symptoms. Only rare individuals, those with atypical presentations or a failure to respond to treatment, have had invasive tests, which may help reveal the underlying pathology. Finally, we do not know whether other diseases will emerge, the threat of cancers, particularly those of the blood or lymph nodes, remains a concern. We know that many residents and workers of downtown Manhattan were subjected to environmental insults on a large scale and many will require continued screening and treatment for years to come. Our unanswered questions suggest the continued need for epidemiologic, clinical and translational research studies to help answer these questions.

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

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.)
2006-2011	New York City funding for Bellevue WTC Environmental Health Center

Statement of

David Prezant, MD

Chief Medical Officer, Office of Medical Affairs
Co-Director WTC Medical Monitoring & Treatment Programs
New York City Fire Department

9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders

February 28, 2007

Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement
U.S. House of Representatives

Introduction

Good morning Chairman Towns, Ranking Member Bilbray, Congresswoman Maloney and other members of this Committee. I am the Chief Medical Officer, Office of Medical Affairs, for the Fire Department of the City of New York (FDNY). Along with Dr. Kerry Kelly, who could not be here today, I am the co-director of the FDNY's World Trade Center Medical Monitoring and Treatment Program. Thank you for the opportunity to submit testimony today about the health of our FDNY first responders following their exposures at the World Trade Center (WTC).

On September 11, 2001, in a matter of moments, with the collapse of the towers, 343 of our members perished, hundreds suffered acute injuries and thousands have required long-term treatment for respiratory and mental health conditions. In the weeks and months following 9/11, virtually all of the FDNY first responders worked at the WTC site – amid the debris and dust resulting from the towers' collapse. More than 11,500 firefighters and fire officers and more than 3,000 EMTs and Paramedics took part in the rescue, recovery and fire suppression efforts.

During that time, FDNY workers experienced more exposure to the physical and emotional hazards at the WTC disaster site than any other group of workers.

FDNY Medical Monitoring and Treatment Program:

FDNY's WTC Medical Monitoring and Treatment Program is one of only three Centers of Excellence for WTC Health identified in the just published Mayor's report on the health impacts of 9/11 (http://www.nyc.gov/html/om/pdf/911_health_impacts_report.pdf). FDNY is the Center of Excellence that was the first to provide monitoring and treatment,

is the only Center with pre-9/11 health data on every FDNY member, is the only Center with more than a 90-percent participation rate in this program and is the Center that has been most effective in determining the WTC health effects and publishing scientific data about them.

Physical Health Issues

For those working at the site, respiratory issues surfaced quickly. In recognition of these symptoms, FDNY initiated the WTC Medical Screening and Treatment Program in October of 2001, just four weeks after 9/11. From October 2001 through February 2002, we evaluated more than 10,000 of our FDNY first responders. Since that time, we have continued to screen both our active and retired members for a total of 14,250 FDNY personnel to date. This WTC Medical Monitoring Program has been federally funded through CDC and NIOSH, and has been a joint labor-management initiative. This FDNY program is dedicated to monitoring the health of our members, while the Mount Sinai Consortium addresses the health issues of non-FDNY responders.

Our monitoring programs work collaboratively, partnering with NIOSH. At this time, nearly 9,000 of our FDNY members have participated in a second round of FDNY-administered medical and mental health monitoring.

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

Since our Bureau of Health Services performs both pre-employment and annual medical examinations of all of our members, the WTC Medical Monitoring program has used the results of these exams to compare pre- and post-9/11 medical data. This objective information enables us to observe patterns and changes among members. A significantly higher number of firefighters were found to be suffering from pulmonary disorders during the year after 9/11 than those suffering pulmonary disorders during the five-year period prior to 9/11. Furthermore, 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.

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. Past disasters have taught us that first responders are often reluctant to seek out counseling services, frequently putting the needs of others first. Many times, recognition that they themselves need help may not happen for years after an event. Our goal was to reduce or eliminate any barrier to treatment so that members could easily be evaluated and treated in the communities where they live and firehouses and EMS stations were they work. We also developed enhanced educational programs for our members to address coping strategies and help identify early symptoms of stress, depression and substance abuse.

Nearly 14,000 FDNY members have sought mental health services through FDNY Counseling Services Unit (CSU) since 9/11 for WTC-related conditions such as PTSD, depression, grief, anxiety and substance abuse. Prior to 9/11, the CSU treated approximately 50 new cases a month. Since 9/11 and continuing to this date, CSU sees more than 260 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.

Funding

Through the efforts of the Mayor and New York 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. Additional funding is needed to provide for long-term monitoring because in environmental-occupational medicine, there is often a significant lag time between exposures 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.

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

Conclusion

The 343 who perished at the World Trade Center are tragic reminders of the risk they all took that day by just doing their job. Concerns for the long-term health and future of those who survived that tragedy remain. The commitment to long-term funding, for both monitoring and treatment, must be made now to allow the FDNY WTC Health

Center of Excellence to plan for the future in order to protect and improve the health of our workforce (both active and retired) and to inform lesser exposed groups (and their healthcare providers) of the illnesses seen and the treatments that are most effective. Continued funding for and operation of this Center of Excellence -- the FDNY WTC Medical Monitoring and Treatment Program -- is the most effective way to do this. Alternative fee-for-service plans will fail to provide effective treatment to large numbers of affected FDNY members, will not be cost-effective and cannot provide the comprehensive data analysis we need to inform the public, scientists and government officials, all of whom need this information.

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

Statement of

Eli J. Kleinman, MD

Supervising Chief Surgeon
New York Police Department

9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders

February 28, 2007

Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement
U.S. House of Representatives

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

The NYPD Medical Division is now completing two five-year studies of WTC-related conditions - one involving its Emergency Services Units, and a second, following other members of the department with new-onset, or persistent symptoms. In addition, in an effort to expand the network of options available to its employees early on, the NYPD established liaison programs with Columbia University (Project Cope), for psychological evaluations and treatment, and the Mt. Sinai Medical Center, for the evaluation and treatment of respiratory conditions, as well as encouraging enrollment in the World Trade Center Health Registry and Project Liberty and the NYPD's peer support groups.

The initiatives undertaken by the NYPD to date have been entirely self-sustained, without benefit of any Federal funding, while projected costs for continued monitoring and treatment have been estimated to be approximately $15M annually. Even at this early stage over 2500 medical claims have been submitted for WTC-related illness or injury by NYPD personnel, encompassing respiratory, orthopedic, psychological, gastro-intestinal, hearing and other symptoms, 104 NYPD members have retired with disabilities due to

these conditions, and over 300 disability applications potentially stemming from WTC-related causes, currently await finalization.

The importance of obtaining funding for continuation of these efforts cannot be over-emphasized. The 34,000 exposed members of the NYPD represent a most important, and unequalled source of medical information, waiting to be examined. The ability of the NYPD Medical Division to monitor and track the health status of its members, observe emerging symptoms and disease trends, and relate them to time and place of exposure, are unique. Data and disease trends and syndromic surveillance emerging from this large group, which represents a true cross-section of the City's adult population- will be of great importance to the scientific and medical community, and will be vital for epidemiologically assessing medical and psychological issues, for years to come. It will also help those in government responsible for preparedness, to better plan and execute large-scale programs, in the event of another urban catastrophe.

The NYPD, along with its sister agencies, was present in force from the first moments of this great national tragedy, lost some of its finest on that dark day, and continues to deal with the medical and psychological consequences since. In order to do so adequately, and for the sake of the wider public good, the NYPD cannot hope to do it alone. It will require--and deserves-- national assistance.

Mr. TOWNS. Thank you very much, Deputy Mayor Skyler and also Deputy Mayor Gibbs, for your testimony.

Now we will move to Dr. Herbert.

STATEMENT OF ROBIN HERBERT

Dr. HERBERT. Thank you. Honorable Chairman Towns, Ranking Member Bilbray, Mrs. Maloney and other members of the subcommittee, as well as the members of the New York delegation who are here, Mr. Nadler and Mr. Fossella, thank you so much for inviting me today. My name is Dr. Robin Herbert. I am an associate professor in the Department of Community and Preventive Medicine of the Mount Sinai School of Medicine and currently serve as the Director of the World Trade Center Medical Monitoring Program Consortium Data and Coordination Center.

In light of our growing understanding of the health consequences that have resulted from an unprecedented attack on the Nation, it is an apt time to take stock of how well we as a Nation care for World Trade Center responders and the many others who have fallen ill or may become ill in the future. The environment in lower Manhattan following the collapse of the Twin Towers was unlike anything previously witnessed. But caring for affected populations of critical need is not unprecedented nor unearned by those involved with this particular tragedy.

It is estimated that well over 50,000 people worked or volunteered in the aftermath of the attacks in and around the World Trade Center area and the Staten Island landfill. This group included both traditional first responders, such as firefighters, police officers, paramedics, but it also included a large and very diverse population of other responders, heavy machine operators, laborers, iron workers, many others from the building inspection trade, telecommunication workers, transit workers, sanitation workers and a wide range of volunteers.

Our Nation has celebrated these responders as heroes. Unfortunately, in the course of their selfless work, they have been exposed to a complex mix of toxic chemicals and to physical hazards and extreme psychological trauma. Because of this many suffer from persistent respiratory and mental health consequences, as well as a chronic sequelae of injuries.

I think many of us here at the table agree that the physical and mental health consequences of the disaster have been very well documented. We, from Mount Sinai, were proud to release in September 2006 a report that detailed findings from our federally funded program. We examined 9,442 World Trade Center responders between July 2002 and 2004. Among the key findings, fully 69 percent of the responders reported having new or worsened respiratory symptoms at the time of their response work. Fifty-nine percent still had those symptoms as long as 2½ years after September 11, 2001.

In particular, one of the most worrisome findings, I think, was an increased rate of breathing test abnormalities when compared with the general U.S. population. In our non-smoking patients, we found five times the expected rates of a breathing test abnormality called low forced vital capacity. This is a finding that can be caused by a number of different conditions. It can be caused by asthma

with something called air trapping, it can be caused, frankly, by being overweight. But it also can be caused by interstitial lung disease of the type that unfortunately we know that some responders have already developed and unfortunately a few have died from.

When this kind of abnormality is found, this is a screening test. What you need to do is then go and followup to figure out, what is the cause of that abnormality. And that is the reason that I believe, and I believe that my colleagues, certainly the physicians with whom I have worked, Dr. Reibman and Dr. Prezant, feel very strongly that centers of excellence are the way to go to take care of responders. We see a responder with a low force vital capacity, we need to get that responder rapidly into treatment with diagnostic tests and with somebody who is an expert in World Trade Center-related diagnosis and treatment to find out what the cause of the problem is. I would certainly say the same would be for residents, not just responders.

We have also found that in our treatment program, there are very similar types of patterns of disease as has been seen and reported in other groups. In our treatment program at Mount Sinai, where we have seen over 3,600 responders, 86 percent have upper respiratory problems that are not going away, such as sinusitis. Half have lower respiratory problems, such as asthma. About a third have problems like gastrointestinal conditions. Almost a third have persistent musculoskeletal problems from injuries and almost 40 percent have persistent mental problems. So this is, again, this is 3,600 people receiving medical care to date for these problems.

We have also found in our treatment program that 44 percent have no health insurance. If we didn't have our federally funded treatment program now, and if we hadn't previously had philanthropically funded programs, these folks would have nowhere else to go.

In addition to the 44 percent uninsured, about 20 percent are under-insured. So access to medical care for responders has been a huge difficulty.

Basically at this point, given what we know about the health consequences of the disaster, we believe that regular monitoring and screening examinations and treatment will be necessary for responders for their lifetimes. We would advocate a program in which we are able to develop, actually what we have done is develop an approach to medical care of responders where we link screening examinations to treatment and to disease surveillance. Because the idea is that you want to do the screening exams to identify health problems early and get people into treatment. But you also want to be able to use the information from those examinations to identify emerging disease patterns. Because we know that responders have been exposed to a range of toxins, including cancer-causing agents such as asbestos, PCBs, dioxins, and we frankly do not know what the long-term health consequences will be for the responders.

Because of that, again, we advocate the centers of excellence model. Right now what we do is we offer standardized comprehensive examinations to identify both possible World Trade Center-related physical and mental health consequences. We then gather the information on the health impacts and get people into treatment.

We feel that dissemination of information derived from the disease monitoring and screening and treatment is really important to improve treatment for World Trade Center responders. And we are so grateful that we have received Federal funding to date to do these activities.

In 2002, Mount Sinai received funding for the World Trade Center worker and volunteer medical screening program in response to growing concerns about health effects among responders. And our program based at Mount Sinai coordinates a consortium throughout New York, New Jersey, Long Island and nationally. That program has been continued as a medical monitoring program. We have seen over 20,000 responders to date, more than 7,000 have had followup examinations. We have seen people from all over the United States. We have been working with a variety of programs to provide national exams, and have examined more than 800 responders nationally. It is very challenging, and I really appreciated your comments earlier today about that.

Recently the funding that we have received has enabled us to add treatment to our medical monitoring program. This integration has been critical in affording responders streamlined access to high quality standardized and diagnostic and treatment services with clinicians who have unsurpassed diagnostic and treatment experience. Thus, needed service provision for responders and programs have already been developed and established with successfully operating federally funded initiatives. The New York Fire Department and Mount Sinai centers of excellence are led by NIOSH-CDC and are coordinated and operated by expert clinicians well versed in the complex nature of World Trade Center health effects and outcomes.

The existing programs are models and they need to be preserved and expanded for the sake of those affected. Today we must choose to continue to help thousands of those affected by September 11th as we are best able, through coordinated, experienced and expanded World Trade Center centers of excellence, by providing responders with excellent medical and mental health services, we can help them to stay in their jobs or begin to work again. We can help them return to their normal lives and we can provide with some hope for the future.

As you are likely aware, Federal funding for the World Trade Center treatment services is due to run out before the end of this fiscal year. Federal funding for the monitoring program, which was provided for the first 5 years of what we anticipate will be 20 to 30 years of needed funding, will also run out in July 2009. We implore you to keep these programs alive, as a lifeline for the World Trade Center responders.

Thank you very, very much.

[The prepared statement of Dr. Herbert follows:]

TESTIMONY
Before

United States House of Representatives
House Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement

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
9/11 Health Effects: Federal Medical Monitoring and Treatment of Residents and Responders

Washington, D. C.
February 28, 2007

Chairman Towns, Ranking Member Bilbray, and other Members of the Government Management, Organization and Procurement Subcommittee of the Committee on Oversight and Government Reform: thank you for inviting me to testify 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 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 currently serve as the Director of the World Trade Center Medical Monitoring Program Data and Coordination Center at Mount Sinai.

Having recently marked the fifth anniversary of September 11th, it is a fitting time to review what we have learned so far about the devastating acute and long-term health impacts of that day. In light of our growing understanding of the health consequences of the September 11th terrorist attacks on the nation, which affect thousands of Americans – both in the New York metropolitan area and nationally – this is also an apt time to take stock of how well we, as a nation, are caring for World Trade Center responders and others who have fallen ill or may become ill in the future.

It is estimated today that well over 50,000 people worked or volunteered in the aftermath of the attacks in and around the World Trade Center area, and the Staten Island landfill. These included traditional first responders such as firefighters, paramedics, and law enforcement officers, as well as a large and very diverse population of heavy machinery operators, laborers, ironworkers and others from the building and construction trades, telecommunication workers, transportation workers, sanitation workers and volunteers, and others from the public and private sectors. A grateful nation celebrates these men and women as heroes. However, unfortunately, during the course of their selfless work, WTC responders were exposed to a complex mix of toxic chemicals, physical hazards, and extreme psychological trauma which have resulted in well-documented upper and lower respiratory and mental health consequences as well as chronic sequelae of injuries.

In September 2006, we released a paper in the medical journal *Environmental Health Perspectives,* detailing the findings from federally funded examinations of 9,442 WTC responders whom we and our partner institutions had examined between July 2002 and April

2004. I have appended this study for your review, and I would like to direct your attention to a few key findings:

- Among these responders, 69% reported experiencing new or worsened respiratory symptoms while engaged in their efforts in or near Ground Zero.
- At the time of examination, up to 2 ½ years after the start of the rescue and recovery effort, 59% were still experiencing a new or worsened respiratory symptom, a finding which suggests that these conditions may be chronic and require ongoing treatment.
- Rates of both upper and lower respiratory symptoms remained higher than expected, even among responders who began working on or after October 1, 2001.

One of the most worrisome findings was the increased rate of breathing test abnormalities when compared with the general U.S. population. In non-smoking patients from our study we found five times more people than expected to have an abnormally low forced vital capacity, or FVC. A low FVC can be caused by a variety of conditions, including asthma with "air trapping", large body mass, and interstitial lung diseases (scarring diseases of the lungs) of the sort that have resulted in known fatalities among a few WTC responders.

Our findings are consistent with the results of other federally funded programs designed to screen WTC responders for disease. Given what we now know about health consequences of the WTC disaster, regular monitoring/screening examinations for the lifetime of the responder population is essential for the early detection and treatment of these and other potentially devastating diseases. WTC responders were exposed to a broad array of toxins including asbestos, volatile organic compounds, PCBs, dioxins, and pulverized concrete, some of which can cause various cancers and other longer term as well as short-term chronic and severe conditions. Unfortunately, we do not know the complete range of chemicals to which responders were exposed, nor the potential health effects of the combined exposures they sustained. Thus, it has been imperative to develop approaches to the medical care of responders that are linked to disease surveillance efforts and to specialized treatment. By offering standardized, comprehensive examinations designed to identify possible WTC related physical and mental health consequences of the disaster, we can screen to find diseases early and improve health by initiating treatment early. Additionally, we can gather composite information on the health impacts of the disaster so that we can identify disease patterns early. Early identification of disease patterns will provide knowledge that will be critical to the responders themselves, because it can be used to target screening examinations to identify emerging diseases with the goal of providing early diagnosis for the responders. Dissemination of information derived from

disease monitoring in screening and treatment can then be used to improve treatment of WTC related illnesses. The ultimate goal is to prevent death and disability and to improve quality of life for those who gave so much. We greatly appreciate the federal funding that has been provided to date, which is supporting this model by funding screening/monitoring examinations and follow up testing and treatment.

In April 2002, the Mount Sinai Medical Center received funding to establish the World Trade Center Worker and Volunteer Medical Screening Program in response to growing concern about health effects among WTC responders. The Screening Program was operated as a consortium of regional Centers of Excellence and a national program that provided uniform, free, comprehensive screening examinations for WTC responders. These examinations, focused on identifying possible WTC-related physical and/or mental health conditions. The Screening Program expanded to become the World Trade Center Medical Monitoring Program in July 2004 thanks to additional federal funding. This funding will allow for screening examinations for responders every 18 months until 2009, at which time the program will come to an end unless federal funding is renewed.

Thanks to this federal support, over 20,000 WTC responders have received an initial medical screening exam to date through the Mount Sinai-coordinated consortium of occupational medicine providers. While the majority of responders examined reside in the New York/ New Jersey metropolitan area, a number of responders also hail from across the country. Indeed, responders came from as far away as California to assist in the rescue and recovery effort. Even now, over five years since 9/11, about 400 new participants register to receive baseline screening examinations each month. Thanks to federal support, over 7,250 responders have also received at least their first follow-up or comprehensive monitoring examination.

Presently, responders found to have possible WTC related physical or mental health consequences are referred immediately into the Specialized WTC Treatment Program arm of the Medical Monitoring and Treatment Program. Until November 2006, these treatment programs were sustained only by generous but limited philanthropic funding. This federal funding has been a major boon to the WTC responder population by allowing the Treatment Programs to expand services and, at Mount Sinai alone, bring in an astounding 100 new patients per month. However, as you are also likely aware, that funding is likely to run out, before the end of this fiscal year. Federal funding for the first five years, of a 20 to 30 year medical monitoring program, is scheduled to likewise run out by July of 2009.

The findings from the Medical Monitoring Program are underscored by the spectrum of disease seen among responders attending the Treatment Program arms of the New York/ New

Jersey consortium clinical centers. The most common conditions seen among responders in treatment to date more than echo those seen in the larger Monitoring Program population. Mount Sinai's WTC Health Effects Treatment Program is the largest of the five Consortium Clinic Treatment Programs and has provided medical services for some 3,000 patients to date, as well as social work services provided to some 2,200 patients. (There is substantial overlap between these two populations). Of treatment program patients seen from August 2006 to December 2006:

- 86% were diagnosed with an upper respiratory condition, such as chronic sinusitis;
- 51% were diagnosed with a lower respiratory condition, such as asthma and WTC cough;
- 32% were diagnosed with a gastrointestinal condition, predominantly gastroesophageal reflux disease;
- 29% were diagnosed with a musculoskeletal condition, often the result of an injury sustained while working on "the pile"; and
- 38% were diagnosed with a mental health condition, including PTSD, anxiety, or depression in addition to their physical ailments.

Sadly, most patients seen in the program suffer from multiple WTC-related conditions. This complicates the management of their conditions, as well as their access to certain benefits like Workers' Compensation. Indeed, access to adequate healthcare has been a major problem for many Mount Sinai Treatment Program patients. More than 44% of our patients are uninsured. An additional 23% are underinsured. The Treatment Program patients comprise a particularly vulnerable population – one that is in need of a comprehensive program that provides medical and mental health coverage, is available in their native language, and is not reliant on private insurance. For our patients, the services provided through philanthropic and federal funds have been a lifeline, and the importance of this program will only increase with the passage of time and the potential emergence of disease.

Since the inception of the World Trade Center Worker and Volunteer Medical Screening Program, the first federally funded screening program established by Mount Sinai in April 2002, and a parallel program established by New York City's Fire Department, it has been clear how the existence of these programs have benefited responders as an appropriate national response and one critically necessary to operate well into the future.

- The benefits of and need for appropriate diagnosis of and treatment for WTC-related conditions based on the collective experience of occupational and environmental medicine specialists has been established.

- The benefits of developing the programs based on the direct input of the affected populations, including organized labor, is established.
- The need for treatment with no out-of-pocket cost for those affected is established.
- The need for long-term medical monitoring is established.
- The need for an active system of disease tracking and surveillance in order to identify and treat emerging diseases while they are still treatable is established.

Our program has been designed and implemented to provide the greatest benefits and meet the demonstrated needs of our patient population. We believe that our program, and the lessons we have learned in the wake of September 11th, should help guide future disaster response.

The programs provide a comprehensive, standardized approach to providing the physical and mental health monitoring and treatment so desperately needed by WTC responders. Just as importantly, the clinical data collected and aggregated from these clinical programs provides an opportunity to come to a scientific understanding of the health effects of the horrific exposures sustained in the months following the terrorist attacks. This information benefits not only participants of our program, but also others who may not be eligible to participate in this or any monitoring and treatment program, in that it can guide the care provided by healthcare professionals across the country.

From the beginning, the FDNY and NY/ NJ Clinical Consortium programs have worked together to ensure that all responders receive the same standard of care. As we move forward, plans are already underway to allow for the expansion and integration of the existing Treatment Programs into the Monitoring Program. This integration affords patients streamlined access to high quality, standardized diagnostic and treatment services with clinicians who have unsurpassed experience in identifying and treating WTC-related illnesses. Previously, patients had to wait months to begin treatment; now that wait has been eliminated because physicians can prescribe much-needed medications during a monitoring examination. Perhaps most importantly, we are already working to put in place a system in place to monitor for so-called sentinel health events among treatment program patients.

The current working model is structured as a consortium of Clinical Centers of Excellence and a Data and Coordination Center – a model particularly well suited to dealing with unique medical conditions or unusual exposure situations in that clinicians gain unique expertise in dealing with affected patients. Similar models have been used by a number of federally funded programs with great success, including programs funded by the FAA, the Department of Energy, the National Security Agency, and the Department of Homeland Security. The WTC Program

Clinical Centers are located at Mount Sinai, Bellevue/NYU, SUNY Stony Brook, Mount Sinai Queens Hospital, and UMDNJ. They are staffed by clinicians with unparalleled experience in identifying and treating the conditions associated with exposures sustained following the attacks. The Data and Coordination Center is located at Mount Sinai, and it acts as a centralized clearinghouse of information by coordinating the activities of the Clinical Centers, facilitating the dissemination of best practices, and compiling and analyzing the data gathered during each examination. While there are other models of providing this care, we do not believe that they can ensure the same levels of clinical care and expertise of our current model.

The need for a permanent source of funding for ongoing monitoring and treatment for responders is clear. While private philanthropy has been an important vehicle helping to pay for treatment in the past, it is certainly not a sustainable solution. Some have proposed that we use solely private health insurance to cover the costs of treatment, but our experience with the Treatment Programs has indicated that this is also clearly not viable. The rates of uninsurance and underinsurance among those seeking treatment are already high and, as responders become more ill, they are likely to lose their insurance altogether. In addition, Workers' Compensation poses great obstacles for responders seeking timely treatment. In our experience, it can take years for a case to be established, and even then there are restrictive rules imposed on patients. For example, a patient in need of a sinus CT scan must, under the general New York State Workers' Compensation Law, get pre-approval because of the expense of the procedure. The pre-approval process can take months, effectively delaying the timely diagnosis and treatment necessary for adequate care. To date, the number of responders who have needed hospitalization has been relatively low, but we also expect this number to increase over time. Many responders are non-English speaking and their monitoring and treatment requires additional translation efforts, currently provided by these programs. Future program plans need also consider a potential diffusion of the responder population around the United States.

Because of the extremely complex and hazardous nature of exposures sustained following the attacks, we also expect to see new morbidities develop over time. While the exact extent of the health effects of WTC exposures is not fully known, it is known that responders were exposed to a wide range of toxins, including cancer causing agents and substances that can cause long term respiratory problems. 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. It is absolutely essential that responders receive periodic standardized examinations for the rest of their lives to identify newly emerging conditions and to monitor the persistence of currently observed WTC-related conditions.

However, it is equally critical that monitoring be coupled with treatment which allows patients access to state-of-the-art diagnostic services and treatment by clinicians well-versed in the complex nature of WTC health effects and outcomes.

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. I hope that my comments today will serve as a reminder of the long-term and widespread impacts of this disaster, and of the need for a continuous program which gives these men and women the care they deserve.

Thank you.

Mr. TOWNS. Thank you.
Mr. Bethea.

STATEMENT OF MARVIN BETHEA

Mr. BETHEA. Good afternoon, Mr. Chairman. I would like to take this time to thank our elected officials for giving me the opportunity to testify at this hearing.

My name is Marvin Bethea and I was a New York City 911 Paramedic for the private hospitals. When I was dispatched by the New York City Fire Department from the borough of Queens to respond to the World Trade Center, I did. As I crossed the 59th Street Bridge, I was informed by phone that a big jetliner had crashed into the second tower. We knew that this was no accident, this was a terrorist attack.

Did we say, "We shouldn't go to this, it is a terrorist attack?" Absolutely not. Because we understood we had a duty to act and a responsibility to protect the city, State and country that we loved so much. I survived the collapse of both towers, and here we are 5 years later and we are fighting for health care and financial compensation. Can you imagine if it took me 5 years to respond to the World Trade Center? What would my city, State and country think of me? I, like so many others, did what President Kennedy asked of us when he said, "Ask not what your country can do for you; ask what you can do for your country."

What did doing for our country get us? We got sick, we got injured, and financially ruined. I went from being a happy, hard-working paramedic to becoming a disabled paramedic with numerous health problems. The last I worked was January 8, 2004. I went from taking two medicines, as you see before you, to currently now I am taking 15 medicines. And yet they say we are not sick. I am a broken man that has been given a slow death sentence. And I pray to God every day that I don't develop any new health problems, like cancer.

I saw and heard my government promise on a city, State and Federal level that we wouldn't be forgotten. They forgot. You can't tease us now by allocating some funds for treatment that will only last maybe a few months. People are starting to get treatment, only to be threatened with the fact that it may not last for only a few months. That is cruel. This is equivalent to man who hasn't eaten for the past 3 weeks and now you give him steak. You ask him, do you like that steak? And he has three bites out of that steak and tells you that it is the best steak he has ever had, and then your response is, enjoy it, because you are not going to get any more. Like I said before, that is very cruel.

I am extremely grateful for the $25 million President Bush has pledged. Here is the problem with that. Senators Clinton and Shumer's 9/11 Heroes Health Improvement Act calls for $1.9 billion in funding. Giving $25 million, it is like me asking you, can I borrow $100,000 and you say, see me today and I will take care of you. When I see you, you give me $10 and act as if you are doing me a favor. It is imperative that treatment centers like the Mount Sinai Health for Heroes Program are continually funded. Mount Sinai and other programs like them are for occupational health

doctors. These doctors are specially trained and know what to look for and treat the horrible things that we have been exposed to.

Financial compensation is another absent component of this equation. It is no fault of our own that we cannot work any more. We need to pen up the 9/11 Victims Compensation Fund like it was. What good is treatment if I am sleeping in my car and I have lost my family? If I don't have high blood pressure or depression, I will have it now for sure. The military has a saying, we leave no soldier behind. September 11th was an act of war against this Nation. You must not leave anyone affected by 9/11 behind.

I would like to take a special opportunity to thank the elected officials that I have personally worked with, Senator Clinton, Congresswoman Maloney, Congressman Fossella, Congressman Nadler, Congressman Hinchey and Congressman Shays for their support and staying with us. God bless all of you.

Thank you again for this opportunity.

[The prepared statement of Mr. Bethea follows:]

Statement of Marvin Bethea, 9/11 First Responder, Paramedic
To the House Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement
Hearing on 9/11 Health Effects: Federal monitoring and Treatment of Residents and Responders
Washington, DC
February 28, 2007

Good afternoon. I would like to take this time to thank our elected officials for giving me the opportunity to testify at this hearing. My name is Marvin Bethea, and I was a NYC 911 Paramedic for the private hospitals. When I was dispatched by the NYC Fire Department from the borough of Queens to respond to the World Trade Center, I did. As I crossed the 59th, I was informed by phone that a big jetliner just crashed into the second tower. We knew this was no accident this was a terrorist attack.

Did we say, "We shouldn't go this is a terrorist attack"? Absolutely not, because we understood we had a duty to act and a responsibility to protect the city state and country that we love so much. I survived the collapse of both towers. Here we are five years later and we are fighting for healthcare and financial compensation. Can you imagine if it took me five years to respond to the World Trade Center what would my city, state and country think of me? I, like so many others, did what President Kennedy asked of us when he said "Ask not what your country can do for you ask what you can do for your country."

What did doing for our country get us? We got sick, injured and financially ruined. I went from being a happy, hard working paramedic to becoming a disabled paramedic with numerous health problems. The last day I worked was January 8th 2004. I went from taking 2 medicines before 9/11 to taking 15 medicines (show medicine chart). I am a broke man that has been given a slow death sentence. I pray to God every day that I don't develop any new health problems like cancer. I saw and heard my government promise, on a city, state and federal level, that we wouldn't be forgotten. They forgot. You can't tease us now by allocating some funds for treatment that will only last maybe a few months. People are starting to get treatment, only to be threatened with the fact that it may last only for a few months. That is cruel. This is equivalent to a man who hasn't eaten for the past three weeks and now you give him a steak. You ask him, "Do you like that steak?" after he had three bites of the steak and he tells you that it's the best steak he ever had, and your response is, "Enjoy it because you are not get anymore." Like I said before, this is very cruel.

I am extremely grateful for the $25 million President Bush has pledged. Here is the problem with that: Senators Clinton and Schumer's 9/11 Heroes Health Improvement Act calls for $1.9 billion in funding. Giving $25 million is like me asking you, "Can I borrow $100,000?" and you say, "See me today and I will take care of you." When I see you, you give me ten dollars and act as if you are doing me a favor. It is imperative that treatment centers like Mt. Sinai Health For Heroes Program are continually funded. Mt. Sinai and

other programs like them offer occupational health doctors. These doctors are specially trained and know what to look for, and treat the horrible things we have been exposed to.

Financial compensation is another absent component of this equation. It is no fault of our own that we can't work anymore. We need to open up the 9/11 Victims Compensation Fund like it was. What good is treatment if I am sleeping in my car and I have lost my family? If I don't have high blood pressure or depression, I will have it now for sure. The military has a saying, "We leave no solider behind." 9/11 was an act of war against this nation. You must not leave anyone affected by 9/11 behind. Thank you.

Mr. TOWNS. Thank you very much, Mr. Bethea, for your moving testimony.

Mr. Sferazo.

STATEMENT OF JONATHAN SFERAZO

Mr. SFERAZO. Chairman Towns and our bipartisan subcommittee congressional members, I say thank you. Hello, everyone. I am honored to have been asked to give testimony today to the experiences I have had with the September 11, 2001 tragedy. My name is Jonathan Sferazo, I am a disabled union iron worker from Local 361, Brooklyn, NY. We have created the metropolitan area's skyline.

I responded to the disaster on the morning of September 12th. The Brooklyn Battery Tunnel was our avenue of approach. We opened up West Street with the removal of collapsed cars and trucks and debris, all the way to the South Tower. I am typical of anyone who stayed approximately 29 to 32 days at that site. My medical and psychological conditions are reactive airway disease, restrictive airway disease, sinusitis, continual lung infections, PTSD, anxiety, depression, sleep apnea, and gastroesophageal reflux disease.

None of this you would have expected from someone who ran a 5 minute and 30 second mile when I was in high school. I never had a pulmonological problem, and I want everybody to make sure they understand that, prior to 9/11. Nor would I ever have been certified by the New York State Department of Environmental Conservation for wildland search and rescue, certified by the New York State DEC and Stonybrook.

So you see, I went to Ground Zero because I wanted to help find and save human life. If I am to be the voice of the responder, then know that I am outraged by the lack of responsibility and the loss of obligation that this administration has taken toward us. We are clearly being shown that we are expendable. President George Bush came to the Trade Center site and told us, we will never forget. Mr. Chairman, he forgot, sir.

We want to know if those of us who are so severely afflicted have to lose all we have worked for to be eligible for social services or if we will ever be given what we were promised?

We have heard too many times, as I have heard here today myself, why weren't you wearing a mask? Now, hear my answer and the answer loud and clear. Because we were given paper masks after several days that continually clogged up and we were told by our mayor at that time, and I am not referring to our Mayor Bloomberg presently, members of the Centers for Disease Control, members of the EPA and Christy Todd Whitman that the air quality was acceptable.

Also, I ask you to put yourself in our place. When we got to the Trade Center site, most of us had never been thrown in this kind of a situation before. You had fighter jets flying overhead with their sonic boom, helicopters hovering above the skyscrapers. You had emergency whistles blaring above the noise of the equipment that we were operating, military personnel, police. Do you honestly think, and I look at you all and ask you directly, do you honestly think, knowing that there were people in that pile, do you think

we were concerned with our health, after we had been given a silent message that it was safe and acceptable?

I am here today, Mr. Chairman, Members of Congress, and all the members who are listening to this voice of mine, I am here because I care and I have cared from the beginning. If I didn't, I never would have gone down there. We are trying, because of our experiences, to get this much-needed health care. Marvin Bethea and myself, we created a not-for-profit organization called the Unsung Heroes Helping Heroes. We are a licensed 501(c)(3) and we did this because we saw no response from our administration and we saw the funding was going to be running out, starting in 5 years.

I am also here to express the outrage from all of us that were involved in that disaster in that something hadn't been done immediately. I thank everybody here for their involvement and for hearing me today.

[The prepared statement of Mr. Sferazo follows:]

Statement of Jonathan Sferazo, disabled Union Iron Worker
To the House Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement
Hearing on 9/11 Health Effects: Federal monitoring and Treatment of Residents and Responders
Washington, DC
February 28, 2007

Hello everyone, I am honored to have been asked to give testimony today to the experiences I have had with the September 11th, 2001 tragedy.

My name is Jonathan Sferazo, I am a disabled Union Iron Worker from local 361, Brooklyn, New York. We have created the Metropolitan Area's Skyline. I responded to the disaster on the morning of 9-12-01. The Brooklyn Battery Tunnel was our avenue of approach. We opened up West Street, with the removal of Collapsed Cars and Trucks to the South Tower. I am typical of other's who stayed approx 29-32 days at the site, and my medical and psychological conditions are Reactive Airway Disease, Restrictive Airway Disease, Sinusitis, Continual Lung Infections, P.T.S.D., Anxiety, Depression, Sleep-apnea, and Gastro-esophageal Reflux Disease...none of this you would have expected from someone who ran a 5 minute and 30 second time in the mile when I was in school. I never had a Pulmonological problem prior 9-11 or I would have never been certified by the N.Y.S. Department of Environmental Conservation for Wild-Land Search and Rescue. I went to Ground Zero because I wanted to help find and save Human life.

If I am to be the voice for the responder, then know that I am outraged by the lack of responsibility and loss of obligation this Administration has taken towards us. We are clearly being shown that we are expendable. George Bush came to the Trade Center site and told us "We Will Never Forget".....Well, we feel he forgot.

We want to know if those of us who are so severely afflicted have to loose all we have worked for before we are eligible for Social Services or will we ever be given what we were promised?

We have heard too many times, "Why weren't you wearing a mask?" Now hear the answer loud and clear, "Because we were given paper masks that clogged-up very easily and that was if you could get one, and we believed in our mayor [at that time], members of the C.D.C, members of the E.P.A. and Christy Todd Whitman who represented government telling us the air quality was ACCEPTABLE. Also I ask you to put yourself in our place; fighter jets flying overhead periodically with their sonic boom, helicopters hovering atop the skyscrapers, emergency whistles going-off every time an engineer saw a building shift. Then thousands of responders would run from the Pile toward you, rescue and emergency vehicles making use of their sirens so others could hear over the loud equipment noises, military and police personnel all around you, smoke as thick as pea soup...and then you find a body part. Do you really think you are concentrating on

your health? Especially when your government has given the message all is acceptable and O.K.?

I am here today because I care and have been through the system in trying to get my much needed health care and benefits. Marvin Bethea and I co-founded the Unsung Heroes Helping Heroes along with several others in 2005 because we knew the donations were going to run-out and we saw our government doing very little.

Mr. TOWNS. Thank you very much, Mr. Sferazo.

I will call on the ranking member to go first, then I will call on you, Mrs. Maloney.

Mr. BILBRAY. No, I will yield, Mr. Chairman.

Mr. TOWNS. Mr. Bilbray yields.

Mrs. MALONEY. Thank you. First of all, I really want to thank the chairman and Ranking Member Bilbray for holding this hearing. It is critically important. I requested it, along with my colleague, Vito Fossella. I regret that I was on the floor with a bill that was one that I authored that actually passed, which was exciting, also very important to the city of New York, the CFIUS process to have a better review of challenges that may harm our homeland security and encourage foreign investment. There is another meeting back on the floor, so I am going to have to get back, I apologize.

I want to thank everybody on this panel. You are really true heroes and heroines. Many of our friends and neighbors who perished on 9/11, they were victims. But the men and women who went down there to work, that was their choice, and to protect and work to save other people. So in my opinion, they are the true heroes and heroines, along with the people that have made a commitment with their life work to help them and to protect them and to try to make them well again.

I have a few questions. I first want to say, we have been making some progress, not enough. We were really pleased with the $25 million that was a placeholder for treatment. This was the first time we had gotten a line in the Federal budget, and we were pleased with it, but I do want to say that it has been a long, hard fight. The administration has really fought us every step of the way. First, they opposed the original $90 million in funding for medical monitoring, then they actually rescinded, it is hard to believe, but rescinded the $125 million in the 2006 budget for 9/11 help. The administration resisted, when the New York delegation worked successfully with our two Senators to restore that funding and to get the first $75 million dedicated for treatment. They fought us when Mr. Fossella and I pushed to have one person put in charge and responsible for 9/11 health. And after the administration finally appointed someone to coordinate the 9/11 health issues, 6 months later, in September they recreated the wheel and started a brand new task force, chaired by Mr. Agwunobi.

Five and a half years after the attacks, we still do not have a plan to monitor everyone who was exposed to the deadly toxins and to treat everyone who is sick. I understand that Dr. Agwunobi made clear in his testimony this afternoon that area residents, workers, and school children would not be included in any plan they came up with. This is unacceptable. Everyone exposed should be monitored and everyone who is sick should be treated. That is the least that we can do as a group as a grateful Nation for the sacrifices of others.

As for maintaining the current programs that you have testified about, I have concerns that for ideological reasons or others that they will not intend to fund the centers of excellence, which many of you represent. Can you tell me why that would be a mistake, not to fund the centers for excellence? I open it up to Drs. Herbert,

Prezant and Reibman, since you are in direct line of these centers for excellence. What would it mean if these centers for excellence were not funded?

Dr. PREZANT. This is Dr. David Prezant from the New York City Fire Department. I very much appreciate your support and your question. We are one of three centers of excellence and also along with the New York City Police Department that have spent a tremendous amount of time taking care of these patients. The New York City Fire Department, each one of these centers of excellence is unique. I am going to talk about the unique aspects of my center of excellence.

The New York City Fire Department is unique for a variety of reasons. Our cohort, our group of 16,000 firefighters, EMS workers and retired firefighters that came to the 9/11 site on those days was the highest exposed group. They were there, most of them, over 2,000 during the collapse, nearly 8,000 during the next 36 hours and the rest of them over the next days of the first week. They continued to work there until the end of the year. They are the group with pre-9/11 data. And because of that pre-9/11 health data, we have been able to compare in an objective fashion, scientifically, what has happened to them after 9/11. We were able to document that in the first year, the average drop in pulmonary function for our work force was 375 milliliters. That is 11 times what we saw annually in the 5 years before 9/11.

Only through a center of excellence with pre-9/11 data and then with longitudinally repeated data, can you come up with that type of science. In the meetings that we had earlier today, before the session went into temporary recess, we heard that there was not adequate science. We disagree with that. The New York City Fire Department has published nearly 20 papers, scientific peer-reviewed papers, documenting these problems. We are very soon going to be coming out with a paper showing that sarcoidosis, a lung disease, was increased in the years after 9/11 in our cohort.

The only way to do that is through a center of excellence that is able to keep the group together. A fee for service program that would destroy the centers of excellence and prevent this work from going forward, both scientifically and from a treatment perspective, in terms of serving our group, providing them the very necessary expert work that Dr. Herbert has been talking about in her testimony.

Mrs. MALONEY. Thank you.

Dr. Reibman, would you like to add to that?

Dr. REIBMAN. Thank you very much for inviting me. Let me begin to answer that by explaining where we are coming from and the group that we have been taking care of. Again, earlier this morning we heard that there is not data, or not adequate data on the health of the population.

Including the residents. And we run an asthma program at Bellevue Hospital, which is a public hospital associated with New York University Medical Center. At that time, we were concerned that there wouldn't be adequate lung protection for the residents in lower Manhattan. So in cooperation with the New York State Department, we were able to document in a controlled study the increase in symptoms of residents living in lower Manhattan, com-

pared to residents a distance away. In fact, there was an almost sixfold increase in symptoms of asthma in the residents who lived in Lower Manhattan.

Because of that, we began looking at a number of community treatment programs for residents that were not funded by anyone in our city or not the Federal Government. A year ago, we were funded by the American Red Cross for our program to care for residents, as well as responders. And this September, we were very pleased to receive funding from New York City to take care of the responders and residents, as well as office workers.

We now currently have a program in place for responders, residents, and office workers, many of whom returned to work 1 week after the collapse of the buildings. What this has enabled us to do, as you heard from both Dr. Herbert and Dr. Prezant, is that we can see people so we can start to understand that there are diseases in individuals who have been exposed. This is particularly important for the residents who may have been going to a diverse number of physicians and may not be plugged into a treatment program. But because we are seeing postures of disease and patterns of disease, it allows us to see the full effects of exposure. That is a very important reason for a center of excellence.

The second reason, we keep talking about treatment, but we actually don't really completely understand what the disease are we are treating or how to treat them. So unless we work with the centers of excellence and work on ways to understand the diagnosis and look at treatment to see whether treatments are working or not working, we will not know how to treat the disease symptoms.

Finally, the third reason for centers of excellence is that we need to continually monitor these diseases. We will not be able to keep up with the emergence of diseases, hopefully not cancerous, but we would like to be ready in case we see that, other diseases that might not be as common, we will not be able to identify those unless we are seeing them in centers of excellence.

Mr. TOWNS. We are going to give a second round, we would be glad to do so. But you are way over your time.

Mrs. MALONEY. I appreciate the chairman's indulgence. I appreciate it very much. Thank you so much for having this hearing. My constituents, I would say, all New York City and all those who suffer are deeply grateful, Mr. Chairman, for your leadership. Thank you.

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

Opening Statement of Carolyn B. Maloney
House Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization, and Procurement
9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders
Washington, DC
February 28, 2007

First, I want to thank my good friend and fellow New Yorker, Chairman Towns, for holding this hearing on the health effects of 9/11. I understand that it will be the first in a series of hearings in this subcommittee, and I look forward to working closely with the chairman on this issue.

We will never forget September 11th. We will never forget the dense plume of black smoke of burning jet fuel, and we will never forget the enormous dust cloud of toxic pollutants. They follow us here today.

Hundreds of thousands of people—including first responders; rescue, recovery, and clean-up workers; volunteers from all 50 states; and area residents, office workers, and school children—were exposed to those toxins. We will hear from two of them today: Marvin Bethea, a paramedic who survived the collapse of both towers and John Sferazo who worked as a union iron worker in the massive cleanup efforts. I want to thank John and Marvin for sharing their stories and illnesses directly related to 9/11.

But John and Marvin are just two examples. A peer-reviewed study by the World Trade Center Medical Monitoring Program released last year found that 70% of 9/11 responders have suffered from respiratory ailments and 60% are still sick. Among those screened, over 40% do not have health insurance and over 20% more are underinsured. Dr. Herbert from the World Trade Center Medical Monitoring and Treatment Program will be updating us on her work with rescue, recovery, and clean up workers, whom she treats day in and day out. Thank you, Dr. Herbert, for being here today and for everything you do for the heroes of 9/11.

And Dr. Prezant is here today representing the New York City Fire Department, which previously published a study documenting a 12-year lung capacity loss, on average, among New York City firefighters who responded to the World Trade Center.

There's no disputing that the health effects of 9/11 are real, and we have two other doctors that can attest to it today: Dr. Reibman who has been dedicated to the treatment of area residents, workers and school children at Bellevue and Dr. Kleinman representing the NYPD, both of whom run programs with no funding support from the federal government.

Dr. Herbert, Dr. Prezant, and Dr. Reibman all represent the absolute best health care we can offer the heroes and heroines of September 11th. They deserve no less than care from Centers of Excellence with occupational health doctors who are specializing in the medical monitoring and treatment of those exposed to the toxins of 9/11. Deputy Mayors

Gibbs and Skyler make clear how important Centers of Excellence are in their report to Mayor Bloomberg, and how we must continue their current monitoring and treatment, and expand it to include all those affected by the toxic air. Thank you for being here, Deputy Mayor Gibbs and Deputy Mayor Skyler, to talk about Centers of Excellence, in addition to all your other well-researched findings and recommendations. The information in your report about the costs of helping those sick from 9/11 will be crucial as we go forward in this fight.

And so, we are inevitably here to talk about the bottom line, to talk about funding. Many of us here in Congress have been fighting for funding for over five years, and I want to make clear again here today that I will not stop fighting until everyone exposed to the toxins of 9/11 is medically monitored and all those who are sick get treatment. We need a comprehensive, coordinated plan to make it happen, and we have to follow through.

To start with, we need to make sure that the programs already in place have enough money to continue through the end of the fiscal year.

I am pleased that Dr. Agwunobi and Dr. Howard are with us. I have a number of important questions for both of you today. But the last time we met was a little over two months ago at a meeting in New York where I learned that federal funding for the treatment through the World Trade Center Treatment Program is expected to run out some time in the summer this summer. I also learned that letters will have to be sent out months before funding runs out notifying the hundreds of participants that their treatment will end. Supposedly, these letters are going to give participants time to set up other health care options. But for the vast majority, there is simply nowhere else to turn for the particular care and treatment that they need. I am extremely concerned that these letters could have devastating effects on people when they find out that their treatment, in many cases their only hope for living, will come to an end because their government just doesn't care.

Since that meeting, I am pleased to say that things have gotten a little better—but just a little. The Administration has, for the first time ever, included $25 million in funding in their FY2008 budget for health treatment for sick and injured 9/11 responders. My good friend Rep. Fossella was instrumental in this breakthrough. However, $25 million is simply not enough. It is clear that much more remains to be done.

I understand that the 9/11 Health Taskforce will finally be coming up with a plan by March. That plan should include responders, area workers, residents, and students. It should also continue the current program of Centers of Excellence so that we can maintain the highest, standardized quality of medical monitoring, treatment, data collection and research. The heroes of 9/11 deserve no less.

I said it a year ago today, and unfortunately, I'll have to say it again now: Too much time has passed while our federal government has sat on the sidelines to watch the heroes of 9/11 become more and more sick. The time to act is now. As the 9/11 responders will tell you, their lives very well may depend on it!

Mr. TOWNS. I appreciate your moving it forward, too. Thank you so much.

I now yield to the ranking member.

Mr. BILBRAY. Thank you, Mr. Chairman.

Dr. Herbert, I will give you the shot.

Dr. HERBERT. Thank you so much.

In addition to Dr. Prezant and Dr. Reibman's comments, I would add a few other things that I completely agree with what they laid out. I mean, first, frankly, I think it would be inhumane to end these programs now. I don't know a better way to describe it.

In terms of the group that we are seeing, which is a very diverse group, and we have in our monitoring program about 15 percent of our patients do not speak English, they work for multiple employers. We have people, as I said earlier, who came in from around the Nation. We would lose the ability to track and identify disease in this very disparate group.

The other thing is that as Dr. Reibman was alluding to, the diagnosis and treatment of World Trade Center illnesses is not straightforward. It is very complex. We are seeing emerging conditions, we don't fully understand the entire nature of what we are seeing. We know at Sinai, we have seen unfortunately responders who have gone to other providers, as Dr. Reibman mentioned, maybe had seen doctors who were not so tuned in to the nature of World Trade Center health problems. We frankly have patients who are being seen by other doctors and were either not ever diagnosed correctly or were misdiagnosed. That has had very serious consequences for some of our patients.

Finally, with respect to the folks, and we are seeing the 20,000 plus responders from the New York, New Jersey, Connecticut metropolitan area and the Nation, we know that our patients are going to age, they are going to retire, they are going to be diffusing across the Nation. If we don't have a center of excellence with the capacity to track people nationally, we will lose the ability to follow that group over time, and they will lose access to the state-of-the-art screening and treatment that we feel they need so desperately.

Mr. BILBRAY. Following upon the long-term impacts, I think we all agree that one of the major things we can do to reduce the adverse impact after exposure has occurred is behavioral activities that may aggravate that. We all know what the No. 1 behavioral activity that aggravates particular exposures are. What percentage of the at-risk population do you think are engaged in smoking at this time?

Dr. HERBERT. I can look in our environmental health perspectives paper that I referred to. It was lower than the population norms. Now, it may have been that people had smoked previously, and have become ill and have stopped.

Mr. BILBRAY. But that is in the past, right? My biggest concern here is what can we do to proactively now to avoid problems in the future? I think there is too much assumption that the damage has been done, and not enough assumption of, there is a whole lot of things we can do now that can help to reduce the risks, not only for those who are exposed, but of future exposure.

Dr. HERBERT. I can pull out the number of smokers in our population. But also I would say, additionally, we have also found that

because our patients are getting depressed, they are also tending to sometimes not eat——

Mr. BILBRAY. Just so you know my background, I was a member of the State Air Resources Board in the State of California. Those of you in New York have been smart enough to follow our leadership on a lot of stuff when it comes to air exposure. [Laughter.]

And the one thing we have run into is that the level of risk for exposure just skyrockets when you fall into the population that is continuing to smoke. I hear you guys are finally catching up with us on the smoking issue, too. I am just wondering if anybody is out there talking about, and this is where we get in the conflict, because the mental health people will justify not doing the cessation programs and actively pursuing getting people off of that behavior, because of the mental health problems that drive them toward the behavior.

Are we talking out there openly and frankly about trying to make sure that those who are exposed get off of the consumption of tobacco products because of the huge increase in exposure?

Dr. HERBERT. I would like to defer the question to Dr. Prezant, who I think has been a leader in that area.

Mr. BILBRAY. OK, Doctor.

Dr. PREZANT. And then of course, if there is time, other people can tell about their cohorts. We actually have asked that question from day one in our cohort in our group of firefighters. We know exactly how many smoke, 15 percent, which is less than the 24 percent that is on average in New York City. We instituted, along with some help from the Department of Health of New York City and various different expert organizations throughout the country. We instituted an aggressive tobacco cessation program in the first year and were able to reduce that smoking rate by half, and continue to offer that tobacco cessation program for free to every one of our members.

But most importantly, in addition to this, and I agree with you completely, long-term health effects may have a synergy with tobacco smoking, we have learned that from California and from every other study.

Mr. BILBRAY. Asbestos exposure.

Dr. PREZANT. Absolutely. But I do want to stress to you one thing and one thing right away, is that we have statistically analyzed the group that is medium sick and the group that is most sick in the New York City Fire Department from the World Trade Center. Tobacco smoking was not a statistically significant co-variant. It will be in the future, and that is why we are taking these proactive steps.

Mr. BILBRAY. I am glad you clarified that, because we know that the impact does not show up in 5 or 10 years. But it will show up in the future. I just think here is one place where a little tough love, and we run into it with firefighters again and again. A little tough love about doing everything we can to get them away from the behavior that is going to hurt them severely, not just treating those things that have happened to them, but what they are doing to themselves, too.

I just bring that up as a child of a victim of tobacco consumption. My father passed away very early in life because he didn't do the

right thing and get off that. But now we have an exposed population that is at such an aggravated risk that there is no justification, they try to avoid it.

Ms. Gibbs, let me shift way over in saying the coordinator that the Mayor wants, what kind of collaborative, how can we coordinate with the coordinator? Where is the coordinator going to go and what is the coordinator's job being proposed for?

Ms. GIBBS. I think this is an example of how the centers of excellence and the registry work will benefit not only the people who are able to walk through the doors of the three centers of excellence, but in fact serve those that are suffering from the conditions who live in places far across the United States. And your example of the treatment regimens that people should be following who have suffered the positions is a good one to bring light to, to how the coordinator will use the resources of the office of health and mental hygiene, the creation of our Web based application that will provide knowledge to not only those who are suffering, but physicians as to what the medical guidelines are to help to assess the conditions and to understand the best treatment interventions.

So the work of the coordinator will be not just to assist those who are in the city government that are working with agencies and continue to have direct contacts, but are living far and wide and need to be kept abreast with the latest developments.

Mr. BILBRAY. Thank you very much. My time has expired.

Mr. TOWNS. Thank you very much.

Let me just ask a few questions, then we will go to our colleague from New York. Let me begin with you, Dr. Kleinman. I understand that NYPD did a followup study for individuals who were exposed to toxins. What did that study indicate?

Dr. KLEINMAN. Good afternoon, Mr. Chairman and members of the subcommittee. Thank you for permitting me to present our case here.

The NYPD had 34,000 emergency responders since 9/11, all of whom have been monitored and tracked by the NYPD's medical division since that time. In 2002, a study of 644 emergency service members of the Department was performed and the initial results of that study, the preliminary data, revealed that 38 percent of the people who had been tested suffered from abnormalities. Of those 38 percent, approximately 25 percent were respiratory, another 25 percent were psychological, and the remainder were due to either hearing, orthopedic problems or other miscellaneous problems. A second followup study to that study is scheduled for the spring of 2007.

But in addition, the NYPD medical division has undertaken two 5-year followup studies of two cohorts of individuals that represent the largest group of responders that represent a cross-section of the population of New York City. One group of responders are the emergency service workers for whom we have pre-9/11, post-9/11 data. That study should be completed by the end of the summer.

The other 5-year study is a study of other members of the Department who have either persistent respiratory symptoms or new onset respiratory symptoms. That will be completed in the same timeframe.

The importance of these studies, as I mentioned, is that it is the largest group of individuals that responded to the 9/11 attacks at the various exposure sites. It represents the cross-section of the general population of New York. The data that will emerge from those studies will have wide applications and may be extrapolated and may be useful to scientists and physicians in terms of planning for monitoring in the future and for treatment. I cannot over-emphasize the importance of funding that kind of activity. I remind the subcommittee that the NYPD medical division has not received any Federal funding for any of its undertakings. It has been self-sustained since 9/11.

I thank you for the opportunity.

Mr. TOWNS. Thank you very much for your comments.

Dr. Reibman, the Bellevue program is the only program open to residents, office workers and others. Are the conditions in the group the same as what Dr. Prezant and Dr. Herbert are seeing among their group of first responders, workers and volunteers?

Dr. REIBMAN. The Bellevue program is open to people who have symptoms. So it is not a screening program. You have to have some complaint to get into the program. The complaints that we are seeing are very similar to those that have been identified in the FDNY and in the Mount Sinai groups. They consist, again, of sinus, cough, shortness of breath, wheezing and also probably lower extent, but still some gastroesophageal reflux.

Mr. TOWNS. Mr. Bethea and also Mr. Sferazo, you have talked about the problems you have had with health care. Let me ask you this, have you experienced any problems dealing with workers compensation?

Mr. SFERAZO. Mr. Chairman, to answer your question, sir, it has greatly accentuated the problem. And as you ask me this question, about workers compensation, I wish to bring to light that not only has this given us a great deal of stress and has created a multiple amount of further problems, health-wise and psychologically, by the members not getting their workers comp. But due to the fact that some of these afflictions, sympotomatics if you will, are of a latent nature, if I am correct, I am not a medical professional, but I am only speaking from what I am finding out, our Governor of the State of New York in relation to the workers compensation situation, sir, has just created legislation to do away with permanent partial disability.

Now, this, we find, is such a direct blow, because of the latency of the type of afflictions received by many New Yorkers and members who come from other States who have to file through New York workers compensation and their afflictions and symptomatic may not show up for a time to come. And being this is not something, as in my own particular case and in many others, this is not something that we throw to the wind. Because this is not something we take for short-term medical care and we are going to be resolved of that issue. These are going to be long-term health effects.

Mr. TOWNS. Let me switch the question to you, Mr. Bethea. What has that done to your income? Are you making basically the same amount now?

Mr. BETHEA. No, not at all. Before I retired I was making about maybe $95,000 a year. Now I am down to, I get about maybe $40,000, a little less than that. And I live in New York. And again, I lived well, I made a good living, I worked hard. I worked three jobs to make the $95,000, because people say, paramedics making $95,000, maybe I will be a paramedic. But no, that was working very hard with three different hospitals.

But getting back to the workers comp, it has been an absolute nightmare. First of all, I actually had the insurance company, the workers comp company wouldn't pay my company that supplies my medicine. So my medicine was $1,300 a month, so they stopped sending my medicine.

Finally, they did start paying for my medicine, but this is one of the common problems we have. My medicine bill had run up to $8,000. I don't fault the company that supplied the medicine, they have a right to get paid, and the insurance company just would not pay it. I have had to sue my employer just to get information turned over to my union so I could get a disability benefit from my union.

So you have to look at the New York City workers comp system which has been atrocious, as well as, some of the behavior on some of the employers. We are trying to heal and trying to move on with our lives. But with the little basic things that we are unable to get, it is very hard to do that, so this makes you more angry, makes you more depressed and that is really unfortunate, because again, we all stepped up to the plate and did what we were supposed to do that day. Now everyone from the Government, on the city, State and Federal level, well, the city has been showing more progress, I must say, in all fairness. But the State and Federal Government is really lacking. So how do we begin to heal, when we are not getting the basic things that we should be entitled to?

Mr. TOWNS. Thank you both. I really appreciate hearing about that from you personally.

Now, I turn to a person who has probably done more to keep this alive, to make certain that we do not forget what happened on 9/11, and the people that really, really responded and of course, make certain that they get the proper care. He has been fighting very hard, Jerry Nadler.

Mr. NADLER. Thank you, Mr. Chairman.

Let me say, before I start asking questions of this panel, to all of you, it is good to see you again. You are to be congratulated for selflessly taking up this cause and letting people know what is going on, for testifying. And to all the people from Mount Sinai and Bellevue and so forth, we wouldn't be where we are today with recognition, of at least part of the problem, the work that is being done at Sinai and Bellevue and research that has been done over the years helping people, basically eliminated what was a conspiracy by the State and Federal Governments to hide this under a rock, to pretend there was no real problem, not huge numbers of people sick, just wanted the issue to go away and the people to go away. If it weren't for the work that some of the people sitting here had done, we would be debating that question. There is very little denying the reality of this problem.

I also wanted to say that the work being done at the centers of excellence is extremely important. The scientific reasons why we want as much direct response as possible will be obtained through the centers of excellence, for two reasons. No. 1, because you have a lot of doctors who rarely see these symptomatology and they are misdiagnosing and not treating properly some of the subjects. And the centers where they are specializing in these problems are the obvious best treatment modality.

Second, the research component, which is documented. Only if people go through these treatment centers will we get proper treatment and followup for the studies. So whatever we know, we know the funding has to be there. The only way to look at this and recognize this, we have to continue that.

Let me ask you this. First of all, right now, if someone wants to be treated at Mount Sinai, be seen at Mount Sinai, and by the way, we have to obviously make sure that, that is the whole point of this hearing, that there is adequate funding, whether it is the $1 billion figure, or the Mayor's $50 million dollar figure, there has to be annual treatment that is guaranteed for a long time, maybe decades. It should not ultimately be dependent on an annual appropriations cycle.

But let me ask this question now. Let's say someone comes to Mount Sinai, and is treated and is given a prescription for medicines. Who pays for that medicine?

Dr. HERBERT. Prior to the receipt of the Federal funding for the federally funded treatment programs, which was released in November 2006, we were fortunate at Mount Sinai to have received some philanthropic funding. So essentially we had to rely on charity to pay for medication. Now, because there has been funding, Federal funding for treatment of responders, we are able to use that Federal funding to pay for medications. The costs are huge.

Mr. NADLER. So we have to make sure, because I was struck by what Martin Bethea said earlier about the cost of his medications. We have to make sure we deliver funding for the medications, because of paying for the doctors and the equipment.

Dr. HERBERT. May I add something? I think that often there is a perception that if people have insurance it means they have access to the necessary medications. I think any of us, the drug copays alone for some of my patients who have what we consider Cadillac insurance can be $1,500 a month. I know the same is true for FDNY.

Mr. NADLER. Let me ask Dr. Reibman, talk about the work you have done with the studies. Do these studies, do they include people who are basically there on 9/11, or do they also include people who may not have been there on 9/11 but came back to work or live nearby? And have you differentiated, do you have data as to the effects, not as their having been there, but having worked in the area or lived in the area in months or years after?

Dr. REIBMAN. The studies that we have published to date were of residents. They weren't necessarily people who worked in the area, they lived in the area. Some of them, we didn't differentiate in those studies whether they were in the dust cloud or not. Many of them were not in the dust cloud. Many of them moved out of their apartments, or some of them moved out of their apartments

but came back over the next several months. They had to have been back in their apartment by December.

Mr. NADLER. Do you have data with which you could say with any degree of likelihood that there is or is not, in which you can evaluate the impact of people living there after the attack?

Dr. REIBMAN. We cannot do that at this point.

Mr. NADLER. Granted everything that has been said about the necessity and utility, what about people who move away, they go to Florida or go elsewhere, or have come here and then gone back after a few weeks, would it be a good idea to have centers elsewhere. But I presume there will be people who will live elsewhere who will not be subject to, or maybe some who remain in New York, who will not live near a center of excellence. What can we do for those people?

Dr. REIBMAN. We have been thinking a lot about that. This is a really challenging problem. What I think makes the most sense, based on our current health care system within the country, is at least for the responders, the 20,000 plus in our cohort, is that we have mapped by zip code and we know that we have 2,000 plus zip codes, but we also know that many in the country, outside of New York, this is nationally. But within that group there are clusters. So many of the people who are currently in New York are likely to retire to certain areas.

I think that probably the most rational approach, and one that we are working on right now, is to identify sort of mini-centers of excellence that would be connected to the existing centers of excellence that are based at academic medical centers, that we do continuing medical education and work very closely with providers there. I think you need to have oversight, though, central oversight of diagnosis and treatment.

And then I think parallel to that, you would want to work with some network of health care providers who could receive continuous medical education but who would be more geographically accessible for people who live in more outlying regions. I know there is one State, for example, where we have one responder. We are not going to set up a center of excellence there.

Mr. NADLER. Thank you. We are obviously going to reopen the Victims Compensation Fund. We had that, it worked. The Mayor has suggested the $1 billion that is sitting there could be used in there. That would not necessarily be the only funding for it. When we had the Victims Compensation Fund originally, people had a choice, they could go to the Victims Compensation Fund, or they could use the captive insurance fund.

Are you suggesting that the mayor's suggestion to re-establish the Victims Compensation Fund would allow the choice, give people the choice to go to the fund or the captive insurance fund?

Mr. SKYLER. That is a good question, Congressman. What the report recommends is that we eliminate the city's liability, liquidate the captive insurance fund, transfer it to the Victims Compensation Fund. Because we recognize in one sense that resources are scarce. The panel, Deputy Mayor Gibbs and I are sitting before you asking for $150 million, $160 million annually in Federal funding. That is not just for the city, it is for the city, it is for Mount Sinai, the program at Bellevue. We believe that if we had the $1 billion, we want

to use that as basically a first installment in the Victims Compensation Fund. When talking about this, there is a fundamental issue of fairness. I don't see, especially having spent some time with Marvin, John and other first responders, why somebody who is hurt needs to show fault. If somebody is hurt, the Government should help them and we should compensate them for lost earnings, for example. If we don't eliminate the city's liability, the city will need to keep the captive insurance the way it is currently constituted and then have a separate Victim Compensation Fund.

We also can't ever, because we need a long-term solution to this issue, as you suggested in your remarks, this is subject to annual appropriations, to some extent. We need a fund that can exist year to year. We don't know who is going to come forward in the coming years and become a plaintiff against the city. The Victims Compensation Fund that existed could handle that.

Mr. TOWNS. I will have to cut you off. I tried not to.

Let me just ask, just before I go to Mr. Fossella, I must say, I am troubled by something. Why is it all the programs are established in Manhattan? I am a Brooklyn Congressman. I am just curious.

Mr. SKYLER. I believe that the centers of excellence actually have sites outside Manhattan. I believe Robert Wood Johnson in New Jersey, the Mount Sinai program especially is a consortium, although it is known as the Mount Sinai program. It is a consortium of other——

Mr. TOWNS. Where is the one in Brooklyn?

Dr. PREZANT. It is the New York City Fire Department program, that is centered in the world famous Borough of Brooklyn.

Mr. TOWNS. Tell me where.

Dr. PREZANT. Nine Metrotech Center, a few blocks from the Brooklyn Bridge on the corner of Flatbush and Tillery.

Mr. TOWNS. Thank you. I feel a lot better. [Laughter.]

Now I yield to Mr. Fossella.

Mr. FOSSELLA. Where is the one on Staten Island? [Laughter.]

Dr. KLEINMAN. Mr. Chairman, if I may respond, the NYPD's treatment program is set up such that members of the NYPD can seek treatment from the physician of their choice anywhere, and it will be paid for.

Mr. FOSSELLA. Well, let's jump to that NYPD, Doctor. First of all, I didn't say it before, I want to thank my colleague, Carolyn Maloney. She is not here now, but for the record, she has been instrumental in bringing this together. Thanks for your patience throughout this whole hearing, all of you.

How many NYPD participated in the World Trade Center rescue, recovery and cleanup operations, and why do you think it is important for NYPD to get separate funding for monitoring and research of police officers who were exposed on 9/11?

Dr. KLEINMAN. Thank you, Congressman, for that question and the opportunity to respond. The NYPD's brave men and women had 34,000 responders since 9/11, either responding at Ground Zero or at one of the other designated exposure sites. At this time, there have been 2,500 medical claims made by those responders. There are 300 applications for disability due to problems that arise from, potentially have arisen from World Trade Center-related exposures.

As I mentioned earlier, perhaps when you were out of the chamber, the 34,000 members of the largest single responder group that has been exposed, and as such, monitoring, tracking and obtaining data on those individuals is of vital importance to the scientific and medical community and impacts directly on our ability to determine what our appropriate measures for further monitoring and for treatment. The data that will emerge from the studies that will be forthcoming later this year, looking at 5-year followups with pre and post-9/11 data will help inform the medical community and, I daresay, HHS, which is desperately looking for data, will have the largest group that represents a cross-section of the population of the city of New York from which to make some determinations regarding future monitoring and treatment.

Mr. FOSSELLA. Would anyone else like to add to that?

All right. For Deputy Mayor Skyler, two questions. You said that the estimated gross cost to treat those with potential 9/11-related illness is $393 million per year. If you can explain, what does that mean or elaborate. And related to that, you said that the Federal Government will need a minimum of $150 million to fill the gaps in treatment and research for 9/11 treatment and illness. What will that $150 million pay for, and how does it relate to the $393 million figure?

Mr. SKYLER. The $393 million, that figure is essentially an economic impact on the health care system of 9/11. So that includes somebody getting treatment at Bellevue, somebody getting treatment at the Fire Department, a police officer, it can be a resident. But it can also be somebody who worked in lower Manhattan, who lived in New Jersey at the time, was a commuter and possibly even moved to Chicago or another part of the country, but who has an illness because of 9/11 and is seeking care because of that illness, and it associates that cost and the estimate. So it is in a sense a national figure of how much money is being spent in the health care system, based on 9/11 illnesses.

The $150 million request that the report recommends basically says that there are centers of excellence that are working that we need to continue and expand. We see an increased demand for services at Bellevue. We want to make sure we can provide for that, that $150 million assumes that cost. It also says that we need to recognize the Federal Government has not spent a dime on the police department's health monitoring services, and we want to rectify that inequity. It also would expand the mental health services available, with the findings of the report of the widespread mental health impacts of 9/11. And it also will make available a resource to the city to advertise and promote the programs it has, to make resources available through the Internet, and a couple of other smaller recommendations that would have smaller costs than the actual treatment.

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

Mr. TOWNS. Let me thank all of you, we really, really appreciate your testimony. As you have clearly indicated, we still have a long way to go. We look forward to working with you in terms of trying to get there.

So let me thank all of you, and this hearing is adjourned.

[Whereupon, at 3:50 p.m., the subcommittee was adjourned.]

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

Honorable Christopher Shays
Statement on 9/11 health Effects Hearing
Subcommittee on Government Management,
Organization, and Procurement
February 28, 2007

Mr. Chairman, I am grateful you are holding this hearing to improve the monitoring and treatment for individuals who were exposed to the toxins at Ground Zero on September 11, 2001 and in the resulting clean up.

During the last Congress, as Chairman of the Subcommittee on National Security, Emerging Threats and International Relations, I held four oversight hearings on the federally-funded medical monitoring and registry programs that were established following the September 11 terrorist attacks. The witnesses' testimony to the Subcommittee clearly demonstrated the significant health challenges faced by Ground Zero responders, as well as the need for their continued health monitoring.

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 my Subcommittee, long term health registrants were improved, an aggressive research was 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.

Our nation's first responders respond to national disasters regardless of what unseen dangers and health hazards await, and without concern for their own personal safety. They will not hesitate to protect the public from harm, and neither should we hesitate to protect their health and well-being.

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