



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

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

Statement of

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

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

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

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

WTC Medical Monitoring Program

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

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

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

WTC Federal Responder Screening Program

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

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

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

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

WTC Health Registry

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

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

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

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

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

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

HHS-funded Treatment

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

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

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

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

Nationwide Scope

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

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

HHS WTC Web page

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

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

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

tragic attack. We have had great success in aligning our existing screening and monitoring programs for responders, and are forging ahead to provide treatment services supported by the \$75 million appropriation. Likewise, the WTC Health Registry continues to paint a picture of the overall health consequences of 9/11, including the effects experienced by the residents, school children and office workers located in the vicinity of the WTC. While we have made much progress, there is still much to be done. I appreciate your support of our efforts thus far, and look forward to working with you in the future as we continue to serve this deserving population.

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