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ASSESSING SEPTEMBER 11TH HEALTH EFFECTS: WHAT SHOULD BE DONE?

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS AND INTERNATIONAL RELATIONS

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

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CONTENTS

Page

Hearing held on October 28, 2003 1

Statement of:

Gilman, Dr. Paul, Assistant Administrator for Research and Development, Environmental Protection Agency; Diane Porter, Deputy Director, National Institute for Occupational Safety and Health [NIOSH], accompanied by Dr. Gregory Wagner, Director of the Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health; Pat Clark, area office director for New York, New York Occupational Safety and Health Administration, accompanied by Dr. David Williamson, Ph.D, Agency for Toxic Substances Disease Registry 103

Herbert, Dr. Robin, co-director of the World Trade Center Worker and Volunteer Medical Screening Program, medical co-director of Mount Sinai; Dr. Stephen Levin, co-director of the World Trade Center Worker and Volunteer Medical Screening Program; Commissioner Thomas Frieden, a doctor at New York Department of Health and Mental Hygiene; Dr. Michael Weiden, medical officer, New York Fire Department; Phil McArdle, health and safety officer, Uniformed Firefighters Association; Jimmy Willis, vice chair for conductors, assistant to the president, Transportation Workers Union; John Graham, health and safety instructor, Carpenters Union; and David Rapp, former worker at the World Trade Center site 22

Letters, statements, etc., submitted for the record by:

Clark, Pat, area office director for New York, New York Occupational Safety and Health Administration, prepared statement of 140

Frieden, Commissioner Thomas, a doctor at New York Department of Health and Mental Hygiene, prepared statement of 37

Gilman, Dr. Paul, Assistant Administrator for Research and Development, Environmental Protection Agency, prepared statement of 124

Graham, John, health and safety instructor, Carpenters Union, prepared statement of 69

Herbert, Dr. Robin, co-director of the World Trade Center Worker and Volunteer Medical Screening Program, medical co-director of Mount Sinai, prepared statement of 25

McArdle, Phil, health and safety officer, Uniformed Firefighters Association, prepared statement of 57

Maloney, Hon. Carolyn B., a Representative in Congress from the State of New York:

Article dated October 28, 2003 7

Prepared statement of 10

Owens, Hon. Major R., a Representative in Congress from the State of New York, prepared statement of Ms. Mount 100

Porter, Diane, Deputy Director, National Institute for Occupational Safety and Health [NIOSH], prepared statement of 107

Rapp, David, former worker at the World Trade Center site, prepared statement of 74

Shays, Hon. Christopher, a Representative in Congress from the State of Connecticut, prepared statement of 3

Towns, Hon. Edolphus, a Representative in Congress from the State of New York, article dated August 23, 2002 14

Weiden, Dr. Michael, medical officer, New York Fire Department, prepared statement of 46

Willis, Jimmy, vice chair for conductors, assistant to the president, Transportation Workers Union, prepared statement of 64

ASSESSING SEPTEMBER 11TH HEALTH EFFECTS: WHAT SHOULD BE DONE?

TUESDAY, OCTOBER 28, 2003

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

The subcommittee met, pursuant to notice, at 10 a.m., in the Goldwurm Auditorium of the Mount Sinai Medical Center, 1st Floor, 1425 Madison Avenue, New York, NY, Hon. Christopher Shays (chairman of the subcommittee) presiding.

Present: Representatives Shays, Turner, and Maloney.

Staff present: Lawrence Halloran, staff director and counsel; Kristine McElroy, professional staff member; Robert Briggs, clerk; and David Rapallo, minority counsel.

Mr. SHAYS. I'd like to welcome our witnesses and our guests to this congressional hearing. And to say that this is an important day and we are looking forward to the testimony from our witnesses.

A quorum being present, the Subcommittee on National Security, Emerging Threats and International Relations Hearing entitled, "Assessing September 11th Health Effects: What Should be Done?" is called to order.

Congresswoman Carolyn Maloney invited the National Security Subcommittee to New York City today because she understands the threat posed to the health and welfare of all Americans by terrorism and its lingering aftermath. She has been a thoughtful, hardworking partner in our bipartisan oversight of terrorism issues, and we are grateful for the opportunity to be here.

In place of the fallen towers of the World Trade Center, these two hard realities cast long shadows over our discussion today. Many first responders are the second wave of victims in a terrorist incident. And public health and disability compensation systems are not fully prepared to acknowledge the unique wounds inflicted by this all too modern war. Firefighters, police, emergency medical personnel, transit workers, construction crews and other first responders came to Ground Zero knowing there would be risks, but confident they're equipment, training and community would sustain them. But, as we will hear today, better equipment and training standards are needed to match the first responder mission to the new threats posed by catastrophic terrorism. And the dissident patchwork of Federal, State and local health support is, in many cases, not providing the care and comfort they rightfully expect.

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

When the front line is not Baghdad but Broadway, occupational medicine and public health practitioners may have much to learn from that distant Middle East battlefield. Proper diagnoses, effective treatment and fair compensation for the delayed causalities of a toxic attack require vigilance, patience and a willingness to admit what we do not know and might never know about toxic synergies and syndromes.

Health surveillance has to be focused and sustained. New treatment approaches have to be tried now in time to restore damaged lives. In this effort to heal the wounds of September 11, 2001 and strengthened public health capacity against future attacks, the Federal Government has a central role to play. The Center for Disease Control and Prevention [CDC], and its National Institute of Occupational Health are charged to develop and implement health protocols against new workplace dangers like Anthrax and novel particulates from the fiery destruction of a building.

On our second panel of witnesses today we will hear about the work and other Federal public health agencies in treating the walking wounded of September 11th. But before we will hear from first responders and local officials on the near and long term health effects of the World Trade Center attack.

We appreciate our Federal witnesses foregoing the usual protocol of going first so that they could listen and respond to all the testimony today.

All our witnesses bring impressive expertise and unquestionable dedication to our discussion. We are grateful they could join us. We look forward to a constructive dialog on how to mend the wounds of this and other terrorist attacks.

At this time the Chair would recognize the very gentle, as they say in terms, and very knowledgeable Mrs. Maloney.

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

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Statement of Rep. Christopher Shays
October 28, 2003

Congresswoman Carolyn Maloney invited the National Security Subcommittee to New York City today because she understands the threat posed to the health and welfare of all Americans by terrorism and its lingering aftermath. She has been a thoughtful, hard-working partner in our bi-partisan oversight of terrorism issues, and we are grateful for the opportunity to be here.

In place of the fallen towers of the World Trade Center, these two hard realities cast long shadows over our discussion today: Many first responders are the second wave of victims in a terrorism incident. And, public health and disability compensation systems are not fully prepared to acknowledge the unique wounds inflicted by this all too modern war.

Firefighters, police, emergency medical personnel, transit workers, construction crews and other first responders came to Ground Zero knowing there would be risks, but confident their equipment, training and community would sustain them. But as we will hear today, better equipment and training standards are needed to match the first responder mission to the new threats posed by catastrophic terrorism. And the dissonant patchwork of federal, state and local health support is in many cases not providing the care and comfort they rightfully expect.

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 exposures to subsequent, chronic ill-health. In part due to work by this Subcommittee, long term health registries were improved, an aggressive research agenda pursued and sick veterans now have the benefit, in law, of a rebuttable presumption that wartime exposures cause certain illnesses.

When the front line is not Baghdad but Broadway, occupational medicine and public health practitioners may 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 don't yet know, and might never know, about toxic synergies and syndromes. Health surveillance has to be focused and sustained. New treatment approaches have to be tried now, in time to restore damaged lives.

In this effort to heal the wounds of September 11th 2001, and strengthen public health capacity against future attacks, the federal government has a central role to play. The Centers for Disease Control and Prevention (CDC), and its National Institute of Occupational Health, are charged to develop and implement health protocols against new workplace dangers like anthrax and novel particulates from the fiery destruction of a building. On our second panel of witnesses today, we will hear about the work of CDC, and other federal public health agencies, in treating the walking wounded of September 11th.

But first, appropriately, we will hear from first responders and local officials on the near and long term health effects of the World Trade Center attack. We appreciate our federal witnesses foregoing the usual protocol of going first so they could listen to all the testimony today. All our witnesses bring impressive expertise and unquestioned dedication to our discussion, and we are grateful they could join us. We look forward to a constructive dialogue on how to mend the wounds of this, and other, terrorist attacks.

Mrs. MALONEY. First of all, Chairman Shays, I want to thank you very, very much for coming to my district to hold this hearing. But I also would like to focus and comment on your long term commitment to issues of public health, including your outstanding and aggressive oversight of the response of the Federal Government to the Gulf war syndrome. In fact, many people say that the September 11 health concerns are similar to the Gulf war syndrome and that Washington is not really reacting to what is a major health crises in an appropriate way.

The primary question before us today is everything being done that could be done to help those workers and victims at September 11. And that is why I asked Chairman Shays to have this hearing.

And I regretfully expect that we will hear today that the answer is no. I have read in some testimony that over 1,800 of the firefighters have had to take early retirement because of health concerns. I have read the testimony of transit workers who called the air at Ground Zero "toxic soup" filled with asbestos and pulverized glass and concrete, and that fully half of their workers are sick.

And fully one-third, I am told by Dr. Levin and others at Mt Sinai are still experiencing long term related health problems. And, regrettably, Dr. Levin has told me that 40 percent of the people they have screened so far do not have health coverage.

There is substantial evidence of high levels of upper airway and lung problems, respiratory, digestive conditions, psychological trauma problems. And there are certainly more injured that are waiting in line to be documented. But there still seems to be no coordinated response from Washington.

Anyone looking at thousands sickened by one event would think that it would be treated as a health emergency of the highest order. But it does not seem that there has been any sense of urgency from the Federal Government.

I hope that this hearing will help sort all of this out. And I know that many of the panelists and my colleagues, I thank them for being here, have a lot of questions.

First, what is being done to actually assist the injured medically? That is what I would like to hear from the panel.

Is there a coordinated assistance for those that need help; volunteers, construction workers, residents, first responders who have injured and have not been able to work since their time at Ground Zero, many of whom have list their health insurance because they are no longer able to work?

Do those who were insured know that many can apply? Many of the injured can apply. And I want to make sure that they know that they can apply to the Victims Fund. And do they know that they must apply before the December 31st deadline of this year for assistance?

What is happening with processing of worker's compensation claims? I hear reports that is mired in difficulty.

And most importantly, are those injured receiving the proper care?

Why has there been such reluctance on the part of the Federal Government to provide sufficient funds for monitoring and why have the funds been so slow in getting dispersed?

It took over a year to get the leadership in Congress to support the $90 million for the medical screening of World Trade Center workers. Federal resources for the monitoring program, even 8 months after they were appropriated, have still not been dispersed and apparently will not be dispersed until May 2004 at the earliest. Why is this happening? This is wrong. We should figure out to move the system forward.

And I hope that NIOSH will explain why they are proposing to change the system, and at the very least their changes should not in anyway disturb the monitoring the program that is already in place and not have gaps in that monitoring programs.

And are there sufficient funds in place to properly provide the long term monitoring that is needed? We have never had a situation in history where pulverized toxic air has been exposed to people. And we need a long term commitment to monitor these health risks so that we can possibly plan in the future for better preventive equipment to protect people at disaster areas.

And why are the representatives of the workers so directly impacted by health concerns so unhappy with the work of the city on the health registry?

And why are there still privacy concerns about the health registry survey?

Why did the registry not work out a protocol for providing information and referral for those injured who seek help? I had my staff call the registry and they didn't refer them to any other screening or to any health treatment. And why, after 2 years of planning, cannot the city of New York, the great city of New York do a better job with this health registry?

In light of the revelations about the EPA's public announcements on the safety of the air after the disaster, the immense difficulty the New York City House members in a bipartisan way along with our Senators had in convincing Washington to support funding, we have to ask why is not Washington focusing on these issues. And I would like permission to place in the record an article that was in the Daily News today that talks about memos from top scientists that were released to the city about the health crises in the air and the lack of information and support that got out to the workers. They were not informed. I request permission to put this article in the record.

Mr. SHAYS. Without objection, so ordered.

[The information referred to follows:]

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Daily News (New York)

October 28, 2003, Tuesday SPORTS FINAL EDITION

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LENGTH: 645 words

HEADLINE: DOC'S WTC NOTE: DON'T HURRY BACK

BYLINE: BY JUAN **GONZALEZ**

BODY:
The day after the World Trade Center collapse, a top federal scientist warned in a strongly worded memo against the quick reoccupation of buildings in lower Manhattan because of possible dangers from asbestos and other toxic materials.

"We feel that the issues surrounding a decision to enter or reenter previously occupied premises is enormously complex," wrote Dr. Ed Kilbourne, an associate administrator at the federal Agency for Toxic Substances and Disease Registry (ATSDR), in response to a White House request for a health advisory.

"A number of environmental hazards, especially asbestos- contaminated dust, may be present in the area," Kilbourne said in his two-page report to Dr. Kevin Yeskey, then the director of bioterrorism preparedness and response at the Centers for Disease Control and Prevention in Atlanta.

Kilbourne's memo to Yeskey - which the Daily News recently obtained - was written after the White House asked the CDC to produce fact sheets on asbestos for release to the public. The ATSDR, which is in charge of assessing dangers from hazardous chemicals, often works closely with the CDC.

"We are concerned about even being asked to write a document for the public about reentry at this point," Kilbourne wrote. "Does this mean that unrestricted access to the WTC vicinity is imminent?"

"Sampling data received here in Atlanta from EPA [the Environmental Protection Agency] have so far been scanty," Kilbourne added.

He noted that one of the first five bulk dust samples analyzed by the EPA from the WTC site contained 4% asbestos, which he labeled a "substantial concentration."

He warned Yeskey that it was "important to characterize how far significant levels of asbestos extend before allowing unrestricted access by unprotected individuals."

"We are aware of other potential toxic hazards in the WTC area about which you haven't asked," the memo went on to say. "Contaminant groups of concern include acid gases, volatile organic compounds and heavy metals."

The worried tone of Kilbourne's memo was in sharp contrast to the upbeat official view the following day from then-EPA Administrator Christie Whitman.

"Monitoring and sampling conducted on Tuesday and Wednesday have been very reassuring about potential exposure of rescue crews and the public to environmental contaminants," said the first EPA press release from Whitman on Sept. 13.

The EPA's inspector general revealed in August that the White House rewrote early agency press releases to downplay environmental hazards.

On Sept. 17, federal and city officials allowed thousands of people to return to their homes and workplaces in lower Manhattan, while rescue and firefighting operations continued in a sharply restricted zone around Ground Zero.

By then the EPA had analyzed 57 samples of dust in lower Manhattan, and 19 - or one-third - showed asbestos levels higher than the agency's own 1% danger threshold.

Efforts to reach Kilbourne and Yeskey for comment were unsuccessful. ATSDR spokeswoman Jill Smith confirmed the memo's authenticity but said Kilbourne was traveling and would not be available.

A spokesman at the Federal Emergency Management Agency, where Yeskey is now assigned, said he was on sick leave and could not be reached.

Today, a House of Representatives subcommittee will meet in Manhattan at Mount Sinai Medical Center to probe the federal government's handling of public health issues stemming from 9/11.

At the hearing, doctors will report that one-third of nearly 7,000 Ground Zero workers enrolled in a screening program at Mount Sinai are still experiencing health problems related to their work at the site.

Perhaps committee members can locate Kilbourne and Yeskey and ask what the White House knew and how it used the scientific advice it was offered the day after 9/11.

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LOAD-DATE: October 28, 2003

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Mrs. MALONEY. I am in the process of developing legislation which I hope will be a bipartisan effort which will focus on many of the issues that we are talking about today.

First, the legislation would make sure that everyone who was injured from their time at Ground Zero, the volunteers, the bucket brigade, the firefighters, fire officers, iron workers, construction workers; all of those that do not have health coverage, that they get health coverage that covers their health concerns because they risked their lives to save other people.

And I ask a final question: How in the world are other first responders going to respond to disasters if they see that the first responders who rushed to September 11 are not, at the very minimum, given health care and health screening and health monitoring for their health concerns because of their selfless act to rush and save the lives and work to reconstruct our city?

I would like to place in the record the draft of the legislation. It also calls for the monitoring to continue for 20 years and for research to look into what this means, this new type of toxic air that Americans or no one on Earth has ever experienced before on their long term health needs. And it tries to facilitate a better coordination and oversight.

Coming here today I saw a bumper sticker that said "Remember 9/11." You see them everywhere. "Remember 9/11." But I hope that today with this focus that Washington will also remember, the city will remember and we will get the proper care to the workers. And I hope that this is the beginning of a new and urgently needed focus on the health impact of September 11.

And I strongly commend the work of the chairman on the Gulf war syndrome, and for his attention and for being here today.

Thank you.

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

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Congresswoman Carolyn B. Maloney
Opening Statement
Government Reform Subcommittee on National Security, Emerging Threats, and International Relations
"Assessing September 11th Health Effects: What Should Be Done?"
October 28, 2003

Thank you Congressman Shays, not only for holding this hearing, but also for your long-term commitment to issues of public health, including your aggressive oversight of the response to Gulf War Syndrome. Regrettably I have heard from too many people that have compared our response to the health impacts of 9/11, to our response to Gulf War syndrome.

The primary question today is everything being done to help that could be done? That is why I asked Chairman Shays to have this hearing. As I regretfully expect we will hear today the answer is, no.

Fully one third of those that have been screened at Mount Sinai are still experiencing persistent WTC related long-term health problems. There is substantial evidence of high levels of upper airway and lung problems; respiratory and digestive conditions, psychological trauma problems and there are certainly more injured that are waiting to be documented. But there still seems to be no coordinated response from Washington. Anyone looking at thousands sickened by one event would think it should be treated as a health emergency of the highest order. But is doesn't seem that there's been any sense of urgency from the federal government.

I hope this hearing can help sort all this out. I know I have a lot of questions:

First, what is being done to actually assist the injured medically? Is there a coordinated assistance for those that need help: volunteers, construction workers, residents and first responders who have been injured and have not been able to work since their time at ground zero, many of whom have lost health insurance? Do those who were injured know that many can apply to the Victims Fund and do they know that they must apply before the December 31st deadline? What is happening with the processing of workers compensation claims? And most importantly are those injured receiving the proper care? Why has there been such reluctance on the part the Federal government to provide sufficient funds for monitoring and why have the funds been so slow in getting disbursed?

It took over a year to get the leadership in Congress and the President to support the $90 million for the medical screening of World Trade Center workers. Federal resources for the monitoring

program, even eight months after they were appropriated, have still not been disbursed, and apparently will not be disbursed until May of 2004 at the earliest. Now after these delays, NIOSH needs to explain why they are proposing to reinvent the wheel, to restructure the monitoring program that has the confidence of the people it is serving. Does NIOSH understand that its current plans may disrupt the monitoring program that is already finally in place? And are there sufficient funds in place to properly provide the long term monitoring that is needed? And why are the representatives of the workers so directly impacted by health concerns so unhappy with the work of the City on the Health registry? Why are there still privacy concerns about the survey? Why did the Registry not work out a protocol for providing information and referral for those injured to seek help?

I had my staff call the registry and I have to tell you it doesn't seem that the operators really knew what they were doing or could answer questions that might be posed to them. Why after two years of planning can't the City do a better job?

In light of the revelations about the EPA's public announcements on the safety of the air after the disaster, the immense difficulty the New York House Members along with Senator Clinton had in convincing Washington to support funding we have to ask: why **isn't** Washington focusing on these issues?

I am in the process of developing legislation that would try to get Washington to focus on these issues and that is why I am very glad Mr. Shays is holding this hearing.

First, this legislation would make sure that everyone who was injured from their time at Ground Zero – volunteers, firefighters, construction workers, etc – would have a guarantee of health insurance so that they will not have to worry what will happen to them in 5 or 10 years.

Second, it would specially authorize expanded monitoring for all: those who worked on or near, volunteered and live at Ground Zero to cover a full 20-year screening program.

Third, it will provide for funds for research into looking for treatments that can improve their lives.

Fourth, it tries to facilitate better coordination between federal, state, and private responses to the health emergency surrounding 9/11, to make sure everyone injured is cared for, that everyone who needs care, gets care.

Today's hearing will allow us to get on the record what is being done and what needs to be done.

We all see the bumper stickers that say 'Remember 9/11' but it seems Washington may be forgetting those at Ground Zero.

I hope this hearing is the beginning of a new, and urgently needed focus on the health impacts of 9/11.

Thank you.

Mr. SHAYS. I thank the gentle lady.

And at this time the Chair would recognize the vice chairman of the subcommittee, Mr. Turner, and thank him for being here given he has constituent issues in his home State of Ohio. And I thank you for being here. Thank you.

Mr. TURNER. I want to thank our chairman, Chris Shays and Mrs. Maloney, for having this hearing and for focusing on these important issues. Mrs. Maloney, thank you for having us in your district.

Our chairman, Chris Shays, has been a leader in the issues of looking at terrorism and our preparedness both on the local and Federal level and our responsiveness to the issue of how do we prevent terrorist attacks, how do we prepare for them and how to respond. Even prior to September 11th our chairman had made certain that this committee looked at ways that information could be disseminated to communities and throughout the Federal Government in assisting us in our preparedness for terrorist attacks.

I am the only Representative who is here who is not from the larger New York metropolitan area, but I can assure you that this is a national issue. It is a national issue not only because September 11th was a national tragedy, but because the preparedness, the information that we learn from this experience is important to all of us in our country as we look to lessons learned and how we can prepare in the future.

Also for my community, Dayton, OH, I served as mayor for Dayton during September 11, 2001, and even our community sent EMS, fire and EMS responders as part of the recovery operation in response to New York's broader request that States throughout the region send responders here. So I met our responders as they were returning from New York and spoke with them about what they saw and how their efforts here impacted their lives. And I'm very interested then in how the overall environmental impacts might effect the efforts of really what was the response from many States in helping New York.

We do have a lot of real important work here to do today. One is the evaluation of current spending. There have been millions of dollars that have been spent and millions of dollars that have been allocated. Have they been allocated to the appropriate things? And what are the needs that we need to address?

In looking at the needs, we are obviously going to be looking at the issue of the full impacts, not just those that are immediately obviously, but as we further study this and look to the impacts in this community.

And then also the third would be on the issue of just lessons learned, and not only for processes but substantive, technical, scientific information that we have learned.

I am very excited about participating in this and learning from all of the experts that you have assembled the information that we need as we look to proceed in the future. Thank you.

Mr. SHAYS. Thank the gentleman.

At this time the Chair would recognize Mr. Townes, not a member of the subcommittee, but a member of the full committee.

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

Let me begin by thanking you and all my colleagues for holding this very important hearing. I appreciate that you are holding the hearing in the city that the most damage occurred, and that is a fact. The tragedy of September 11 was felt more by our city than any other place. We encountered the greatest physical destruction and we lost the most lives. And thousands of families still mourn the magnitude of this devastation, which was easily seen by the entire world.

I have been, and remain concerned, about the lack of attention paid to those who live right outside of Manhattan. As someone who represents parts of Brooklyn, I am most concerned about my Brooklyn constituents. The research shows that my concerns should not be ignored.

According to the Environmental and Occupational Health Sciences Institute of the University of Medicine and Dentistry in New Jersey, the intense heat of Ground Zero blew debris, gases and particles upwards creating a loft effect which may have caused these pollutants to drop on people living in Brooklyn.

New York Newsday reported this finding in an article on September 11th of this year, however this evidence is not new. On August 23, 2002 Newsday reported that high resolution photographs shot on September 11 by satellites show clear images of toxic debris getting blown in a southeasterly direction from Ground Zero across the Brooklyn Bridge into several neighborhoods.

I would like to submit this article, Mr. Chairman, for the record, Newsday of September 11th.

Mr. SHAYS. Without objection, so ordered.

[The information referred to follows:]

1 of 1 DOCUMENT

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Newsday (New York, NY)

August 23, 2002 Friday NASSAU AND SUFFOLK EDITION

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HEADLINE: **Ill Winds** of 9/11;
Little scrutiny for Brooklyn - where attack's toxic smoke drifted

BYLINE: By Laurie Garrett. STAFF WRITER

BODY:

They call it World Trade Center Cough - the hacking, wheezing, horrible cough that heaves the chests of many who inhaled Ground Zero air after the Sept. 11 terrorist attacks. Scientists and health officials have studied the cough and scoured some neighborhoods of New York City for victims of inhaled Trade Center debris.

But there is a critical flaw, experts say, in all the research, Environmental Protection Agency cleanup programs and federal services related to exposure to World Trade Center debris: The efforts are concentrated on Manhattan, but, except for the area immediately around Ground Zero, the plume did not spread around the borough. It went directly to Brooklyn.

Newsday has obtained high-resolution photographs shot on Sept. 11 by satellites. From these images it is clear that the plume of toxic debris blew from Ground Zero southeast, across the Brooklyn Bridge, through the neighborhoods of Brooklyn Heights, DUMBO (Down Under the Manhattan Bridge Overpass), Cobble Hill, Boerum Hill and Park Slope, across Prospect Park and straight out to Coney Island. Though the plume's density was highest directly over Ground Zero, throughout the day the plume completely obscured the Brooklyn Bridge and neighborhoods out to Prospect Park.

On Sept. 11 the plume never crossed Duane Street, which is below Canal Street, and never moved in a northwesterly direction that might have included significant parts of TriBeCa and SoHo in Manhattan.

Further, studies of the debris indicate its toxicity may have actually been higher for some chemicals and asbestos as it crossed the East River, and Brooklyn hospitals report continuing respiratory disease cases.

Yet environmental cleanup services and lung exposure studies have focused exclusively on residents of Manhattan and Ground Zero workers. Federal and state-funded services have gone to Manhattan neighborhoods that, according to NASA images, were not directly exposed to the plume. Only recently has the Federal Emergency Management Agency begun offering air filters and air-conditioner cleaning to some Brooklyn residents.

The New York Academy of Medicine has sponsored more than a dozen studies of human health and psychosocial reactions to the events, but none has included any

of the 2.4 million residents of Brooklyn except for firefighters and police officers who reside in the borough but worked at Ground Zero.

Studies under way at Mt. Sinai Medical School and NYU, through the state Department of Health - indeed, all federal- and state-funded Sept. 11 health studies - are limited to Manhattan residents or Ground Zero workers. Even the $ 9-million air pollution study that Congress agreed to fund under a bill sponsored by Sen. Hillary Rodham Clinton (D-N.Y.) but President George W. Bush refused to sign, would study only Manhattan residents and Ground Zero workers. When asked why Brooklynites would be excluded, Clinton staffers indicated that nobody from the borough had complained or indicated there was any need for their inclusion.

"For some reason my assumption was the most affected people were right under the Trade Center. But we all got about as much in Brooklyn," New York City Council member David Yassky said in an interview.

When the first hijacked jet hit the World Trade Center, Yassky, whose constituency takes in the Brooklyn neighborhoods most densely covered by the plume in NASA images, was near a polling place on Seventh Avenue in Park Slope, campaigning in the primary being held that day. He saw an enormous black cloud descend upon the neighborhood, then raced to his headquarters in Brooklyn Heights, three miles closer to Ground Zero. As he stepped out of his car, Yassky recalled, he was immediately enveloped in gray dust.

"There was a film of dust on everything - on cars, stores, everywhere in Brooklyn Heights. If you were there, as I was, you saw several hours of debris rain down on your neighborhood," he said. "When you think about where all the scientific studies and social services have focused, well, I'm stunned. It's kind of amazing that nobody analyzed the plume" before deciding how to focus studies and services.

Throughout the fall, as the fires consumed Ground Zero, prevailing wind directions varied. But between Sept. 11 and Dec. 14, when the inferno finally ended, National Weather Service data indicate, more than 80 percent of the time winds carried the fumes and potential toxins along the same path observed on Sept. 11 - directly across Downtown Brooklyn and out toward Coney Island, or the Rockaways in southern Queens. On some autumn days the winds blew hard enough to carry the plume into Nassau County.

"The data is beginning to materialize saying the most important area outside of lower Manhattan was Brooklyn," said environmental scientist Paul Lioy of Rutgers University. Lioy heads a large team of federal and academic scientists that is trying to determine precisely what was in the plume and fire-smoke, and where it fell day by day.

"This was a very horrendous air pollution event," Lioy said in an interview. "The tremendous crush of all this material was horrific. You had dust, smoke, fires, fumes, the remnants of those tragic planes. It was a very complex event, unlike anything we or anybody else has ever seen."

Well over 95 percent of the debris fell during the first 24 hours. Throughout that period, according to NASA images, the debris blew into Brooklyn. Lioy's team collected dust samples from three lower Manhattan locations on Sept. 12 and submitted them to a battery of costly and tedious analytical tests, ranging from electron microscope scrutiny to gas chromatograph chemical tests.

Newsday (New York, NY) August 23, 2002 Friday

The 110 stories of the Twin Towers featured thousands of plate-glass windows that exploded into invisible, microscopic projectiles of lung-piercing silica glass. Samples collected from all sites contained large amounts of microscopic glass fibers, most of them less than a micron in diameter and more than 75 microns long - precisely in the minuscule size range to wreak havoc with human lungs.

"The glass fiber was a surprise to everybody," Lioy said. "It was one of those things that we never anticipated."

The variability of the debris with distance was also a surprise. Samples collected just one block from the World Trade Center, on Cortlandt Street, were composed of pulverized concrete, glass, unburned or partially burned jet fuel, and construction materials. The pH of the material was an astonishing 11.5 - far more alkali than anything the human lung, with a normally acidic pH of about 4.0, would naturally be exposed to or is equipped to handle.

Samples collected on Market Street, near the East River, were less alkali but still a remarkable pH of 9.3. While the heavy concrete content seems to have decreased with distance, the Market Street sample contained more than three times as much chrysotile asbestos - the form that can produce severe lung disease - as did dust close to the World Trade Center. Heavy metal content - such as zinc, strontium, lead and aluminum - also increased with distance. So did potentially toxic organic chemicals, some of which are considered carcinogens, such as PCBs (polychlorinated biphenyls) and PAHs (polycyclic aromatic hydrocarbons).

Fire experts speculate that the area immediately around the World Trade Center got hit with the heaviest substances - the pulverized concrete, steel, office equipment, cars and construction material. But the tremendous heat from the jet-fueled inferno created an updraft that lifted small, lighter particulates and gases up, away from Ground Zero and toward the East River.

Unfortunately, Lioy writes in a scientific study entitled "Lessons Learned," little is known about the debris that reached Brooklyn because nobody monitored the borough.

Dr. Gerald Lombardo, chief of pulmonary care at New York Methodist Hospital, has seen many cases of what he believes to be World Trade Center Cough among Brooklyn residents who do not work in lower Manhattan. "I'm pretty much in touch with all the leading pulmonary programs in New York," Lombardo said in an interview, "and I would say that the number of pulmonary visits has just skyrocketed for upper respiratory problems."

In his Park Slope hospital, Lombardo insisted, "the number of visits clearly doubled, and that has stayed high. It's not surprising to me that this population will be complaining for some time."

Lombardo is especially concerned about the microscopic glass exposure, which, he said, could "mimic the pathophysiology of asbestos disease."

In Brooklyn Heights, the Long Island College Hospital also saw a large influx of respiratory cases, Dr. Tucker Woods, an emergency room physician, said.

Dr. Walfred Leon of SUNY Downstate Medical Center in Brooklyn calls NASA's images "amazing," arguing they "certainly make a case for Brooklyn exposure."

Leon has conducted a pilot study, funded by the Patrolman's Benevolent Association, of police officers who were working at Ground Zero between Sept. 11 and Oct. 31 and subsequently experienced respiratory problems. He found a correlation between their locations and the path of the plume.

Like many other Brooklyn physicians, Leon believes he is seeing an increase in reactive airways disease - a poorly understood syndrome that can lead to lifelong breathing problems as a result of a single exposure to an acute pulmonary irritant.

"We've never encountered anything like this before in medicine," said Leon, who thinks the chemical and particulate complexity of the debris and smoke exceed anything pulmonologists have previously encountered. Indeed, he argues, World Trade Center Cough may very well be an entirely new disease syndrome.

Leon thinks the NASA photographs should be used to guide scientific investigation, setting priorities on who ought to be studied.

The city Department of Health and the Centers for Disease Control and Prevention soon will announce a unique program aimed at tracking 200,000 New Yorkers for 20 years to see what impact Sept. 11 has had on their health. Sometime this fall the World Trade Center Registry, as it is called, will begin enrolling participants.

Though details of the study design are still being determined, including the boundaries of the residential population, it is currently envisioned as limited to Manhattan residents and Ground Zero workers, Sandra Mullin, spokeswoman for the city department, said.

GRAPHIC: NASSA Photo - Smoke from Ground Zero, Sept. 11. Newsday Map - In the Shadow of the Plume - Studies of health effects following the World Trade Center collapse have largely ignored areas of Brooklyn where the plume of smoke and debris drifted. This photo was take by a crew member of the International Space Station on Sept. 11, from and altitude of approximately 250 miles (not in text database).

LOAD-DATE: August 23, 2002

Mr. TOWNS. This was also confirmed by an October 2002 American Prospect article that said "It is now clear, thanks to NASA photographs, that the black toxin of World Trade Center debris blew for more than 30 hours directly from Ground Zero to the East River, which separates Manhattan from Brooklyn and Queens."

Let me point out three Brooklyn hospitals reported increases in visits related to respiratory ailments.

While I share several concerns with my colleagues about the health consequences stemming from the WTC disaster, I especially look forward to hearing from the witnesses on this issue.

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

And again, I thank you for holding this hearing in the greatest city in the world.

Thank you. I yield back.

Mr. SHAYS. I think most people agree, it is the greatest city in the world. It is. And those of us who live near it, recognize that what happens to New York directly impacts us, and we care deeply about this greatest city in the world.

Mr. Nadler, we are delighted to have you join us. Mr. Nadler is not a member of the Government Reform Committee. He is a very active member, particularly of the Judiciary Committee. And he is, I think, the Representative who represents the district, we are talking about directly Ground Zero. And at this time, Mr. Nadler, you have the floor.

Mr. NADLER. Well, thank you very much, Mr. Chairman.

Let me begin by thanking you for holding this hearing today regarding the health effects of the September 11th terrorist attack on those who live or work near Ground Zero, and particularly for allowing me to participate in this committee, though I am not a member of the committee.

As the Member of Congress representing Ground Zero, I have heard from far too many constituents in the last 2 years who have health problems because of contaminants in World Trade Center dust that the EPA refuses to clean up or to acknowledge, despite the fact that OSHA considers the dust to be regulated asbestos containing material and expert scientists have measured air pollution levels worse than the Kuwaiti oil fires.

Two years ago in the days following September 11, the EPA said the air in Manhattan was safe to breath, despite the fact that they had no scientific evidence to make such a claim when they made it, and they continued to make it even when they ample scientific evidence that it was not true.

After hearing from many constituents who told me they were getting sick and that the EPA refused to help them with decontaminating their apartments, in January 2002 I asked the EPA's ombudsman to investigate EPA's inaction. After the EPA's ombudsman's office conducted two field hearings which elicited considerable information, the EPA showed its displeasure by dismantling the ombudsman's office.

In April 2002, I published a white paper on EPA's malfeasance, and in June testified of that year before the Senate on the inadequacy of the EPA's indoor cleanup plan, which they announced a mere 8 months after September 11 in May 2002.

Two months ago the EPA's Inspector General released the report documenting what many thousands of New Yorkers already knew; that the EPA had given false assurances to the people of New York regarding the air we were breathing and that the EPA had refused, and to this day refuses to take responsibility to decontaminate indoor spaces such as apartments, offices and schools despite the fact that they are legally mandated to do so.

We know that several hazardous substances were present in the World Trade Center dust and were released into the environment when the towers collapsed. Clearly, that presented a hazard for rescue workers on the pile, and one of the purposes of today's hearing is to investigate the Government response to the sickness and problems caused by those hazards, and what I would say is the clearly inadequate Government response. But those hazardous substances were also present in World Trade Center dust that was blasted, often with great force, into surrounding buildings and settled in homes, schools and work places. Although the EPA declared that the outdoor air was safe, and this declaration was premature, enough time has passed that it is probably true that the outdoor air is no longer a problem today. On the other hand, the problem of indoor environments and exposure to hazardous World Trade Center dust that settled inside buildings persists to this day. And we have every reason to believe that thousands of people are poisoned day-by-day indoors in work spaces, schools and homes, and will continue to be so until action is taken to thoroughly investigate and clean up these spaces.

As OSHA's Secretary John Henshaw wrote on January 31, 2002, and I see in the packets that were presented here a copy of his letter was placed, "In that the materials containing asbestos were used in the construction of the Twin Towers, the settled dust from their collapse must be presumed to contain asbestos" and therefore OSHA Federal regulations apply to the removal of this material. Nonetheless, the Government told the public is was safe and advised average citizens to clean up World Trade Center dust with a wet mop and a wet rag, which was illegal advice if you assume that has asbestos in it, as well as recklessly dangerous advice.

In May of last year, the EPA announced a limited indoor cleanup plan. This plan was a complete sham designed to deflect criticism of the agency, not to actually address the problem. And they practically admitted that by saying there is no problem, this is being done to allay public fears; translation for PR.

As confirmed in the EPA IG report, the agency's indoor clean up program was wholly inadequate and did not meet even the minimum criteria for protecting human health established by law. And the EPA refused, despite repeated requests, to require that its contractors in the clean up, require that their workers wear protective equipment. So we can expect that many of the workers in the clean up program a few months now will come down with respiratory ailments.

The Federal Government has never followed its legally mandated procedures to track the release of hazardous materials, characterize the site and clean up buildings contaminated in the terrorist attack. And in this morning's Juan Gonzalez' article, he quoted this

expert at ATSDR as saying that one of the first things they must do is characterize the site, which they have never done.

It has not done the proper comprehensive testing to determine who has been exposed, what they are exposed to and the full extent of why this contamination has spread. This is why Senator Clinton placed a hold on Governor Leavitt's nomination as EPA Administrator, and she should be applauded for getting this issue back on the national radar screen. But until the EPA agrees to fully do its job, the issue will not go away.

This is a very real, serious and continuing health issue that must be addressed. I refer to many constituents who have World Trade Center debris in their homes and their work spaces and who are now sick.

The title of this hearing is "Assessing September 11th Health Effects: What Should Be Done?" It is very obvious what should be done. All the workers on the piles should have physical examinations and their health care needs as a result of this catastrophe for the balance of their lives should be paid for the Federal Government. The Federal Government should carry out its mandated responsibility to clean up buildings contaminated in the terrorist attack. The EPA should adopt and implement the recommendations in the IG report, and the Federal Government should assume the responsibility of ensuring the proper treatment for those sickened by World Trade Center debris, particularly in cases where exposure was the result of government negligence and malfeasance.

In conclusion, let me summarize by saying that I regard there are being three victim populations that should be looked at separately besides the people who were killed directly by the terrorist attack.

One is those people who were exposed, who got an acute exposure by being caught in a toxic cloud. And we should monitor and help them with their health problems, but no one is at fault other than the terrorist.

Second are those responders who worked on the pile for 30, 40, 50 days without proper protective equipment, have gotten sick as a result. And after the first few days it was inexcusable that not everyone was wearing proper protective equipment. And, again, we have to examine all these people, we have to take care of their problems. But somebody should be held responsible for why proper protective measures were not taken.

Third and finally, are the thousands of people who are today living and working in contaminated work spaces, contaminated schools which have not been inspected and have not been cleaned up and we can predict that 15 years from now many of them will come down with mesothelioma or asbestosis or lung cancer. We can also predict that we can greatly minimize that problem if we do this proper inspection and clean up now, which is why this is a current issue. It is not simply a question of dealing with past damages. We can still eliminate most of the health problems from those people if the EPA follows the inspections, properly looks at all the neighborhoods, not just below Canal Street but wherever that dust cloud went, inspects and cleans up.

I thank you again, Mr. Chairman, for holding this hearing and I look forward to hearing the testimony of the witnesses today.

Mr. SHAYS. Thank you. I thank the gentleman very much.

I am just going to do a little housekeeping here and ask unanimous that all members of the subcommittee be permitted to place an opening statement in the record. And that the record remain open for 3 days for that purpose.

Without objection, so ordered.

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

I ask even further unanimous consent that Representative Towns, a member of the Government Reform Committee and any other member of the Government Reform Committee who may show up, and Representative Jerry Nadler sit with this committee as a full participant. And without objection, so ordered.

Before recognizing the witnesses, I want to say since this is the first hearing, this hearing will raise many questions, a number will not be answered today nor will we even seek to get some questions answered. We have heard very important statements from all the participants at this hearing. Ultimately, it would be the goal of this committee to have every one of those questions answered and every problem dealt with.

At this hearing, and I want to say I am going to be pretty focused on this and pretty strict in adhering to it, at this hearing we are focused on the workers and first responders' health conditions, their diagnoses, their treatment, their compensation. This hearing does not focus on residents, it does not focus on other workers who may work there. It does not focus yet on the clean up of facilities there. And we will. We will focus on those issues and we will make sure that any Member who has raised his questions, gets answers to those questions.

At this time, I would recognize our participants. We have our first panel.

Dr. Robin Herbert, co-director of the World Trade Center Worker and Volunteer Medical Screening Program, Medical co-director of Mount Sinai. And she is accompanied by Dr. Stephen Levin, co-director of the World Trade Center Worker and Volunteer Medical Screening Program.

So Dr. Herbert will be giving the statement.

We then have Commissioner Thomas Frieden, a doctor at New York Department of Health and Mental Hygiene. Dr. Michael Weiden, medical officer, New York Fire Department; Mr. Phil McArdle, health and safety officer, Uniformed Firefighters Association; Mr. Jimmy Willis, vice chair for conductors, assistant to the president, Transportation Workers Union; Mr. John Graham, health and safety instructor, Carpenters Union, and; Mr. David Rapp, former worker at the World Trade Center site.

We don't usually have this many panelists. I have been liberal when we have a smaller panel of being able to go over the 5-minutes. I would really respectfully ask that you submit your statement in 5 minutes. And if you think you need to redo it a little bit, I can skip over you to give you a little time. But if you go 5° minutes, maybe a little longer, but we would like you stay somewhere within that range.

And so at that time I need to do one more. If you can all stand up in this cozy area we have, but I do need you to stand. I do need to swear you in.

[Witnesses sworn.]

Mr. SHAYS. Note for the record all the witnesses have responded in the affirmative.

We are going to start with you, Dr. Herbert, and we are just going to kind of go down the line here. And we will do a lot of good listening, that is why we are here.

STATEMENTS OF DR. ROBIN HERBERT, CO-DIRECTOR OF THE WORLD TRADE CENTER WORKER AND VOLUNTEER MEDICAL SCREENING PROGRAM, MEDICAL CO-DIRECTOR OF MOUNT SINAI; DR. STEPHEN LEVIN, CO-DIRECTOR OF THE WORLD TRADE CENTER WORKER AND VOLUNTEER MEDICAL SCREENING PROGRAM; COMMISSIONER THOMAS FRIEDEN, A DOCTOR AT NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGIENE; DR. MICHAEL WEIDEN, MEDICAL OFFICER, NEW YORK FIRE DEPARTMENT; PHIL McARDLE, HEALTH AND SAFETY OFFICER, UNIFORMED FIREFIGHTERS ASSOCIATION; JIMMY WILLIS, VICE CHAIR FOR CONDUCTORS, ASSISTANT TO THE PRESIDENT, TRANSPORTATION WORKERS UNION; JOHN GRAHAM, HEALTH AND SAFETY INSTRUCTOR, CARPENTERS UNION; AND DAVID RAPP, FORMER WORKER AT THE WORLD TRADE CENTER SITE

Dr. HERBERT. Thank you. Thank you for asking me to testify today.

The September 11th terrorist attacks on the World Trade Center resulted in horrific loss of life. Amid the shock and grief we all experienced immediately after the attacks, some failed to recognize that the terrorists had also created one of the worst acute urban environmental disasters ever to occur in U.S. history.

Soon after the attacks, various New York area health care providers, including ourselves, began seeing workers and others with serious health problems due to their World Trade Center exposures. Many of us participated in the working group assembled by NIOSH to develop common approaches to the diagnoses and treatment of World Trade Center related health problems.

In June 2002, Mt Sinai received $11.8 million in Federal funding to establish the World Trade Center Worker and Volunteer Medical Screening Program. This funding enabled us to design and coordinate a consortium of health care centers in the New York metropolitan area, and nationally, to provide free medical screening examinations for World Trade Center responders who were involved in various rescue and recovery efforts.

In January 2003, we released some preliminary findings from analysis of 250 of the first 500 people who had come through the program. We reported that 78 percent had at least one World Trade Center related pulmonary symptom while working or volunteering at the site, and 46 percent were still experiencing at least one pulmonary symptom in the month before the screening exam up to 10 months after September 11th. Eighty-eight percent had at least one World Trade Center related ear, nose or throat

symptom while performing World Trade Center response work, and 52 percent were still experiencing at least one ear, nose and throat symptom in the month before the screening examination.

Finally, 52 percent reported mental health symptoms requiring further evaluation when they came for screening.

We have now seen over 8,000 men and women in our screening program and we now know that a substantial number of World Trade Center responders have developed upper and lower respiratory problems that are lasting as long as 2 years. However we do not know what the long term effects of the World Trade Center exposures will be, and in particular we are concerned about cancers.

Because of the high prevalence of persistent World Trade Center related health problems we were seeing, as well as the worry about what the long term consequences might be, it became clear that there was a need for both long term medical monitoring of responders as well as a need for medical treatment for those who have developed World Trade Center illnesses. For these reasons we joined with fellow occupational health experts, labor leaders and concerned Federal legislators in an intensive year long lobby for Federal resources for long term medical monitoring.

Last February it was announced that this money had been appropriated. Although we still await the final award of the funding, we join with thousands of ill and injured workers and volunteers in our appreciation of your efforts to secure those resources. Of the $90 million allocated in the early winter of 2003, $4 million has been provided to allow us to expand the baseline medical screening program so that 3,000 additional workers and volunteers will receive free comprehensive medical screening examines.

Another $25 million is allocated specifically for examinations of New York City firefighters. And the remaining funding, approximately $56 million, will be used to establish, coordinate and conduct a program for long term medical monitoring of World Trade Center responders. However, these funds are unfortunately insufficient to provide periodic medical examinations of World Trade Center responders for the 20 years that we would advocate.

We estimate that the current funding will support a program to conduct screening examinations of 12,000 responders every year and a half for 5 years only. However, we would recommend screening for a minimum of 20 years because the World Trade Center responders sustained exposures without precedent. These exposures may cause new, unexpected health consequences, including possibly cancers, which would be unlikely to show up for at least 15 years after the time of exposure. This means that the screening program as currently funded will not last long enough to ensure that diseases that develop only after years have passed, can be detected when they're still treatable.

Equally pressing at this time is the need for treatment. We're identifying many people who need ongoing treatment for World Trade Center related physical and mental health problems. But, unfortunately, there is still not an adequately funded treatment program. At Mount Sinai we've sought and received funding from private philanthropic sources to establish a treatment program for a limited number of World Trade Center responders. But philan-

thropy simply cannot provide all the sources necessary to provide care who need it.

Among the first 350 patients we have seen in our treatment program, we have found that 75 percent have persistent World Trade Center related upper respiratory problems; 44 percent have persistent World Trade Center related lung problems, and; 40 percent have persistent mental health consequences related to the disaster. But, 40 percent do not have medical insurance and about one-third are now unemployed. It is, thus, urgent that funding be made available to provide access to medical and mental health care for all whose sustained health consequences from the World Trade Center disaster; workers and volunteers involved in rescue and recovery, workers from the immediate area and area residents as well as their children.

In conclusion, funding is vitally needed to: One, to supplement the current appropriated dollars in order to extend the duration of the long term medical monitoring program for a minimum of 20 years; two, to ensure access to treatment for all World Trade Center related health problems identified in screening programs; three, to ensure that those who develop future health problems related to World Trade Center exposures are able to receive treatment for those conditions, and; four, to support clinical research to better understand the human health consequences of the exposures, and most importantly, to identify treatment modalities for those conditions.

Surely those who responded so selflessly to the disaster deserve no less.

Thank you.

[The prepared statement of Dr. Herbert follows:]

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

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

Robin Herbert, M.D.
Medical Co-Director, Mount Sinai Center for Occupational and Environmental Medicine
Co-Director, World Trade Center Worker and Volunteer Medical Screening Program
Associate Professor, Department of Community and Preventive Medicine
Mount Sinai School of Medicine
New York, New York

October 28, 2003

Thank you for asking me to testify today. My name is Dr. Robin Herbert. I am a board-certified internist and a graduate of the SUNY Stony Brook School of Medicine. I completed an Occupational Medicine Residency in the Department of Community and Preventive Medicine at the Mount Sinai School of Medicine in New York and I have been the Medical Co-Director of the Mount Sinai Center for Occupational and Environmental Medicine at the Mount Sinai School of Medicine since 1990. I am also the 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 am an Associate Professor in the Department of Community and Preventive Medicine in the Mount Sinai School of Medicine.

The September 11 terrorist attacks on the World Trade Center towers resulted in horrific loss of life. Amid the shock and grief we all experienced immediately after the attacks, some failed to recognize that the attacks also created one of the worst acute environmental disasters in an urban setting ever to occur in the history of United States. Exposures created by the disaster included pulverized glass, pulverized cement, asbestos, silica, heavy metals, acid mists and organic products of combustion including polycyclic aromatic hydrocarbons. Ultimately, an estimated 40,000 workers and volunteers were involved in rescue, recovery, and restoration of essential services at the site; an estimated 10,000 workers were evacuated from the towers or the immediate vicinity on September

11; approximately 100,000 workers worked in the vicinity of the attacks; and approximately 25,000 people lived in the immediate area of the attacks. Unfortunately, many of them have developed serious, persistent health problems as a result of the attacks.

In the months after September 11, 2001, various New York area health care providers, including those at our center, began seeing workers and others with a range of upper airway, lung, gastrointestinal, and mental health consequences developed as a result of exposures incurred as a result of the disaster. Many of us participated in an ad-hoc group assembled by NIOSH to develop common approaches to the diagnosis and treatment of WTC-related health effects and to write a guideline for clinicians on the diagnosis and treatment of WTC health effects. Unfortunately, with the exception of screening of New York firefighters and assembly of the ad-hoc working group by NIOSH, many months passed with no comprehensive plan put in place by the federal government to provide diagnostic evaluation or treatment for WTC-related health conditions among workers and volunteers involved in rescue and recovery efforts at the WTC disaster, and still no plan has been developed for community residents or other workers from the WTC area.

However, in June 2002, Mount Sinai received $11.8 million in federal funding to design and coordinate a consortium of health care centers in the New York metropolitan area and nationwide to provide free medical screening exams for WTC responders who were involved in various rescue and recovery efforts, the removal of debris, the restoration of

vital services, and clean-up of the surrounding buildings in the WTC area and Staten Island landfill.

In January, 2003, we released some preliminary findings from an analysis of 250 of the first 500 people who came through the program. To summarize, well over 50% of those evaluated had persistent World Trade Center-related effects close to one year after the event. This is a finding that, unfortunately, holds true today. Specifically,

- 78% of participating emergency responders reported at least one WTC-related pulmonary symptom that first developed or worsened as a result of their WTC-related efforts; 46% of the sample still experienced at least one pulmonary symptom in the month before the screening examination.
- 88% reported at least one WTC-related ear, nose or throat (ENT) symptom; 52% of the sample still experienced at least one ENT symptom in the month before the screening examination.
- 52% reported mental health symptoms requiring further mental health evaluation; approximately 1 in 5 of the sample reported symptoms consistent with post-traumatic stress disorder (PTSD).

Most striking is the fact that a large proportion of this sample showed evidence (either symptoms or abnormal test results) suggestive of respiratory disease 10 months to one year after September 11, 2001. Seventy-three percent of the sample had either ENT symptoms or abnormal physical examination findings or both. Similarly, 57% of the sample had either pulmonary symptoms or

an abnormal pulmonary function test or both. Unfortunately, however, many of those who've come to our screenings reporting persistent WTC related symptoms have received either no clinical care or inadequate clinical care at the time of their first evaluation with us.

We've now seen over 8000 men and women in our screening program, and the rates of persistent upper and lower respiratory symptoms remain very high, more than 2 years after the terrible events of 9/11 and the exposures that followed.

However, even before the release of our official preliminary findings, it had become apparent that because of the high prevalence of WTC-related symptoms we were seeing, there would be a need for longer term medical monitoring of WTC responders as well as a need for appropriate medical care for those who had developed WTC-related illnesses. For these reasons, we joined with fellow occupational health experts, labor leaders and members, and concerned federal legislators in an intensive year-long lobby for federal resources for long-term medical monitoring. Last February it was announced that this money had been appropriated and would be allocated to an appropriate federal agency for release. Although we still await the final awards of that funding, which will be used to implement a much-needed long term medical monitoring program for those screened through the World Trade Center Worker and Volunteer Medical Screening Program and for New York firefighters, we join with thousands of ill and injured workers and volunteers in our appreciation of your efforts to secure those resources. Of the $90 million allocated in the early winter of 2003, $4 million has been provided to allow us to expand the baseline medical screening program so that 3000 additional workers and volunteers will receive free comprehensive examinations. Another $25 million is allocated specifically for

examinations of New York City firefighters. The remaining funding, approximately $56 million, will be used to establish, coordinate and conduct a program for long-term medical monitoring of World Trade Center responders seen in the World Trade Center Worker and Volunteer Medical Screening Program. However, these funds will not cover a full comprehensive program to medically monitor even the initially screened group of 12,000 workers and volunteers for the 20 years we would advocate. We estimate that current funding will support a program to conduct medical screening examinations of 12,000 WTC responders every year and a half for five years only. We hope to have the opportunity to do that soon but have not yet been funded to begin the long-term medical monitoring program. We urge that the funding process be hastened as 16 months have passed since our first screening patients received baseline examinations. However, we are more concerned that the current funding is not adequate to permit the long-term monitoring vital to ensuring that diseases that develop only after years have passed might be detected when they're really treatable. This is particularly important because the WTC responders are a group which sustained exposures without precedent and for which there may be new, unexpected health consequences, including, possibly, diseases with long latency, such as cancers (which wouldn't be expected to show up until 15 years after exposures).

Equally pressing at this time, however, is the critical need for treatment resources. The World Trade Center Worker and Volunteer Medical Screening Program is identifying a substantial number of people who need ongoing treatment for World Trade Center-related physical and mental health problems. Unfortunately, there is still not an adequately funded treatment program for workers and volunteers who need ongoing medical care for their World Trade Center related health problems.

At Mount Sinai, we've sought and received funding from private philanthropic sources to establish a program to provide further testing and treatment for a limited number of WTC responders. However, philanthropic funding simply cannot provide all the resources necessary to provide care to all who need it. Currently, for example, there is a two to three-month waiting period for new patients to be scheduled into our treatment program for a first visit with a doctor. The dearth of resources for treatment is particularly troubling because the people we are seeing are sick and in great need. Among the first 350 patients seen in the World Trade Center Health Effects Treatment Program:

1) Fully 40% do not have health insurance
2) 39% do not speak English
3) 75% have persistent World Trade Center related upper respiratory problems
4) 44% have persistent World Trade Center related lung problems
5) 40% have persistent mental health consequences related to the World Trade Center disaster, and
6) Approximately one third are now unemployed.

The impact of World Trade Center related health effects on the lives of our patients is tremendous. Many of our patients are disabled by chronic pulmonary problems, and often their lives become significantly altered by breathing difficulties and psychological consequences of their response efforts. Many of our patients have also suffered substantial economic disruption because of WTC-related health problems. While we are able to help the WTC responders who make it to our programs, I am certain that there are many others who

are just as ill and disabled but who still are not yet receiving treatment for their World Trade Center-related health problems. It is urgent that funding be made available to provide access to medical and mental health care for all who sustained health consequences from the World Trade Center disaster - workers and volunteers involved in rescue recovery efforts, workers from the immediate area, and area residents as well as their children. Specific problems that should be addressed include:

1) Although Workers Compensation should pay for medical care for affected workers, many of our patients are facing intolerable delays due to their Workers Compensation claims being fought by insurers;
2) Uninsured workers lack access to needed care while they await resolution of their Workers compensation claims;
3) Even insured workers may not be able to afford needed medication because of the high costs and co-payments for medications;
4) Too few health care providers are knowledgeable about how to recognize and treat WTC-related illness;
5) Workers who have become disabled as a result of WTC-related health problems are experiencing financial devastation. Many of our patients have become disabled as a result of their WTC-related health problems and have lost their medical insurance along with their jobs;
6) No program exists to provide care to residents, including children, with WTC-related health problems nor to care for workers from the area surrounding the WTC disaster area who may have developed health effects but were not involved directly in rescue and recovery efforts.

WTC responders sustained exposures without precedent and for which there may be new, unexpected health consequences. While there is presently some funding for long term medical monitoring of WTC responders to provide an adequate response to the medical needs of those who responded so heroically to the disaster, funding is vitally needed to:

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

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

Finally, unfortunately, we know that it is possible that future terrorist attacks will occur in the

United States. Should this happen, I hope that there will be an adequate public health infrastructure in place and a rapid flow of funding to permit prompt evaluation of exposures and dissemination of information about how to prevent potential health effects of those exposures, along with dissemination of information to treating physicians, and rapid development of programs to provide early diagnosis and treatment.

Thank you.

Mr. SHAYS. Thank you very much, Doctor.

Commissioner.

Dr. FRIEDEN. Thank you very much.

Mr. SHAYS. Is the mic on?

Dr. FRIEDEN. Good morning. Can you hear?

I am Dr. Thomas Frieden, commissioner of the New York City Department of Health and Mental Hygiene.

I want to thank Chairman Shays of the committee and especially Congresswoman Maloney for holding these hearings in New York City.

The immediate effects of September 11 included the deaths from terrorist attack of nearly 2,800 New Yorkers in addition to the passengers and crew of the two planes that crashed into the WTC. Our efforts now are focused on the many people who may experience long term health problems as a result of September 11.

The WTC Health Registry is a critically important effort to evaluate the short and long term effects to both physical and mental health that may result from September 11. A comprehensive, strictly confidential health survey of the most highly exposed people, it will identify which groups and exposures most increase the risk of health problems and which are most in need of medical intervention. Significant findings will be shared as soon as they become available and reports will be posted on the Web every 3 months. We intend to track the health of persons who enroll for up to 20 years.

The registry is unique. It is the only project that will allow comparisons across groups and facilitate long term followup of a large representative group of people with a wide range of exposures and health histories. It is our best chance to find out both the spectrum of health effects from September 11 and to identify and target services for the medical needs arising from September 11. Findings will help participants, others exposed and the general public and will provide critical information for medical professionals who evaluate and treat exposed persons. It is a systematic evaluation that should allow us to make conclusions about the health effects of September 11 both for those who participate and for those who do not participate in the registry.

It is not an attempt to identify and monitor every exposed person. It is also not a telephone diagnostic program intended primarily to find people with medical problems and provide care.

The registry will identify syndromes and conditions associated with exposure and will put clinical studies into perspective. We need both the detailed clinical evaluation that is provided by Mount Sinai and NYU and others, and the comprehensive approach the registry provides.

The registry is a collaboration between the health department, ATSDR, FEMA and New York City community and business organizations. The development of the scientific plan for the registry has, from its inception, involved the collaboration of scientists from many academic institutions both within and outside of New York City.

ATSDR has committed funding for project years 2 through 5 for core functions. However beginning in calendar 2005 we will need

at last $2 million more per year for basic registry functions for the intended 20 year life of the project.

We are very pleased with the response to the registry in the first 8 weeks of enrollment. More than 10,000 people have completed the telephone interview. Another 5,000 have preregisted, and these numbers continue to increase each day. We are also reaching tens of thousands of others for whom we already have contact information.

The registry has a Federal certificate of confidentiality ensuring protection of individual information from subpoena or Freedom of Information Act requests.

The registry is the most recent of many activities conducted by the health department following September 11. These include: Syndromic surveillance to identify clusters of illness; inspection of food distribution, mandated washing stations; emergency department monitoring for injuries; rescue worker injury and illness monitoring; community needs assessment of Lower Manhattan; indoor air quality assessment.

And the department also implemented Project Liberty, a FEMA funded crises counseling and public education program. Project Liberty has assisted more than 900,000 New Yorkers effected by September 11 serving a population ethnically diverse and similar to the city as a whole.

Project Liberty is scheduled to end on December 31st of this year. We are hopeful for an extension so that the fire and education department programs can continue.

We thank you for your interest and support. However, much more needs to be done both to address the needs of those still suffering from the effects of the attack and to ensure that we are as prepared as we can be. The city continues to ask the administration and Congress to provide bioterrorism and Homeland Security funding based on risk and consequence.

We were the target of two of the four planes hijacked on September 11. We were the target of four of seven anthrax-laden envelopes sent in the fall of 2001. And we are the target of most of the terrorist chatter that mentions a specific location. But despite having more than half of the Nation's recent attacks and having more than half of the risk of future attacks, we receive less than one fortieth of the Federal dollars for bioterrorism preparedness.

In fact, per capita New York City ranks a shocking 45th out of the 54 jurisdictions receiving bioterrorism funding.

We have asked the administration and Congress for more than $900 million for emergency preparedness, $100 million of which is for the health department. And as I noted before, the WTC Health Registry, our best chance to know the health effects of September 11 and most effectively target long term interventions has a large funding gap in the out years.

Thank you for your interest and continued support.

I will be happy to answer question.

[The prepared statement of Commissioner Frieden follows:]

Testimony

Thomas R. Frieden, M.D., M.P.H.
Commissioner, New York City Department of Health and Mental Hygiene

before the

House Committee on Government Reform
Subcommittee on National Security, Emerging Threats, and International Relations

Assessing Sept 11th Health Effects: What should be Done?

October 28, 2003

Mount Sinai Medical Center
1425 Madison Avenue
New York City

Good morning. I am Dr. Thomas Frieden, Commissioner of the New York City Department of Health and Mental Hygiene. I want to thank Chairman Shays, the Committee, and especially Congresswoman Maloney, for holding these hearings in New York City to discuss the health affects of the World Trade Center disaster and what is being done to assess their impact. I am pleased to have the opportunity to be here, and in particular, to describe our progress with the World Trade Center Health Registry, which I believe will be key to understanding the extent of these health effects.

The immediate health effects of the tragic events of 9/11 include the deaths from the terrorist attack of nearly 2,800 New Yorkers, in addition to the passengers and crew of the two airplanes that were deliberately crashed into the World Trade Center towers. Our efforts now are focused on the many people who may experience long-term health problems as a result of the events of 9/11.

The World Trade Center Health Registry is a critically important effort to evaluate the short- and long-term health effects to both physical and mental health that may have resulted from exposure to the 9/11 disaster.

The Registry, a comprehensive, strictly confidential health survey of the most highly exposed people will be used to assess the possible long-term health effects of the disaster in different groups including those who were in close proximity to the World Trade Center site on 9/11/2001 and those who were exposed as recovery and cleanup workers, residents, and students in the ensuing weeks as the fires burned. Significant findings will be shared as soon as they become available, and reports will be posted on the Registry website every three months. We intend to track the health of persons who enroll in the Registry for up to 20 years. We hope to contact participants every three to five years to inquire about their health as well as to undertake specific, focused studies, resources permitting.

The World Trade Center Health Registry is unique, in that it is the only project that will allow comparisons across groups, and facilitate long-term follow-up of a large, population-based cohort that includes people with a wide range of exposures and health histories. It is our best chance to find out the true incidence and spectrum of health effects resulting from 9/11. Let me be clear about what the Registry is and what it is not. It *is* a systematic evaluation that should allow us to make conclusions about the health effects of 9/11, both for those who participate in the registry, and those who do not participate. It *is not* an attempt to identify and monitor every exposed person. It also *is not* a telephone diagnostic program intended primarily to find people with medical problems and provide care. Clinical evaluation of those most affected cannot tell us about rare effects, nor can it indicate the rate of illness. The Registry will be able to identify syndromes and conditions associated with exposure to the disaster, and help determine what is and is not associated with the disaster. The Registry provides the only comprehensive information available to put the clinical studies in perspective. We need both the detailed clinical evaluation that is provided by Mount Sinai, NYU, and others; as well as the comprehensive survey approach the Registry provides. This will provide information to support evaluation and treatment regimens. We will be able to identify who is at risk and what kind of exposure is more likely to put people at risk so that people can be identified and receive appropriate screening and treatment. Findings will be available to the participants, the general public, and the medical professions to help their evaluation and treatment of exposed persons at risk – whether or not they are in the Registry.

The Registry allows us a pivotal opportunity to evaluate the health of people who were closest to the site on 9/11 and in the subsequent months. It allows for understanding of various levels of exposure to dust, fumes, and debris, and provides information on both physical and mental health problems that may occur. The larger the number of eligible people who enroll in the Registry, the more valuable the project will be in terms of delineation of long-term health effects of 9/11 and identification of possible subgroups needing further evaluation and treatment. It will allow us to compare the health effects of people who worked for weeks on the burning pile, people who worked in office buildings in lower Manhattan during the Fall of 2001, and residents who returned to live near the World Trade Center site while the fires still burned, with those experienced by less-exposed persons, including those who were in lower Manhattan only briefly on 9/11 and never returned, or residents who did not come back until after the fires were out.

The Registry is the most systematic approach currently available to evaluate the possible health effects from 9/11. It does not depend on selected sub-populations, but rather encourages all eligible persons to participate. Findings from the Registry will allow us to put in perspective the important clinical data from medical evaluation studies conducted by Mount Sinai, the Fire Department, NYU, New York State, and others. The Registry will enable DOHMH to conduct targeted surveys and investigations based on the more general findings from the larger enrolled population. It may also facilitate the future development of effective treatment regimens for these possible health effects.

The Registry is a collaboration between the New York City Department of Health and Mental Hygiene, the federal Agency for Toxic Substances and Disease Registry (ATSDR), the Federal Emergency Management Agency (FEMA), and New York City community and business organizations. In July 2002, FEMA provided start-up funding for the Registry to ATSDR; ATSDR contracted with RTI (Research Triangle Institute) International to conduct outreach, data collection, and data management. During this period, DOHMH and ATSDR, with the assistance of a Scientific Advisory Committee representing a wide range of researchers and recognized experts from the scientific and medical community, have been designing this complex project that is unprecedented in size and scope. The development of the criteria, the questionnaire, and methodology for data collection all required extensive scientific peer and the human subject review required for all federally funded research to assure the protection of human subjects of research. The DOHMH is responsible for overall project management, oversight, and dissemination of findings from the Registry, in close consultation with our partners and our scientific Advisory Committee.

ATSDR has committed funding of $1 million per year for project years two through five to support specific WTC Health Registry core functions, including database maintenance, location updates of 25% of registrants per year, and data analysis and reporting, including a quarterly report to be posted on the Registry website (www.wtcregistry.org). We are also providing a resource guide to participants and others to help identify evaluation and treatment sources. However, ATSDR has not received and therefore cannot commit funding for follow-up and registry matching activities, which are essential to the goals of this project. Specifically, the following unfunded activities are vital to the WTC Health Registry's success: follow-up health assessments of at least a 10% annual sample of Registry participants via telephone interview or self-administered questionnaire; dissemination of findings, health alerts (if appropriate), and recommendations for referrals for medical screening, evaluation, and possible treatment; and matching with health databases such as hospitalizations, cancer registries, and the National Death Index. These activities would require a minimum of $2 million per year more, beginning in calendar year 2005, for the intended 20-year life of the project. Without this funding, it will not be possible to fully evaluate the potential long-term effects of the WTC disaster.

The development of the scientific plan for the Registry has, from its inception, involved the collaboration of scientists from academic institutions both within and outside of New York City, including the City University of New York, Mount Sinai Hospital, Columbia University, the New York Academy of Medicine (NYAM), New York University (NYU), the Bloomberg School of Public Health at Johns Hopkins University, the health departments of New York State and New Jersey, the National Institute for Occupational Safety and Health (NIOSH), the federal Centers for Disease Control and Prevention (CDC) Injury and Environmental Programs, and the Oklahoma State Department of Health.

We are very pleased with the response to the Registry during the first 8 weeks of data collection. More than 10,000 people have completed the full telephone interview,

and another 5,000 have pre-registered on the Registry website or by calling the toll-free number; these numbers continue to increase each day. We also already have detailed contact information and will reach out to more than 25,000 others believed to be eligible.

Public awareness and understanding about the availability of the Registry is critical in order to enroll as many people as possible in the different exposure categories. It is important for people to know that the World Trade Center Health Registry has a federal Certificate of Confidentiality, which ensures protection of individual information from release by subpoena or Freedom of Information Act (FOIA) requests. We are grateful to the community organizations, businesses, and city, state, and federal agencies that have participated in identifying and recruiting people to be enrolled in the World Trade Center Health Registry. I also want to thank newspapers and other media groups, including our local TV news organizations that have contributed to increased awareness about the Registry. Potential registrants can pre-register by visiting our website, www.wtcregistry.org or call 1-866-NYC-WTCR (1-866-692-9827)

I would like to thank Senator Clinton and her colleagues in the Senate and House for targeting a portion of emergency funds to be used for post-disaster health assessment. While hundreds of thousands of New Yorkers were exposed to the environmental effects of the disaster, we worked with our scientific advisors to devise a realistic definition of those who were likely to be the most heavily exposed, whom we are now inviting to join the Registry. The World Trade Center Health Registry will include a large representative sample of people who were in a building, on the street, or on the subway below Chambers Street on September 11, 2001; people living south of Canal Street; school children and staff from schools and day care centers located south of Canal Street; and people involved in rescue, recovery, clean-up, and other support services at the WTC site or the recovery operations on Staten Island from September 11, 2001 through June 30, 2002. The Registry will provide information about health effects for everyone exposed and will provide a basis for all of us to make public health and policy decisions related to the health effects of 9/11.

The World Trade Center Health Registry does not substitute for or replace the other World Trade Center-related studies and what has and will be learned from those studies about the effects of 9/11. Many of the measures that were included on the baseline Registry survey were derived from exposure and health measures found to be important from prior research conducted by NYAM, Mount Sinai, FDNY, NYU, NYSDOH, and Columbia University, among many others. The World Trade Center Health Registry, nonetheless, is unique in that it will include a high proportion of people in the highly exposed populations, will be more comprehensive (including study of multiple populations), and long-term, and will provide a foundation for conducting future World Trade Center-related evaluations.

We have recently published on the World Trade Center Health Registry website (www.wtcregistry.org) our first report describing characteristics of persons interviewed during the first three weeks of data collection. Among the 6,313 individuals interviewed in September 2003, 83% were residents of New York State on September 11, 2001; 70%

were south of Chambers Street on the morning of 9/11; 28% worked at the World Trade Center recovery site on Staten Island or on the barges; and about 12% were residents in the area south of Canal Street. Many people among this first group of interviewees belonged to more than one exposure group. Although the largest portion of those interviewed in the first month live in Manhattan, more than 1,000 are from Brooklyn, and hundreds more from each of the remaining New York City boroughs have completed interviews.

The World Trade Center Health Registry is vital to our ability to put in perspective the information on health effects and to determine the spectrum of health effects from 9/11. It is critically important that people step forward to help develop this resource, which will help us and the medical community better respond to potential health care needs, as well as to respond to similar crises in the future. We also call upon our colleagues in Washington to provide support for the Registry in future years. In order for the Registry to be as useful as possible to determine the extent, need for treatment, and, possibly, treatment modalities for possible health effects from 9/11, as well as provide information that will be the most relevant to our response to any possible future acts of terrorism, we must have the resources available to operate this program at both the level and the duration planned.

The World Trade Center Health Registry, which is the culmination of planning that began shortly after 9/11, is the most recent of many health evaluations and activities conducted by the DOHMH in the days and weeks following 9/11. These include:

- **Syndromic surveillance**, a system to identify clusters of illness in hospital emergency departments and through ambulance calls. NYC's emergency department syndromic surveillance was developed in response to 9/11, but has grown and is now a disease outbreak health-monitoring program.
- **Inspection of food distribution and hand washing stations**, leading to immediate implementation of improved safeguards for workers. DOHMH also mandated shower and "hose-down" stations for workers.
- **Emergency department surveillance** for injuries to survivors on 9/11, in cooperation with CDC.
- **Rescue worker injury and illness surveillance.** For a month following September 11, 2001, more than 5,000 medical records at four Manhattan hospitals and five Disaster Management Assistance Team (DMAT) facilities located at the World Trade Center site were reviewed. Musculoskeletal conditions were the leading cause of visits, followed by respiratory and eye disorders. This system provided objective timely information that helped guide public health interventions following the 9/11 disaster.
- **Community Needs Assessment of Lower Manhattan.** DOHMH and CDC survey teams surveyed 414 persons in selected apartment units in Battery Park City, Southbridge Towers, and Independence Plaza in late October 2001. Some of the findings reported in January 2002 were that 50% of residents experienced nose, throat, and eye irritation; 40% had symptoms of post-traumatic stress syndrome.

P.06 OCT-27-2003 14:30

- **Indoor air quality assessment.** In November and December 2001, in collaboration with ATSDR, samples were taken from 30 residential buildings in lower Manhattan and 4 residential buildings above 59th Street as comparison buildings. Samples were analyzed for airborne fibers, asbestos, and fibrous glass Samples were taken inside residences, in common areas within residential buildings, and outside of the buildings. The air samples from inside the buildings showed no elevated levels of asbestos or fibrous glass. Settled dust samples were also collected and analyzed for asbestos, fibrous glass, and mineral components of concrete and wallboard. Analysis of interior settled dust samples for asbestos indicate that 18% of the 83 samples were above levels found in the background building. Upon reinspection, none were at levels requiring abatement. Asbestos was detected in 6 of the 14 (43%) outdoor samples. Only 2 of these were at levels requiring abatement. Professional abatement work was completed in this area. Fibrous glass was detected, as expected, in 40 of 85 (48%) indoor dust samples and in 11 of the 14 (79%) outdoor locations in lower Manhattan. Mineral components of concrete and wallboard were also detected at higher percentages in lower Manhattan than in comparison areas.
- **Assessment of mental health impacts.** The 9/11 tragedy has demanded a significant response from this Department to meet the intensified need for mental health and chemical dependency services. These are, and will continue to be, a significant long-term health affect of 9/11. In particular, post-traumatic stress syndrome and depression have been documented at very high rates in New York City. Although the prevalence of these disorders has decreased since the months immediately after 9/11, they have returned to baseline except in those directly affected by the tragedy – those who witnessed it, lost loved ones, worked on the rescue, or had their job status affected. In those directly affected, mental distress remains elevated.

In order to assist New Yorkers who were affected by the disaster, the Department implemented Project Liberty, a FEMA-funded crisis counseling program. Project Liberty contracted with more than 80 community-based agencies across the City, primarily mental health clinics with deep roots in their communities. Project Liberty providers employ outreach workers and crisis counselors who offer free individual and group crisis counseling and public education programs to help people return to their pre-disaster level of functioning. They refer people to mental health treatment if indicated.

We are proud of the way in which Project Liberty has served New Yorkers, and in particular how it has reflected the diversity of the City and focused on those communities that were most heavily impacted. Since the beginning of Project Liberty activities in October 2001, the program has assisted more than 900,000 New Yorkers affected by 9/11. Outreach efforts by Project Liberty providers were conducted in a broad spectrum of locations throughout the City, often in collaboration with community-based organizations, serving a population ethnically similar to the City as a whole. Project Liberty's public education campaign materials have been printed in Spanish, Chinese, and Russian, as well as in English.

TOTAL P.08

FEMA made more than $110 million available to the City through the New York State Office of Mental Health for Project Liberty, which is scheduled to end on December 31, 2003. We are hopeful for an extension of time so that ongoing Fire Department and Department of Education programs can be completed; without additional funding, we anticipate on the basis of claims submitted to date that essentially all of the remaining FEMA services funds for New York City's Project Liberty will be expended by the December 31 deadline, or shortly thereafter.

In conclusion, I want to again thank you for your interest and support. We are grateful for the federal financial support we have received for our bioterrorism and emergency preparedness activities, as well as the scientific guidance and expertise that federal agencies such as CDC and ATSDR have placed at our disposal. However, I cannot close without noting that there is much more that needs to be done to heal the City's wounds from that terrible event, and to ensure that we are prepared as we should be in the event of another attack. We are working hard to provide the best emergency preparedness system possible. The City continues to ask the Administration and Congress to provide bioterrorism and homeland security funding based on risk and consequence. We were the target of 2 of the 4 planes used on 9/11. We were the target of 4 of the 7 anthrax-laden envelopes sent in the Fall of 2001. And we are the target in most of the terrorist "chatter" which mentions a location now. But despite having more than half the nation's recent attacks and more than half the risk of future attacks, we receive less than one-fortieth of federal dollars to prepare and respond to terrorist attacks. In fact, per capita, NYC ranks a shocking 45th out of the 54 jurisdictions receiving bioterrorism funding.

The City has also asked the Administration and Congress for more than $900 million to provide the necessary training, security enhancements and facility improvements, emergency preparation, and response equipment, as well as proper communications and information technology to New York City's five first responder agencies, including the DOHMH, the Police and Fire Departments, the Office of Emergency Management, and the Health and Hospitals Corporation, our public hospital system. DOHMH alone has requested more than $100 million in financial assistance from the Administration and Congress so that we can upgrade the City's public health laboratory and provide equipment and resources to strengthen our capacity to respond to environmental threats. The Health and Hospital Corporation also has significant needs, and has asked for more than $33 million in financial assistance to assure that our public hospitals can respond adequately to future threats. And as noted above, the WTC Health Registry – our best chance to know the health effects of 9/11 – has a large funding gap.

Thank for your interest and continued support. I will be happy to answer your questions.

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P.08 12:51 2002-12-17

Mr. SHAYS. Dr. Weiden.

Dr. WEIDEN. Chairman and members, today I've been asked to talk about the health and welfare of FDNY firefighters and the EMS rescue workers after September 11. I will focus on what lessons we have learned and what changes should be made as we move forward.

On September 11, two 110 story towers and several other buildings collapsed during rescue and evacuation. With these collapses, FDNY firefighters and the EMS rescue workers went from being first responders to victims. Although, first responders accounted for nearly 12 percent of the dead, our surviving firefighters and EMS and rescue workers continued to work uninterrupted both at the WTC site and throughout NYC. We must never forget that despite the tragedy of that day, FDNY successfully evacuated over 20,000 civilians and saved countless lives. The extraordinary heroism of our firefighters and rescue workers will forever remain a beacon of courage, commitment and dedication.

WTC dust is pulverized concrete, fibrous glass, silicates, carbon particulate matter and asbestos. The upper airways were overwhelmed by this burden and the dust had an extraordinarily high pH causing deep burns of lung, sinuses and esophagus.

Since inhaling this dust can cause considerable harm, it was important to find out if masks or respirators were available and were actually worn by FDNY rescue workers. By week two, 70 percent of firefighters had the proper respiratory for this exposure, but only 30 percent were able to wear it most of the time. Why? Because these masks were uncomfortable and difficult to communicate to through others.

To improve respiratory protection at future disasters, we need better planning, improved respiratory design and supply. Two years after the WTC, we still don't have that. Improved design and supply will naturally lead to improve compliance.

FDNY Bureau of Health Services understood the need to provide immediate medical monitoring and treatment. From October 2001 to February 2002 we provided every FDNY firefighter and EMS worker with the opportunity for a full medical. We also partnered with the CDC and NOISH to provide specialized tests that were not part of our standard medical.

Several months into the World Trade Center rescue and recovery effort, two Port Authority Police officers were reported to have high mercury levels. In response, authorities wanted to close down the site. That would have created enormous emotional stress to every family member still waiting for a loved one to be found. At that point FDNY's Bureau of Health Services had already done urinary mercury levels on over 8,000 people and none were elevated. These findings allowed the site to remain open, a major untold benefit for families of the missing.

We have found that 25 percent of the highest exposed FDNY firefighters have airway hyper reactivity and many have asthma or reactive airways dysfunction. To date, 280 FDNY firefighters have qualified for retirement disability pensions due to permanent lung impairment, and we project that anywhere from 300 to 500 additional firefighters will ultimately be permanently impaired from respiratory disease.

Respiratory problems are not the only issues FDNY is coping with. Since September 11 our firefighters and the EMS rescue workers have been functioning under incredibly high stress levels. They have lost coworkers, they have lost friends, they have lost family. They have a different role in life now. They've been exposed not just to fires, they have been exposed to a new mission.

In our FDNY WTC medical monitoring program, 48 percent of our rescue workers reported difficulty sleeping; 36 percent reported unusual irritability; 34 percent reported difficulty concentrating, and; 33 percent reported anxiety. These are major problems for people who did not have problems pre-WTC.

Eighty percent of our firefighters and EMS rescue workers, independent of their age or their extent of WTC exposure indicate that they are concerned about their health, and 20 percent are worried about that their future may be cut short.

Since September 11 our counseling unit has rapidly expanded to provide educational group and individual sessions using funding from Project Liberty, the IAFF and FDNY and local unions and private philanthropists. Project Liberty dollars supplemented by these other sources has allowed us to provide individual counseling sessions to over 5,700 FDNY rescue workers and families. These individual counseling sessions are in addition to the many group therapy, firehouse briefings, department wide interventions that we've done since that time.

To serve their needs and to allow FDNY to continue to serve the needs of New York, it is essential that Project Liberty be continued past its 2004 end date.

In conclusion, we cannot prevent the exposures that have already occurred to these men, but through the long term medical monitoring and counseling programs that I've described today, we can all work to restore the health of those who did survive. That is why the Federal funding provided for long term medical monitoring of WTC rescue workers is critically important. We are glad that the recent agreement has been made that should help with the release of these funds. We need to continue our commitment to each FDNY firefighter and EMS rescue worker, a covenant that states when you come out of the flames, we will be there for you.

[The prepared statement of Dr. Weiden follows:]

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October 28, 2003

Congress of the United States – House of Representatives
Congressman Christopher Shays, Connecticut
Sub-Committee on National Security, Emerging Threats and International Relations
B372 Rayburn House Office Building
Washington, DC 20515-6143

Re: Findings From the Fire Department of New York's (FDNY)
World Trade Center Medical Monitoring Program:

Dear Chairman and Members:

Good morning Mr. Chairman and members of the Congressional Sub-committee on National Security, Emerging Threats and International Relations. I am Dr. Michael Weiden, a Medical Officer of the Fire Department of New York (FDNY) and Assistant Professor of Medicine and Environmental Medicine in the Pulmonary Division at New York University's School of Medicine. I am reading a statement jointly written with Dr. Kerry Kelly, FDNY's Chief Medical Officer and Dr. David Prezant, FDNY's Deputy Chief Medical Officer who like myself is a lung specialist and a Professor of Medicine at Albert Einstein College of Medicine. Together we have provided over 50 years of service to FDNY's bravest – firefighters and EMS rescue workers.

Today, I have been asked to talk about the health and welfare of FDNY firefighters and EMS rescue workers after 9/11. Let us start by stating that the exposures at the World Trade Center, both during the collapse and in the days, weeks and months thereafter, far exceed in both intensity and duration any previous firefighting experience in the United States. We have learned that people, not buildings, are the victims and that first responders respond whether they're on duty or off duty, and even if they are not wearing the appropriate personal protective equipment and respirators. What lessons have we learned and what changes should we make as we move forward?

On 9/11, two 110 story towers and several other buildings collapsed during rescue and evacuation. With these collapses, FDNY firefighters and EMS rescue workers went from being first responders to victims. Although, first responders accounted for nearly 12% of the dead, our surviving

firefighters and EMS and rescue workers continued to work uninterrupted both at the WTC site and throughout NYC. We must never forget that despite the tragedy of that day, FDNY successfully evacuated over 20,000 civilians and saved countless lives that day. The extraordinary heroism of our firefighters and rescue workers will forever remain a beacon of courage, commitment and dedication.

Over the next 12 months, our rescue workers continued their efforts at Ground Zero despite questions about their exposures and its health effects. Regardless of whether carcinogens are ever proven to be present at the site, remember environmental monitoring was not done on Day 1, we must not neglect the current and future health risk from particulate matter visibly present at high levels. This was the largest single acute exposure to high-volume particulate matter, to dust, in a modern urban environment. Those of us who had the luxury of watching the WTC collapse from our homes on TV, could easily get the impression that the cloud rushed by so fast that the exposure lasted only seconds to minutes. For our firefighters and EMS rescue workers this illusion was not reality. They were suspended in a black cloud, so thick they could not see the sky or even their own hands in front of their faces. They were coughing, gagging, inhaling and swallowing large and small pieces of WTC Dust. And at Ground Zero, the dust turned the sky black for hours and still gray for days.

We now know what WTC dust is. It is pulverized concrete, fibrous glass, silicates, carbon particulate matter and asbestos. This mixture of dust ranged from 1 to 50 microns in size, meaning that it was respirable to the sinuses and large airways and once the upper airways were overwhelmed by this burden, the dust was then respirable even to the small lower airways. It was also swallowed. The dust had a very high pH. In other words, it's like swallowing or inhaling Drano. This high pH, alkaline exposure, caused a deep burn of the lungs, sinuses and esophagus causing persistent inflammation leading to respiratory and gastrointestinal complaints.

Since inhaling this dust can cause considerable harm, it was important to find out if masks or respirators were available and were actually worn by FDNY rescue workers. In a cooperative study with NIOSH, FDNY's Bureau of Health Services asked FDNY firefighters, what masks were available for you to wear on Day 1. Most had a firefighter's respirator, a self-contained breathing apparatus or SCBA. Unfortunately, SCBA typically provides a firefighter with only 8 to 12 minutes of fresh air. In a fire, departments can rotate fresh SCBA bottles or preferably fresh firefighters onto the fire ground. Even if fresh SCBA bottles were available, it would be impractical for firefighter's to use such heavy bottles (weighing nearly 25 lbs) during a prolonged rescue event. After their first SCBA bottle ran out, 70% of FDNY firefighters working on Day 1 stated that they had access to only a dust mask (not NIOSH approved for this type of exposure). And, only 18% stated that they were able to wear a mask during most of their work time. So we're talking about 82% without any respiratory protection, regardless of what type of mask they actually had. By Week 2, 70% of the firefighters had a fit-checked half-face P-100 respirator, the proper respirator for this exposure, but only 30% were able to wear it most of the time. Why? Because these masks are nearly impossible to wear during prolonged work activities as they are uncomfortable and difficult to communicate through to others. They were designed for the laboratory and not heavy physical exertion during a dangerous rescue/recovery operation. To improve respiratory protection at future disasters we need better planning, improved respirator design and supply. P-100 respirators need to have filters that are interchangeable from one manufacturer to the next. Two years after WTC, we still don't have that. Improved design and supply will naturally lead to improved compliance. You don't need to mandate five more hours of training to tell rescue workers what they already know. They know they need to wear a respirator. But they need a better one.

Respirators are not the only aspect of personal protective equipment requiring improvement. Modern firefighting uniforms (so called Bunker gear) is fantastic for fighting fires and preventing burns. But it's designed for fire suppression, not for rescue events. We need to have different uniforms for long-term rescue events. We need to think about uniforms for long-term rescue events that don't provide the same level of thermal exposure, but do take into account comfort, ergonomics, physical fitness levels, and the ability to move around in a collapse scene safely. Current firefighter uniforms provide thermal protection but at the expense of dehydration and heat stress. If the WTC attack had happened during the summer months, there would have been numerous heat related injuries. Improved personal protective equipment is the way to reduce injuries and illness now and in the future.

With few firefighters having adequate respiratory protection, FDNY's Bureau of Health Services understood the need to provide immediate medical monitoring and treatment. From October 2001 to February 2002, we provided every FDNY firefighter and EMS worker with the opportunity for a full medical, not just a listen-to-your-chest-with-a-stethoscope medical, but a full medical; the medical that we helped to design with medical experts, NIOSH, the International Association of Fire Fighters (IAFF) and our local unions. We were able to do this because FDNY had already built a healthcare infrastructure in its Bureau of Health Services to provide medicals to nearly 11,000 FDNY firefighters and 2,500 EMS workers annually for the last decade. Immediately after 9/11, the Bureau of Health Services with funding from FDNY, FEMA and CDC expanded its work hours to provide medicals 18 hours a day, 7 days a week. In 5 months, from October 2001 to February 2002, we provided 11,000 exposed FDNY rescue workers with a WTC medical. We also partnered with the CDC and NIOSH to provide specialized tests that were not part of our medical. For example, in the 4th wk after 9/11, we obtained serum and urine from nearly 400 FDNY rescue workers and measured hydrocarbons, special metals, dioxins and PCB congeners. Our results were recently published in the September 9th 2003 edition of Environmental Health Perspectives. We found most measures to be within normal background levels but a few were elevated, specifically antimony and two dioxin congeners. Luckily, these elevations were not to clinically significant levels but follow up measurements certainly need to be repeated as part of FDNY's long-term medical monitoring program.

We measured heavy metal blood levels in our firefighters throughout the rescue/recovery effort. We did not know at the time how critically important these measures were to be. Several months into the World Trade Center rescue/recovery effort, two Port Authority police officers were reported to have very high blood mercury levels. In response, authorities wanted to close down the site. That would have created enormous emotional stress to every family member still waiting for a loved one to be found. Well, the fact of the matter is that you don't measure mercury in blood. That type of measurement reflects dietary exposure. When monitoring an environmental exposure, the correct measure is urine mercury. At that point, FDNY's Bureau of Health Services had already done urine mercury levels in over 8,000 people and none were elevated. These findings allowed the site to remain open, a major untold benefit for the families of the missing.

Our monitoring indicates that the critical irritant exposure at WTC was NOT to chemical toxins. Instead, the issue of concern is exposures to World Trade Center dust, fibers and particulate matter. 10 months after 9/11, in a collaborative study with a group from Israel, we asked FDNY firefighters to expectorate sputum for particle analysis. Even 10 months later we found a pattern of particulate matter that is nearly identical to World Trade Center dust. In one FDNY firefighter with respiratory distress, a bronchoscopy was performed, temporarily placing a tube in the lung to sample the lower airways and alveoli. We found uncoated asbestos fibers (uncoated argues for an acute exposure), degraded fibrous

glass and fly ash (pulverized concrete). These findings were published in the September 2002 issue of the American Journal of Respiratory and Critical Care Medicine.

Together, our results demonstrate that FDNY firefighters and EMS rescue workers were truly exposed to respirable fibers and particulate matter placing them at current and future risk for pulmonary, cardiac and cancer related illnesses. Because FDNY medical standards for firefighters were extremely rigorous, FDNY firefighters prior to 9/11 represented a very healthy workforce, with a low prevalence of cardiopulmonary disease. Our pre-WTC medicals indicated that less than 3% reported sinus congestion, cough, wheeze, chest tightness or shortness of breath. Immediately after 9/11, nearly 100% our exposed FDNY rescue workers reported a cough. During the first week of our medical (October 2001), four weeks after the WTC, 72% still reported a cough. Six months later, 35% of our firefighters report a daily cough and currently it appears that somewhere between 10 and 25% report cough and other respiratory complaints depending on the extent of their exposure.

What about objective measures of respiratory impairment? We are the only work force to have spirometry (measurements of lung capacity and airflow rates) on every firefighter pre-WTC exposure because FDNY had a pre-existing annual medical infrastructure. Pre-WTC spirometry breathing tests showed that lung capacity and airflow for FDNY firefighters averaged 95% of predicted normal (corrected for height, age and gender) and in many it was above 100% of predicted normal. Typically, average annual loss in lung capacity due to aging alone is about 30 milliters. After WTC, our medical monitoring program found that the average loss in breathing capacity was between 300 to 500 milliters and even greater if symptoms were severe. Compared to reference values in this population prior to 9/11, those arriving at WTC during the first 48 hours post-collapse had a 60% higher risk for a decline of 450 milliters or greater in the rate of airflow (the forced expiratory volume at during the first second of expiration, termed the FEV-1). Our study, in collaboration with NIOSH, was just accepted for publication in Chest, the journal of the American College of Chest Physicians.

We were only able to document this decrease because of pre-WTC measurements. If we had only post-WTC measurements, we would have concluded only that lung capacity averaged at the lower limits of normal. Instead, by understanding that the acute decrement in lung capacity was 10 times the expected annual decline, we at FDNY's Bureau of Health Services were able to aggressively institute several treatment programs. Long-tem medical monitoring is critical for our rescue workers both to determine the efficacy of our treatment programs and to identify those in need for further or continued intervention.

Lung imaging has not been as useful as spirometry. Chest X-rays are not very sensitive; few had any abnormalities, but were useful for documenting a post-exposure baseline for future comparisons during our long-term medical monitoring program. Chest CAT scans were also of little value but did, along with spirometry, help document airway inflammation. Again, along with spirometry, Chest CAT scans in those most exposed should be serially repeated in our long-term medical monitoring program to evaluate the progression of airway inflammation, remodeling, asthma, emphysema and of ultimately for lung cancer screening. If cancers occur, the earliest ones may not be found for another 10 to 20 years after this event, so this is a problem that we're going to have to monitor for many years to come.

What about specialized respiratory studies that we were able to do over and above our WTC medical? These are studies we can't do on everybody because they're incredibly time intensive. Using a specialized breathing test, called a methacholine challenge test we evaluated airway inflammation in a randomized stratified sample of FDNY firefighters with varying levels of exposure and symptoms.

Most were highly exposed. They were there during Day 1, during the morning of Day 1 when the buildings collapsed. Some were moderately exposed. They were not there during the morning of Day 1, but they were there later on in Day 1 and Day 2. And then we had controls, firefighters who weren't there at all. We gave them an increasing dose of an irritating vapor (methacholine) and tested their breathing. In a normal person, when you gave them this irritating vapor, their breathing does not significantly decrease. But in someone with airway inflammation, Hyperreactivity, asthma, or reactive airways dysfunction syndrome, airflow drops significantly by at least 20%. We found that 25 percent of the highest exposed FDNY firefighters (there during the collapse) had airway hyperreactivity and may have asthma or reactive airways dysfunction syndrome. This is a big problem for firefighters who need to be able to breathe to do their job. Unfortunately, in many of those with abnormal tests shortly after 9/11, this abnormal finding has persisted. We published these findings in the July 2003 issue of the American Journal of Respiratory and Critical Care Medicine.

We use the phrase "World Trade Center Cough" to describe our most symptomatic firefighters who have required extensive medical leave and are unable to safely perform essential firefighting duties. They have severe cough, shortness of breath, wheezing, chest discomfort, sinus congestion and heartburn/acid reflux. Over half of this group had a decline in their breathing capacity of at least 500 milliters, most with bronchodilator responses and many with hyperreactivity on methacholine challenge testing. Symptoms have improved with asthma, sinus and heartburn/reflux medications, but most remain with persistent asthmatic airway inflammation. To date, 280 FDNY firefighters have qualified for retirement disability pensions due to permanent lung impairment and we project that anywhere from 300 to 500 firefighters will ultimately be permanently impaired from respiratory disease.

Respiratory problems are not the only issues FDNY is coping with. Since 9/11 our firefighters and EMS rescue workers have been functioning under incredibly high stress levels. They have lost co-workers. They have lost friends. They have lost family. They have a different role in life now. They've been exposed not just to fires. They've been exposed to a new mission. In our FDNY WTC medical monitoring program, 48% of our rescue workers report difficulty sleeping; 36% report unusual irritability, 34% report difficulty concentrating, and 33% report anxiety. These are major problems for people who didn't have problems pre-WTC. Eighty percent of our firefighters and EMS rescue workers, independent of their age or the extent of their WTC exposure indicate that they are concerned about their health and 20% are worried that their future may be cut short. After 9/11, our pre-existing Counseling Services Unit was rapidly expanded to provide educational, group and individual sessions using funding from the Project Liberty (a FEMA funded program), the IAFF, FDNY, local unions and private philanthropists. Project Liberty dollars, supplemented by these other sources has allowed us to provide individual counseling session to over 5,700 FDNY rescue workers and families. These individual counseling sessions are in addition to the many group therapy, firehouse briefings, and department wide interventions that we have done since the initial days. New programs to meet the new needs of our members have been developed. To date, we have clearly provided more educational and counseling interventions to this workforce than have been provided to other workers at this or any prior disaster. All of these services were provided using a voluntary, non-punitive, cost-free model. These services have been highly productive and have allowed our department to continue to function, rebuild and transition into the future. Normally, FDNY has several hundred retirees per year. Since 9/11, FDNY has had several thousand retirees. Each member leaving this workforce needs our support. Each new member entering this workforce is taking the locker of a lost, injured, ill or now distant colleague. To serve their needs, and to allow FDNY to continue to serve the needs of New York, it is essential that Project Liberty be continued past its June 2004 end-date.

In conclusion, we can't travel back in time to prevent the attack on 9/11 and we can't bring back the nearly 3,000 lost, 343 firefighters, 60 police officers. We cannot prevent the exposures that have already occurred to these men and women, but through the long-term medical monitoring and counseling programs that I have described today, we can all work to restore the health of those that did survive. That is why the federal funding recently provided for long-term medical monitoring of WTC rescue workers ($25 million for FDNY rescue workers and $65 million for other rescue workers) is critically important. We are glad that a recent agreement has been made that should help with the release of these funds. However, we remind the members of this sub-committee that this funding is urgently and immediately needed if we are to continue to meet our commitment to each and every FDNY firefighter and EMS rescue worker – a covenant that states when you come out of the flames, we will be there.

FDNY thanks you for your continued support.

Respectfully,

Dr. Kerry Kelly, Chief Medical Officer, FDNY
Dr. David Prezant, Deputy Chief Medical Officer, FDNY
Dr. Michael Weiden, Medical Officer, FDNY
Mr. Malachy Corrigan, Director Counseling Services Unit, FDNY

Attached: Reference Publication List

I. PEER REVIEWED PUBLICATIONS FROM FDNY BUREAU OF HEALTH SERVICES -- STUDIES ON PERSONAL PROTECTIVE CLOTHING FOR FIREFIGHTERS:

1. Prezant DJ, Kelly KJ, Malley KS, Karwa ML. McLaughlin MT, Hirschhorn R, Brown A. Impact of a modern fire fighting protective uniform on the incidence and severity of burn injuries in New York City Firefighters. J. Occup. Environ Med. 41:469-479,1999.

2. Malley KS, Goldstein AM, Aldrich TK, Kelly KJ, Weiden M, Coplan N, Karwa ML,Prezant DJ. Effects of fire fighting uniform (modern, modified modern and traditional) design changes on exercise duration in New York City Firefighters. J. Occup Environ Med. 41:1104-1115, 1999

3. Malley KS, Dhala AF, Santhanakrishnan S, Karwa ML, Aldrich TK, Kelly KJ and Prezant DJ. FDNY Step Test: MVO2 from 3 min stair mill exercise test. Am J Resp Crit Care Med 159:A412, 1999.

4. Prezant DJ, Barker RL, Bender M, Fowler J, Kelly KJ. Predicting the impact of a design modification in modern fire fighting uniforms on burn injuries using manikin fire tests. J Amer Society Textile Materials 7:224-233,2000.

5. Prezant DJ, Freeman K, Kelly KJ, Malley KS, Karwa ML. McLaughlin MT, Hirschhorn R, Brown A. Impact of modern and modified modern firefighting uniforms on burn prevention outcomes in NYC firefighters. J. Occup Environ Med. 42:827-834,2000.

6. Prezant DJ, Barker RL, Stull JO, King SJ, Rotanz RA, Malley KS, Bender M, Guerth C. and Kelly KJ. The Impact Of Protective Hoods And Their Water Content On Firefighter Burn Injuries: Laboratory Tests And Field Results. J. Burn Care & Rehabilitation 22:165-178,2001.

7. Prezant DJ, Malley KS, Barker RL, Guerth C. and Kelly KJ. Thermal protective uniforms and hoods: impact of design modifications and water content on burn prevention in New York City firefighters – lab and field results. Injury Prevention 7:i43-i49, 2001.

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

II. PEER REVIEWED PUBLICATIONS FROM FDNY BUREAU OF HEALTH SERVICES– STUDIES ON MEDICAL MONITORING OF OUR FIREFIGHTERS & EMS WORKERS:

1. Prezant DJ, Dhala A, Goldstein A, Janus D, Ortiz F, Aldrich TK, Kelly KJ. Incidence, prevalence, and severity of sarcoidosis in New York City Firefighters. Chest. 116:1183-1193, 1999.

2. Kelly KJ, Reinhold GA, Connelly E, Byrne M. and Prezant DJ. Assessing Health Effects in NYC Firefighters after Exposure to PCBs, Dioxins and Furans: The Staten Island Transformer Fire Health Surveillance Project. Archive Environ. Health July 2002 282-292.

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

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

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

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

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

8. Edelman P, Osterioh J, Pirkle J, Grainger J, Jones R, Blount B, Calafat A, Turner W, Caudill S, Feldman DM, Baron S, Bernard BP, Lushniak BD, Kelly KJ, Prezant DJ. Biomonitoring of chemical exposure among New York City firefighters responding to the World Trade Center fire and collapse. Environmental Health Perspectives, Sept 9, 2003.

9. Fireman E, Lerman Y, Ganor E, Greif J, Fireman-Shoresh, S, Oppenheim E, Flash R, Miller A, Banauch GI, Weiden M, Kelly KJ, Prezant DJ. Induced sputum assessment in NYC firefighters exposed to World Trade Center dust. (Accepted with revisions, CHEST).

10. Feldman DM, Baron S, Mueller CA, Bernard BP, Lushniak BD, Kelly KJ, Prezant DJ. Initial symptoms, respiratory function and respirator use in New York City firefighters responding to the World Trade Center (WTC) disaster. (Accepted, In Press, CHEST).

Mr. SHAYS. Thank you, Dr. Weiden. I know that you had to skip over parts of your testimony. The whole testimony will be a part of the record. And I appreciate your assisting us. And I know others of you did that as well.

Mr. McArdle.

Mr. MCARDLE. Good morning, everyone.

I am Philip McArdle, health and safety officer for the Uniformed Firefighters Association. I would like to thank this committee for inviting me to present this information to you on behalf of the 8,500 firefighters serving the city of New York.

It has been over 2 years since the September 11 attacks and almost 1 year since the UFA lobbying before the U.S. Congress for September 11 medical monitoring money. Many of the long term health issues that I will discuss here today have been reported many times to committees, in congressional hearings and to the Department of Homeland Security. Unfortunately, even after the countless task forces, testimonies, circumstances have not changed for the members of the Uniformed Firefighters Associations. In fact, in the opinion of the executive board and our membership, the situation has gotten worse.

In the days following September 11, many firefighters were not given the proper respiratory protection devices, even though complaints about this issue had been made for years. The department did not have still does not have a respiratory protection program as required by Federal regulations for air purifying respirators for well over 10 years. This is clearly a violation of the Code of Federal Regulations 29 CFR 1910.134, which states the standards for respiratory equipment supervision and use. The results of improper respiratory protection are clearly stated in a study conducted by Mount Sinai more than a year ago, with support of the National Institute for Occupational Safety and Health that found that 78 percent participating first responders reported at least one WTC related pulmonary symptom. The same study reported that 52 percent of the September 11 workers are suffering from some form of post-traumatic stress syndrome. It was within 1 year that these numbers have increased. Unfortunately, we cannot provide you with any specific data about the amount of increase in the health problems because the funds that were allocated for the long term medical care of our members have yet to be distributed to the FDNY Bureau of Health Services. We are still waiting for that money, and it has not come.

The hold up in the distribution of funds coupled with the reality that no money has been allocated for treatment of WTC victims' related illnesses has resulted in the health needs of our membership being neglected because of partisan politics and bureaucratic red tape.

As of October 2003, the FDNY has retired approximately 1,800 firefighters due to WTC related illnesses. And I'm just going to break from my testimony for 1 second to make another point. As late as last night I was told by the department that there are still some 600 members of our department who are still waiting to be processed out of the organization.

Both the union and the fire department agree that this unprecedented retirement rate will continue as more firefighters are exam-

ined and diagnosed with September 11 related illnesses. All 1,800 of these firefighters were healthy before September 11, and would have most likely worked for the fire department for an average of 20 years or longer, which had been the trend prior to September 11. Instead, we have members who in some cases are as young as 30 years old, who will be disabled for the rest of their lives.

As retirement decreases, it will cost more for long term health care than ever before. Prescription drugs is our biggest concern. The New York City Firefigher WTC medical monitoring treatment that will be run by FDNY Bureau of Health Services with joint sponsorship of the UFA, UFOA and the EMS/Paramedic Unions has found that in the first month four firefighters required life support, mechanical ventilation, for chest surgery for severe respiratory stress following WTC exposure during the collapse. Ninety-five percent of the firefighters complained of new-onset respiratory symptoms, mostly cough, during the first week. In the first 6 months following the collapse, 343 FDNY firefighters required more than 1 month of medical leave for new onset respiratory illnesses such as asthma. And nearly 2 years later, over 1,800 FDNY firefighters have or in the process of receiving permanent disability for new onset of post-WTC asthma and respiratory injuries.

Random volunteer testing of the highest exposed of FDNY firefighters present during the first day of collapse has found that 25 percent have new onset, post-WTC airway hyper reactivity/asthma on objective medical testing—methacholinechallenge testing. This has persisted on serial testings. Firefighters who were not present during the collapse but were there during intense rescue and recovery efforts over the next 48 hours, nearly 7 percent have new onset post-WTC and persistent airway hyper reactivity.

This is not a New York City issue. This is a national issue because the U.S. Government is handling the situation. It is, and will be looked at as a template for what could happen in the future. Long term health problems, increased disability claims and the rise in the cost of prescription drugs needed to treat these problems will financially impact everyone, not just the people in New York City.

We strongly believe that the $25 million that was appropriated specifically for firefighter/EMS long term health care monitoring needs to be distributed to the FDNY Bureau of Health Services as soon as possible. This program is already in operation and is carefully monitored by an expert advisory panel that includes many notable experts in this and related fields. This program is in danger of ending without funding that has already been appropriate but not yet provided.

Furthermore, our initial findings clearly indicate that additional services will be needed. We strongly urge that every dollar go for its original intention: The medical care of our rescue workers. $25 million should immediately be transferred to this program.

These dedicated firefighters and the EMS workers rightfully deserve long term health care and monitoring funding immediately. They deserve to be treated with the dignity and dedication that they rightfully earned when they risked their lives and health while participating in the largest rescue and recovery effort in his-

tory.

Thank you very much for your time.

It would be my pleasure to answer any questions you have regarding this issue.

[The prepared statement of Mr. McArdle follows:]

STEPHEN J. CASSIDY
President ENG. 236
JAMES SLEVIN
Vice President LAD. 7
JOSEPH MICCIO
Recording Secretary ENG. 295
KEVIN McADAMS
Treasurer ENG. 93
PHILIP McARDLE
Health & Safety Officer
Sergeant-At-Arms Haz Mat 1

Uniformed Firefighters Association
OF GREATER NEW YORK
Local 94 I.A.F.F. AFL-CIO
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Testimony of Philip H. McArdle

Subcommittee on National Security, Emerging Threats and International Relations
Tuesday October 28, 2003
New York, New York

Good Morning, I am Philip McArdle Health and Safety Officer for the Uniformed Firefighters Association. I would like to thank this committee for inviting me to present this information to you on behalf of the 8500 firefighters serving New York City.

It has now been over two years since the 9/11 attacks and almost one year since the UFA lobbying before the US Congress for 9/11 medical monitoring money. Many of the many of the long-term health issues that I will discuss here today have been reported many times to committees, in Congressional Hearings and to the Department of Homeland Security. Unfortunately, even after countless task forces, and testimonies, circumstances have not changed for the members of the Uniformed Firefighters Association. In fact, in the opinion of our executive board and our membership, the

situation has gotten worse.

In the days following 9/11 many firefighters were not given the proper respiratory protection devices, even though complaints about this issue had been made for years. The department did not have and still does not have a respiratory protection program as required by federal regulations for air purifying respirators for well over 10 years. This is clearly in violation of the Code of Federal Regulation 1910.134, which state the standards for respiratory equipment supervision and use. The results of improper respiratory protection are clearly stated in a study conducted by Mt. Sinai one year ago with the support of the National Institute for Occupational Health and Safety found that 78% of participating first responders reported at least one WTC related pulmonary symptoms. The same study reported that 52% of 9/11 workers are also suffering from some form of posttraumatic stress syndrome. That was within the first year and these numbers have increased. Unfortunately, we cannot provide you with specific data about the increase in health problems because funds allocated for long term medical have yet to be distributed to the FDNY Bureau of Health Services monitoring program.

The hold up in the distribution of funds coupled with the reality that no money has been allocated for treatment of WTC related illnesses has resulted in the health needs of our membership being neglected because of partisan politics and bureaucratic red tape.

As of October 2003 the FDNY has retired approximately 1800 firefighters due to WTC related illnesses. Both the union and the fire department agree that this unprecedented retirement rate will continue as more firefighters are examined and diagnosed with 9/11 related illnesses. All 1800 of these firefighters were healthy before 9/11 and would have most likely worked for the Fire Department for an average of 20 years or longer which

had been the trend prior to 9/11. Instead, we have members who in some cases are as young as 30 years old who will be disabled for the rest of their lives. As the retirement age decreases it will cost more for long-term health care than ever before; prescription drugs is one of our biggest concerns.

The NYC Firefighter WTC Medical Monitoring/Treatment Program that will be run by the FDNY Bureau of Health Services with the joint sponsorship of the UFA, UFOA and EMS/Paramedic Unions has found that in the first month 4 firefighters required life support (mechanical ventilation) of chest surgery for severe respiratory distress following WTC exposure during the collapse. 95% of NYC Firefighters complained of new-onset respiratory symptoms (mostly cough) during that first week. In the first 6 months following the collapse 343 FDNY firefighters required more than 1 month of medical leave for new on-set respiratory illnesses such as asthma. And nearly 2 years later over 1800 FDNY firefighters have or are in the process of receiving permanent disability for new onset post-WTC asthma and respiratory injury. Random voluntary testing of the highest exposed group of NYC Firefighters present during the first day of the collapse has found that 25% have new onset, post-WTC airway hyper reactivity/asthma on objective medical testing (methacholinechallenge testing. This has persisted on serial testings. Firefighters who were not present during the collapse but there doing intense rescue/recovery efforts over the next 48 hours nearly 7% have new-onset, post-WTC, and persistent airway hyper-reactivity.

This is not a New York City issue this is a national issues because of how the United States government is handling this situation. It is, and will be looked at as the template for what could happen in the future. Long-term health problems, increased disability claims and the rise in the cost of prescription drugs needed to treat these problems will financially

impact everyone.

We strongly believes that the 25 million dollars that was appropriated specifically for firefighter/EMS long-term health monitoring needs to be distributed to the FDNY Bureau of Health Services as soon as possible. This program is already in operation and is carefully monitored by an expert adversary board that includes many notable experts in this and related fields. This program is in danger of ending without the funding that has already been appropriated but not yet provided. Furthermore, our initial findings clearly indicate that additional services will be needed. We strongly urge that every dollar go for its original intention, the medical care of our rescue workers. 25 million should immediately be transferred to this program.

These dedicated firefighters and EMS workers rightfully deserve long term health monitoring funding immediately. They deserve to be treated with the dignity and dedication that they rightfully earned when risked their lives and health while participating in the largest rescue and recovery effort in history.

Thank you very much for your time. It would be my pleasure to answer any questions you have regarding this issue.

Mr. SHAYS. Thank you very much.

Mr. Willis.

Mr. WILLIS. Good morning.

Mr. SHAYS. Good morning.

Mr. WILLIS. I would like to thank the Chair and the members of the committee for the opportunity to speak on these vital issues.

My name is Jimmy Willis. I'm here on behalf of President Roger Toussaint and members of the Transport Workers Union, Local 100, the subway and bus workers of the MTA New York City Transit, and most particularly on behalf of our 4,000 members who worked "on the pile" at Ground Zero.

On the morning of September 11, 2001, as the Twin Towers burned, there were two evacuations in progress. One, of course, of the towers was due to the heroic efforts of fire, police and emergency response teams. The other evaluation took place in the subways and buses in, around and under the Trade Center and was accomplished by Transit workers.

Due to the fact that the disaster occurred during rush hours, there were dozens of crowded buss in the area and approximately 200,000 passengers in the subway trains in the area. All of these passengers were safely evacuated without injury by Transit workers. Hundreds of evacuations began simultaneously in the transit network around Ground Zero. Two of those evacuations are indicative of what transpired.

In the minutes before the first collapse, train operator Hector Ramirez had instructions to bypass the World Trade Center by subway control. As his train entered the station, Ramirez saw hundreds of panicked screaming passengers. Despite orders, he stopped his train. Ramirez and his conductor then evaluated everyone from the platform and took the train out of the station. That was the last train through before the towers collapsed.

One block from the Trade Center bus operator Franklin Chandler stood by with his bus in case he was needed. After the towers collapsed, Chandler did not leave his post. HE searched through the debris for injured survivors, placed them on his bus until it was full, and drove them all to area hospitals.

New York City Transit must be ready to rebuild and repair the largest subway system in the world. Thousands of Local 100 members are hard hats: welders, track workers, payload operators, carpenters, ironworkers, etc. At approximately 11 a.m. on September 11th all of Transit's heavy equipment was mobilized to the Brooklyn waterfront and loaded on barges. Thousands of transit workers then sailed with the equipment to Manhattan and began the torturous process of digging through the pile.

The U.S. Department of Transportation has recently released a report which states that: The MTA played a critical role in the rescue effort at Ground Zero and in helping restore parts of the city's infrastructure including communications, and; at one point MTA employees comprised 60 percent of the rescue force at Ground Zero.

Unfortunately, this level of response has come at a terrible price. It is well documented that rescue workers were exposed to asbestos, mercury, lead, pulverized glass and concrete, a virtual toxic soup. Transit workers toiled for weeks at Ground Zero without respirators. Unfortunately, New York Transit, New York City Depart-

ment of Health and New York State deferred site air quality and safety to the EPA. Of the 4,000 transit workers who responded to Ground Zero, as many as half of us are now seriously ill. Thousands of other rescue workers are also ill. Most of us should not have been allowed to work at the site without appropriate personal protection. The investigation into the EPA Inspector General's report, as well as the EPA's role with regards to Ground Zero air quality must be thoroughly and completely investigated.

Local 100 members who were at Ground Zero are now suffering from respiratory disease, gastrointestinal disorders and depression. The same afflictions our brothers and sisters from the fire department, police department, emergency service and building trades are facing. I can attest to this. I worked with our welders at the site. As a result of my time spent at Ground Zero, I've been diagnosed with gastrointestinal disorders and lifelong respiratory disease. I am only one of many.

We at Transit work for a State agency that is self insured for workers compensation and has, as a result, controverted every single case, comp case, arising out of Ground Zero. Among those cases is bus operator, the Reverend Franklin Chandler, who I previously mentioned, and who saved so many lives on September 11th. When he filed for injuries arising out of his heroic work that day, he was termed a liar, malingerer and fraud by Transit. He and his family went 8 months without a check until a compensation judge ruled in favor. It is outrageous that men and women who risked their lives for their country and on behalf of others should be so callously treated.

Local 100 President Roger Toussaint insisted the New York City Transit partner with us in a counseling program aimed at alleviating some of the trauma associated with Ground Zero among transit workers. I coordinated that program on the local's behalf. After helping only 150 of the 4,000 members at Ground Zero, New York City Transit pulled out of the program once they became aware of its workers comp implications.

The issue of medical treatment and compensation arising out of work at Ground Zero and the cost associated with it, should rightfully be borne at the Federal level. Appropriations for this must come through Congress and be signed by the President.

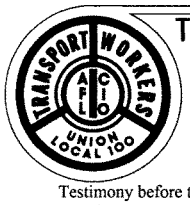
Many Local 100 members have been seen by the staff at Mount Sinai World Trade Center Clinic. This program provides for initial and followup screenings, and the programs is federally funded. The medical and support staff at the Mount Sinai World Trade Center Clinic have been wonderful. My members continually praise the care they receive there. Any thought to reducing this primary source of care to make more available to satellite clinics is ill advised. Rather, an increase in funding is called for. However, an increase in funding for screenings is not nearly enough. The members of my local are utilizing their own medical benefits to cover the costs of actual care. In 2 years when we begin contract negotiations with the MTA, they will point to the burdensome charges carried by our health plan. Costs associated with Ground Zero work. The reality is that New York City Transit will seek to renegotiate down our health benefits due directly to so many members utilizing care because of Ground Zero related illness.

Those of us who responded to Ground Zero are in crises. The response to that crises on a State and Federal level has been sorely lacking. Federal funds need to be allocated immediately to cover the cost of health care for those who sacrificed at Ground Zero. Additionally, the MTA, a New York State agency, needs to realize that those of us who responded to Ground Zero must have immediate access to our workers compensation benefits without needless controversy.

Finally, congressional leaders applauded the rescuers at Ground Zero. On September 13, 2001, President Bush appeared at Ground Zero and thanked us for being there when this country needed us. We ask the same thing, Mr. President. Those of us who were there when our country needed us are now in peril. Will you and Congress help us now that we are in need.

Thank you.

[The prepared statement of Mr. Willis follows:]



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Testimony before the Subcommittee on National Security
Tuesday, October 28, 2003

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My name is Jimmy Willis. I am here on behalf of President Roger Toussaint and the 38,000 members of the Transport Workers Union Local 100 – the Subway and Bus workers of the MTA New York City Transit, and most particularly on behalf of our 4,000 members who worked "on the pile" at Ground Zero.

On the morning of September 11, 2001 as the Twin Towers burned, there were two evacuations in process. One, of course (of the Towers) was due to the heroic efforts of Fire, Police and Emergency response teams. The other evacuation took place in the Subways and Buses in and around the Trade Center and was accomplished by Transit Workers.

Due to the fact that the disaster occurred during rush hour there were dozens of crowded buses in the area and approximately 200,000 passengers on the Subway trains in the area. All of these passengers were safely evacuated ***without injury*** by transit workers. Hundreds of evacuations began simultaneously in the transit network around ground zero. Two of those evacuations are indicative of what transpired:

- In the minutes before the first collapse, Train Operator Hector Ramirez had instructions to bypass the World Trade Center by Subway Control. As his train entered the station Ramirez saw hundreds of panicked screaming passengers. Despite orders, he stopped his train. Ramirez and his Conductor then evacuated everyone from the platform and he took the train out of the station. That was the last train through before the Towers collapsed.

- One block for the Trade Center Bus Operator Franklin Chandler stood by with his bus in case he was needed. After the Towers collapsed, Chandler did not leave his post. He searched through the debris for injured survivors, placed them on his bus until it was full and drove them all to area hospitals.

New York City Transit must be ready to rebuild and repair the largest Subway System in the world. Thousands of Local 100 members are hard hats: Welders; Trackworkers; Payload Operators; Carpenters; Ironworkers etc…At approximately 11 am on September 11 all of Transit's heavy equipment was mobilized to the Brooklyn waterfront and loaded on barges.

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Thousands of Transit workers then sailed with the equipment to Manhattan and began the torturous process of digging through "the pile."

The US Department of Transportation has recently released a report which states that:

- The MTA played a critical role in the rescue effort at Ground Zero and in helping restore parts of the City's infrastructure including communications.
- At one point MTA employees comprised 60% of the rescue force at Ground Zero.

Unfortunately, this level of response has come at a terrible price. It is well documented that rescue workers were exposed to asbestos, mercury, lead, pulverized glass and concrete – a virtual toxic soup. Transit workers toiled for weeks at Ground Zero without respirators. Unfortunately, NYC Transit, NYC Department of Health and NY State deferred site air quality and safety to the EPA. Of the 4,000 Transit workers who responded to Ground Zero, as many as half of us are now seriously ill. Thousands of other rescue workers are also ill. Most of us should not have been allowed to work at the site without appropriate personal protection. The investigation into the EPA Inspector General's report, as well as the EPA's role with regards to Ground Zero air quality must be thoroughly and completely investigated.

Local 100 members who were at Ground Zero are now suffering from respiratory disease, gastro-intestinal disorders and depression – the same afflictions our brothers and sisters from the Fire Department, Police Department, Emergency Services and Building Trades are facing. I can attest to this. I worked with our welders at the site. As a result of my time spent at Ground Zero, I have been diagnosed with gastro-intestinal disorders and respiratory disease. I am only one of many.

We, at Transit, work for a State agency that is self insured for Workers Compensations and has, as a result controverted **EVERY SINGLE** Comp case arising out of Ground Zero. Among those cases is Bus Operator Reverend Franklin Chandler who I previously mentioned and who saved so many lives on September 11. When he filed for injuries arising out of his heroic work that day he was termed a liar, malingerer and fraud by Transit. He and his family went 8 months without a check until a Compensation Judge ruled in his favor. It is outrageous that men and women who risked their lives for their country and on behalf of others should be so callously treated.

Local 100 President Roger Toussaint insisted the NYC Transit partner with us in a Counseling program aimed at alleviating some of the trauma associated with Ground Zero among Transit Workers. I coordinated that program on the Local's behalf. After helping only 150 of the 4,000 members at Ground Zero, NYC Transit pulled out of the program once they became aware of its Workers Comp implications.

The issue of medical treatment and Compensation arising out of work at Ground Zero and the cost associated with it should rightfully be borne at the Federal level. Appropriations for this must come through Congress and be signed by the President.

Many Local 100 members have been seen by the staff at the Mount Sinai WTC clinic. This program provides for initial and follow-up screenings and the program is federally funded. The medical and support staff at the Mount Sinai World Trade Center Clinic have been wonderful. My members continually praise the care they receive there. Any thought to reduce funding to this primary source of care to make more available to satellite clinics is ill advised. Rather, an **INCREASE** in funding is called for.

However, an increase in funding for Screenings is not nearly enough. The members of my Local are utilizing our own medical benefits to cover the cost of actual care. In two years when we begin contract negotiations with the MTA they will point to the burdensome charges carried by our health plan – costs associated with Ground Zero work. The reality is that NYC Transit will seek to renegotiate **DOWN** our health coverage due directly to so many members utilizing care because of Ground Zero related illness.

Those of us who responded to Ground Zero are in crisis. The response to that crisis on a State and Federal level has been sorely lacking. Federal funds need to be allocated immediately to cover of health care for those who sacrificed at Ground Zero. Additionally, the MTA (a New York State agency) needs to realize that those of us who responded to Ground Zero must have immediate access to our Workers Compensation benefits without needless controversial.

Congressional leaders applauded the rescuers of Ground Zero. On September 13, 2001, President Bush appeared at Ground Zero and thanked us for being there when this country needed us. We ask the same thing Mr. President. Those of us who were there when our country needed us are now at peril. Will you and the Congress help us now that we are in need?

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Mr. SHAYS. Thank you, Mr. Willis.

Mr. Graham. Thank you. We're all set.

Mr. GRAHAM. Hello. My name is John Graham. I am a health & safety instructor and officer of the New york District Council of Carpenters. In addition, I am an emergency medical technician. I participated in the initial response, rescue, recovery and clean up operation at the World Trade Center site, beginning the morning of September 11th and ending May 30, 2002.

On the morning of September 11th, I reported to the World Trade Center on behalf of the carpenter's union as a safety officer to assist and aid my fellow carpenters who were working at the World Trade Center who might be in need of my assistance due to the initial plane crash. Upon reaching the scene I was utilized by emergency personnel as an EMT. Stationed at the base of the North Tower I witnessed the more horrific events that I have ever seen in my life, the events that continue to haunt me to this day. I continued to perform my duties despite the appalling scene unfolding before me until I was momentarily incapacitated by the collapse of the World Trade Center.

With the collapse of the Twin Towers, I and those around me present on that day and those who came to the scene in the days and weeks that followed became victims of the worse chemical exposure events in the history of the United States.

On the day I was, I was engulfed in a toxic cloud composed of but not limited to pulverized asbestos, lead, mercury, cadmium, PCBs and benzene which are known to be highly corrosive to human lungs. This cloud that contaminated much of lower Manhattan and Brooklyn, unbeknownst to the innocent people living and working in the neighborhoods surrounding the World Trade Center site. My exposure to this toxic soup of carcinogenics continued through the 262 days I worked at the World Trade Center site.

Almost immediately I began to feel the ill effects of the exposure. In the moments after the cloud of the collapse of the World Trade Center began to clear, I and those around me lucky enough to be alive, began to choke, gag and vomit from the forced inhalation of the toxic cloud. I had to rinse my face and eyes to try to find relief from the severe burning sensation I was feeling on my skin and my eyes.

Within 2 weeks of my initial exposure, I began to develop severe respiratory symptoms requiring medical attention. Knowing Dr. Stephen Levin of Mount Sinai Occupational and Medical Center, and his expertise in these medical chemical exposures on a job site, I turned to him for his medical expertise.

Since October 2001 I have been receiving treatment from Dr. Levin and his staff at Mount Sinai for my respiratory and other exposures resulting from the chemical exposure at the World Trade Center site. I have been diagnosed with and continue to suffer from RADS, reactive airway disease, a chronic form of asthma resulting from the chemical exposure at the World Trade Center site. My rescue inhaler is my constant companion, despite the staff at Mount Sinai doing their best to help me with my medical problems as possible at this time.

In addition to my medical problems, I have been and continue to suffer from chronic post-traumatic stress disorder, for which I have been receiving treatment since October 2001.

Prior to September 11th, I was a healthy, hard working father, son and husband. Today, I am a chronically ill man who is anxious about my ability to support my family. I am no longer able to work as a carpenter. My chronic asthmatic condition makes it difficult for me to carry out my duties as a safety officer, father, son and husband. I often have to stop my activities to use my inhaler and catch my breath. It breaks my heart not to be able to run and play with my two daughters, as I once was able.

I'm not alone in my ill effects that I am suffering from the chemical exposure on September 11 and the days after. I am one of thousands. Despite the best treatment available, we continue to experience severe symptoms. And more research is needed to understand the diseases we suffer from and the treatments that will effectively bring relief.

I am not naive enough to think that anyone can cure us from our chemical exposure we have experienced, but some relief would be nice.

On September 11th, 2,811 people were killed. My greatest fear is that the number of fatalities from the World Trade Center attack will continue to rise as time goes on and those of us exposed to this toxic soup begin to die off from the long term effects of this deadly chemical exposure.

It is only with the support of Martin Daly, my boss, and the National Institute of Environmental Health Sciences and the doctors and staff at Mount Sinai that I am able to continue and function at this time.

Thank you.

[The prepared statement of Mr. Graham follows:]

10-27-2003 04:12pm From-CARPENTERS LABOR TECH COLLEGE 2127279776 T-025 P 002/004 F-464

The Testimony of John Graham

on

October 28, 2003

to

Congress of the Unites States
House of Representatives

Subcommittee on National Security
Emerging Threats and International Relations

10-27-2003 04:12pm From-CARPENTERS LABOR TECH COLLEGE 2127279776 T-025 P 003/004 F-464

Hello my name is John Graham. I am a Health & Safety Instructor & Officer for the NY District Council of Carpenters. In addition, I am an Emergency Medical Technician. I participated in the initial response, rescue, recovery, and clean-up operation at the WTC site , beginning the morning of September 11th, 2001 and ending on May 30th 2002.

On the morning of September 11, 2001, I reported to the WTC site on behalf of the Carpenter's Union as a safety officer to assist and aid fellow carpenters who were working at the WTC site who might be in need of assistance due to the initial plane crash. Upon reaching the scene I was utilized by emergency personnel as an EMT stationed at the base of the North tower where I witnessed the most horrific events that I have ever seen in my life. Events that continue to haunt me to this day. I continued to perform these duties despite the appalling scene unfolding before me until I was momentarily incapacitated by the collapse of the WTC.

With the collapse of the twin towers, I and all of those present on that day and those who came to the site in the days and weeks that followed, became the victims of one of the worst chemical exposure events in the history of the United States of America.

On that day, I was engulfed by a toxic cloud composed of (but not limited to) pulverized asbestos, lead, mercury, cadmium, PCB's, and benzene which are known to be highly corrosive to human lungs. This cloud contaminated much of lower Manhattan and Brooklyn, unbeknownst to the innocent people living and working in the neighborhoods surrounding the WTC site. My exposure to this toxic soup of carcino-genics continued throughout the 262 days that I worked at the WTC site.

Almost immediately I began to feel the ill effects of this exposure. In the moments after the cloud of the collapsed WTC began to clear, I and those around me, lucky enough to be alive, began to gag, choke, and vomit from the forced inhalation of the toxic cloud. I had to rinse my face and eyes to try to find relief from the severe burning sensation I was feeling on my skin and in my eyes.

Within two weeks of my initial exposure, I had begun to develop severe respiratory symptoms requiring medical attention. Knowing that Dr. Stephen Levin of Mt. Sinai's Occupational and Environmental Medical Center is an expert on chemical exposure on job sites, I turned to him for his medical expertise. Since October 2001, I have been receiving treatment from Dr. Levin and his staff at Mt. Sinai for my respiratory and other symptoms resulting from my chemical exposure at the WTC site.

I have been diagnosed with and continue to suffer from, RADS, reactive airway disease, a chronic form of asthma resulting from the chemical exposure at the WTC site. My rescue inhaler in my constant companion, despite the staff at Mt. Sinai doing their best to help me as much as is medically possible at this point in time.

In addition to my medical difficulties, I have been and continue to suffer from chronic posttraumatic stress disorder for which I have been receiving treatment since October 2001.

Prior to the 9/11, I was a healthy, hardworking, father, son, and husband. Today, I am a chronically ill man who is anxious about his ability to support his family. I am no longer able to work as a carpenter. My chronic asthmatic condition makes it difficulty for me to carry out my duties as a safety officer, father, son, and husband, as I often have to stop my activities to use my inhaler and catch my breath. It breaks my heart to not be able to run and play with my two daughter's the way I once was able.

I am not alone in the ill effects that I am suffering from my chemical exposure on 9/11/01 and the days and months after. I am one of thousands. Despite the best treatment available, we continue to experience severe symptoms and more research is needed to understand the diseased we suffer from and the treatments the are effective in bringing relief. I am not naive enough to think that anyone can cure us from the chemical exposure we have experienced. But some relief would be nice.

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It is only with the support of Martin Daly, the National Institute of Environmental Health Sciences (NIEHS) and the doctors and staff of Mt. Sinai that I am able to continue to function at this time.

Mr. SHAYS. Thank you, Mr. Graham.

Mr. Rapp.

Mr. RAPP. Good morning, committee, members of Mount Sinai, ladies and gentlemen. My name is David Rapp. I'm a construction worker with the Local 1456 Dock Builders District Council of Carpenters.

I was at Ground Zero for near 5 months including 3 days of the first week of the terrorist attack. I hope my testimony is going to make everyone aware of what we experienced at Ground Zero and what I and others are going through now.

I viewed, smelled, handled things that you could not imagine. Although I worked 12 hours a day, 7 days a week, I looked forward back for another shift. I started experiencing health problems like dizziness, shortness of breath and skin rash while I was still working down there. Although we accomplished what we set out to do, which was keeping the slurry wall from collapsing as the debris was removed, our job was installing tie-backs while being exposed to who knows what.

My job was completed in March 2002 at Ground Zero. I went to my next job at Kennedy Airport driving piles for American Airlines where my ability and stamina had diminished. I was laid off the first week of April and have not worked since.

I am a 42 year dock builder that normally could do as much as a 22 year old, and more. I could carry a 150 pound tank of oxygen or astatine a half a block through a rough job site. But now I cannot even take out my household garbage.

I am also an auto mechanic with 5 certifications. After a long day of dock building I could still come home and install a 200 pound transmission on my back off my chest. Now I cannot even change a flat tire.

There is a lot of fear in my life now. I have had several emergency visits, several short stays in the hospital. I rely on oxygen at night to sleep and I still wake up sometimes gasping for air trying to stay calm. Sometimes I feel like I'm underwater.

I have had a sore throat for 15 months now. When I cough I can feel the outlines of my lungs. I sleep on a recliner, straight up. I cannot go out in the humidity or breath cold air. I need to keep my house at a 65 degree temperature where my wife sleeps with a quilt. I am on steroids, which have caused weight gain. I have put on 50 pounds since I stopped working in April 2002, which probably does not help my condition but the steroids do help.

I am on 12 other different medications, plus 3 types of inhalers. And I carry an oxygen tank wherever I go for assistance to breath. I cannot tell you how hard it is living like this. My fear of not being able to get my next breath is unbearable.

I am going to two different doctors at this time. One is a Dr. Leo Parnes and the other is Mount Sinai Health for Heros.

Mount Sinai has been great to me. They have been helping me since November 2002. They helped me get immediate benefits from workers compensation. Most importantly with the medications that I rely on to breath. All of their staff have been compassionate and express real concern for my future. They always make sure I have enough medication.

I would like to end this with I have a beautiful wife of 27 years and two sons in their 20's that fear for my future, as well.

Thank you very much.

[The prepared statement of Mr. Rapp follows:]

Testimony of David J. Rapp

Hello committee, members of MT. Sinai, ladies and gentlemen:

Please excuse me, I am a little nervous. My name is David Rapp. I am a construction worker from local 1456, Dock builders District Council of Carpenters. I was at ground zero for a near 5 months, including 3 days of the first week of the terrorist attack. I hope my testimony is going to make everyone aware of what we experienced at ground zero and what I and others are going through now. I viewed, smelt and handled things that you cannot imagine. Although I worked 12 hours a day, seven days a week, I looked forward to heading back for another shift. I started experiencing health problems, like dizziness, shortness of breath and skin rashes while I was still working there. Although we accomplished what we set out to do, which was keeping the slurry wall from collapsing as the debris was removed. Our job was installing tie-backs while being exposed to who knows what.

My job was completed in March 2002 at ground zero. I went to my next job at Kennedy airport driving piles for American Airlines where my ability and stamina had diminished. I was layed off the 1st week of April and have not worked since. I am a 42 year old dock builder that normally could do as much as a 22 year and more. I could carry a 150 pound tank of oxygen or astatine a half a block through a rough job site, but now I can't even take out my household garbage. I am also an auto mechanic with 5 certifications. After a long day dock building, I could still come home and install a 200 pound transmission on my back from my chest. Now I can't even change a flat tire! There is a lot of fear, I've had several emergency visits and short stays in the hospital. I rely on oxygen to sleep at night, and still wake up sometimes gasping for air while trying to stay calm. Sometimes I feel like I am under water. I've had a sore throat for 15 months, when I cough I can feel the outlines of my lungs. I have to sleep in a recliner straight up and I can't go out in the humidity or the cold weather. I need to keep my house temperature near 65 degrees, while my wife sleeps with a quilt. I am on steroids which have caused weight gain. I have put on 50 pounds since I stopped working in April 2002. Which probably doesn't help my condition at all, but the steroids do help. I am on 12 different other medications plus 3 types of inhalers and I carry an oxygen tank wherever I go for assistance to breath. I can't tell you how hard it is living like this. The fear of not being able to get my next breath is unbearable. I am going to 2 different doctors at this time. 1 is doctor Leo and Marc Parnes and the other is MT. Sinai Health for Hero's.

MT. Sinai has been great to me. They have been helping me since November 2002. They helped me with getting immediate benefits from workers compensation, financially and most important, my medications that I rely on to breath. All of their staff are compassionate and express real concern for my future. They are always making sure I have more then enough medication. Some of the staff even gave me their personal numbers and told I can call any time, even if I just needed someone to talk to. And I do. I would like to end this with I have a beautiful wife of 27 years and 2 sons in their 20's that fear for my future as well. Thank you very much.

Mr. SHAYS. Thank you, Mr. Rapp for your testimony. Thank you for being here today. We really appreciate it.

I am going to call on Mr. Owens, who has joined us. He is a very active member of the full committee. And then it's my intention to recognize for questions Mrs. Maloney, then Mr. Turner, then Mr. Towns, then Mr. Owens, then Mr. Nadler and then myself.

The usual procedure in Congress is that we have 5 minutes of questions. This subcommittee prefers 10 because you can have better followup. We are going to just set the clock at 7 minutes, Bob.

And at this time, though, Mr. Owens, this is not your question time. But if you would like to make a statement, we welcome that.

Mr. OWENS. Thank you, Mr. Chairman.

Let me begin by thanking you as chairman and my colleague Carolyn Maloney for putting forth the effort to make this hearing possible.

On April 28th of this year in response to a request by the Central Labor Council under Brian McLaughlin and the New York Committee on Occupational Safety and Health headed by Joel Shufro, we held an unofficial hearing, Caroyln Maloney and I here in New York on that worker Memorial Day, April 28th. And that was several months before the EPA Inspector General issued his report.

I see at least three of the people who testified at that hearing. I want to thank them for their past testimony and for their testimony here today.

We are making a headway at a very slow pace, but I think that we are bringing the attention to the fact that what happened on September 11 highlights something unfortunate about our government. It says that certain governmental agencies have no respect for residents and citizens and workers. They may even have contempt for them. We have a Government that proposes now to bring justice to Iraq. After liberating them, they're going to provide justice and just government. But here the justice does not include taking care of the workers who are suffering now, in this country, as a result of being victimized by an act of war. It was an act of war. And many of our colleagues in Congress seem to think that New York is asking for something special when it asks for this kind of help. But it was an act of war. They were not targeting the World Trade Center because it was in New York State or New York City. They targeted the World Trade Center because it was a target of the United States that was the target of the terrorists.

One of the ways that we must move at the State and city level, along with the congressional delegation and the two Senators from New York, is to keep insisting that the World Trade Center tragedy was a result of an act against the United States of America. The people of New York State and New York City should not be asked to suffer unduly or to bear the cost of righting all the things that have gone wrong as a result of September 11th. It was an act of war.

Homeland Security becomes a farce if we are going to treat the people who are on the front lines of Homeland Security with contempt. And this situation shows that they are being treated with contempt.

We would like to see workers and all those who support workers begin to scream louder and in a more continuous fashion to get this injustice corrected.

In the war against terrorism, workers are going to be warriors whether they like it or not. They are warriors. Workers must be recognized and rewarded as heros. Certainly workers should receive the best medical care possible.

And I ask unanimous consent to enter a more expanded statement into the record with documentation.

Mr. SHAYS. Thank you.

Without objection, so ordered. It will be done.

This hearing is not, again, going to answer every question that is raised. I am going to ask for the support of this committee to make sure that we do not waste the opportunity with the witnesses we have to look at the call of the hearing; and the call is what is known about the short and long term health effects of the September 11th attack on those who worked at Ground Zero and live there today, and how effective are the steps taken by the Federal and local government to investigate health effects and provide treatment for those injured.

We are interested in knowing.

To start with at this hearing, next hearing we will expand it, but we want to know what is the health condition of those who were working on Ground Zero. What type of diagnoses, treatment, compensation, and we do not want to waste the opportunity to learn the answers to these questions.

I realize some Members are going to ask some questions that we may not have answers for. I felt very strongly that Members should have an opportunity in their opening statements to address an issue much wider than this hearing; put it on the record, challenge the committee to deal with this issue during the course of our hearings. And I think that is the challenge that we need to accept.

At this time, Mrs. Maloney, I recognize you for 7 minutes.

Mrs. MALONEY. Thank you, Mr. Chairman.

And I thank all the panelists and I thank especially my colleagues for their ongoing support of efforts to help the victims, the rescue workers and everyone with September 11.

And you have raised many, many issues that we need to address. I find it startling that we did not have the proper equipment to protect people and that we still do not have the proper equipment to protect people in the event of a disaster.

But I have two questions that I would like to ask the entire panel. And first of all, I would like to ask you to raise your hand if you think the Federal Government can do more than it is doing to help the workers, rescue workers and others because of the effects of September 11? Raise your hand if you think we should be doing more?

Mr. SHAYS. For the transcriber, all our witnesses including Dr. Levin has responded in the affirmative.

Mrs. MALONEY. And then I would like each of you very briefly, because you could use up all of my 7 minutes and I do not want it all used up, could you tell me very briefly what it is you feel the Federal Government should be doing? And we are going to start

with Dr. Herbert and go right down to Mr. Rapp. What more could we be doing to be helpful? Very briefly.

Mr. SHAYS. Very briefly because I know time is short.

Dr. LEVIN. The issue has been addressed by several of the panel members.

No. 1, there is a terrible need for treatment resources. I think the witnesses here, the workers who are effected, made quite clear that the resources available now really are a patchwork of a broken workers compensation system and philanthropic funding, as well as people's private insurance or out-of-pocket. And this is no way, from a public health perspective, for the Federal Government to address what is clearly a public health need.

For people to have to jump through the hoops of a workers compensation system that sets up barriers to their getting through that system and getting actual treatment, benefits, and wage replacement is an outrage, given what these people have done.

No. 2, we need adequate funding for followup evaluations of this population. Those who have been screened already have exhibited high rates of respiratory problems, high rates of psychological distress. We need to follow them in the short run. Out of the $90 million, $60 million now can be used for the followup of this group of responders. That is enough to cover, perhaps, 5 or 6 years of examinations. It will require a great deal more funding to follow them for the minimum of 20 years they should be followed, not only because we will learn something important scientifically about what the consequences of exposure might be, but because people who may develop these longer range illnesses need to have these illnesses identified when they are treatable; that means the earliest detection possible.

I do not have time to say much more. I will say only that we need also a more comprehensive coordinated response in general, should there be an event like this in the future, so that we are not playing catch up and doing our first screening examinations 10 months after an event.

Dr. FRIEDEN. I'll be brief. Three areas where we urge the Federal Government to do more.

First, to fully fund the WTC Health Registry in the out years. There is a funding gap of $2 million each year for 20 years.

Second, as all of the panel has noted, resources for referral and medical care for those effected by September 11 are needed. They are not sufficient as they currently exist. This is a national tragedy that happened, the expenses are being borne by the city, by the workers, and by the individuals who are effected. The Federal Government should step up to the plate and provide those referral and treatment resources.

And third, in terms of future efforts, to prioritize New York City. Please do not play politics with preparedness. We know that most of the risk is to New York City. We have many needs for preparedness that are not yet met. We need increased resources to meet those needs.

Dr. WEIDEN. So I implore you to break the bureaucratic log jam that is preventing money that has already been allocated from setting up ongoing health monitoring. I am one of the two pulmonologists working for the fire department. I routinely say

goodby to people after they have gotten their disability retirements. And I say wait for a letter from us stating when and where you should show up for your long term monitoring. There is no such letter being sent out. There is no place to bring these people back. And the longer the gap between our ability to monitor them and care for them, and some place that they can centrally be cared for, the more people will fall in between that gap.

Mrs. MALONEY. Mr. McArdle.

Mr. MCARDLE. I just have four items. And basically I believe that the Government should provide long time monitoring care for our members. They also need to provide long term treatment for our members, not just monitoring. But treatment. And also long term care for our members.

Because the fourth item that I just want to mention is that the Government has a responsibility to show the rest of the Nation that if they follow a good template for taking care of the people in New York, they can take care of the rest of the country the same way. If they do not establish a good template for taking care of people here, there is going to be no confidence in Government in the future of taking care of these catastrophic events.

Mrs. MALONEY. Mr. Willis.

Mr. WILLIS. Thank you.

Federal appropriations for long term treatment and care is a must. And frankly, with respect to Ground Zero, the State comp process should be taken out of it. It should really be a Federal function.

And, Congresswoman Maloney, I could not agree with you more; if these issues are not taken care of now, if we have another disaster, we are going to be hurting finding people to respond.

Mrs. MALONEY. Mr. Graham.

Mr. GRAHAM. My issue is I think that sooner or later I will be disabled and the health coverage for myself is an issue, and for my family. I am a sole provider for my family on health coverage. And if I do go out on disability, besides for the one-third less salary I will be bringing home, I will not have any health benefits for my two daughters who are 9 and 5.

Mr. RAPP. I, too, like Mr. Graham am sole supporter. And I believe that we should be covered for our future. And instead of sending billions of dollars over to other countries and stuff like that, we should be taking care of that as a priority.

Mrs. MALONEY. Thank you.

Well, would you be surprised, Mr. Rapp and Mr. Graham, who have been working and receiving workmans comp, that the State of New York got $175 million to help pay for workers compensation. But you seem to be having trouble getting this money, Mr. Willis, even though the money was appropriated by the Federal Government, the $175 million? I guess he is telling me my time is up, but if you could——

Mr. SHAYS. No, go ahead and answer the question.

Mrs. MALONEY. If you could. In other words, we sent the $175 million and you are saying you are having trouble getting it out of workmans compensation and we should just abolish the program and go straight to the Feds. But if you could explain? They are turning down people like yourselves that have risked your lives to

save others? Could you elaborate a little bit, because this has to be addressed. We have to get the money to the people who sacrificed their lives.

And I have to say, Mr. Graham and Mr. Rapp, if you do go out on disability and you lose not only your income, to lose your health insurance is just awful. At the very least, the Federal Government should provide the health protection for those of you who risk your lives. I thank all of you on behalf of my constituents in my city for your brave efforts.

But could you respond to that, in fact we sent the money, so what is the problem? They're not processing or——

Mr. WILLIS. OK. With regards to transit workers, we work for a State agency. New York City Transit is self insured for workers compensation. As such, it is a budgetary process for them. Every dollar they spend on comp is a dollar out of their budget. They are holding a meeting today telling the people of the city of New York how broke they are.

It is outrageous that every comp case for a State agency has been controverted.

We have people who were down at Ground Zero who have been fired because they were Section 71 by the State.

Mr. NADLER. What is Section 71?

Mr. WILLIS. OK. Section 71 if you have more than 12 months off out of work on a comp case or on an injury or an illness, the State can seek to terminate you, and they have.

In one case I know of a welder who was at Ground Zero, is one of our transit workers. And some of you may remember in the first days as horns went off went they thought there would be a building collapse, this guy was knocked down. He had a knee replacement, was not able to get back to work. He has been fired. He is not alone. OK.

This is a State agency.

Mrs. MALONEY. Well, we will followup on that.

My time is up. I thank the chairman.

Mr. SHAYS. Mr. Rapp, Mr. Graham, what about responders?

Mr. GRAHAM. I will just speak on my own behalf. My workmans comp case has been controverted. So that is my—I know what that means, but it means they are not paying.

Mr. SHAYS. For the record, what does it mean?

Mr. GRAHAM. It means that they are arguing my case. That they are not actually——

Mr. SHAYS. They are protesting.

Mr. GRAHAM. They are protesting.

Mr. SHAYS. They're protesting. OK. Fair enough.

Let us go on. How much time did we use on this question, totally how much did we use. What does the clock say? OK.

Mr. Turner, you have the floor.

Mr. TURNER. Thank you.

I want to thank all the members of the panel for the spirit of which they are approaching this. I appreciate Mr. Owens' statement that this is an act of war against our country and that the individuals who have impacted in this have been impacted by a national catastrophe and an act of war.

And, Mrs. Maloney's statement that this is an issue that has bipartisan support. Because certainly the Nation's response to this was on a nonpartisan basis. So certainly our analysis of how we go forward is also bipartisan and nonpartisan.

When Mrs. Maloney asked the question of how many people on the panel think that the Federal Government could do more, I wish you had allowed us to raise our hands, too. Because I would have joined you, Mrs. Maloney, in saying that the Federal Government can absolutely do more.

Mrs. MALONEY. Thank you, Mr. Turner.

Mr. TURNER. The question that we have, obviously, before us is do more of what? And so it is not a neglect of the Federal Government that there is not an action of our list of things that we could do. This is the process that we go through, the deliberative process of making certain that we do the things that are best and that those get implemented.

I really appreciated the information on what are the things that we need to do and the gap of treatment and making certain that individuals that do not have access to treatment, receive the information of followup and the coordinating of response.

I think we all want to make certain that the heroes of September 11 get the attention and response that they need, but our concern is that the bureaucracies of September 11 also get the oversight that they need.

In looking at the issue of the amount of long term health monitoring and the information and the testimony that has been provided to us, some of the money has been released, some of the money has not yet been released. But we have already on the Federal Government allocated and some spent, $122 million for assessment and for registry and for screening. That is not a small amount. And the request that we get today is that amount be extended in 20 year programs and then looking at what that amount will be.

My questions are twofold. One, as I acknowledged in my comments, you know mine was a community that responded to the call from New York City to send EMS and firefighters as part of the recovery effort that is here. So my first question is to what extent does the fire registry program, the New York City Department of Health and Mental Hygiene and Mount Sinai's efforts go beyond just the individuals that currently are in the area, but those that were impacted that came in?

And second, I would really like some discussion specifically between Mr. Freiden and Dr. Herbert and Mr. McArdle concerning the coordination of these programs. Because you know when you get to $122 million and you are just beginning to scratch the surface and you are each talking about 20 year programs and the annual amounts to maintain them, to what extent are your processes being coordinated?

Let me start with Dr. Herbert?

Dr. HERBERT. Well, actually because Dr. Levin and I are co-directors, we agreed that I would give testimony and he would respond to questions, if that is OK.

Dr. LEVIN. She left the tough job to me.

Well, No. 1, we have worked very well with the fire department's medical group and have compared notes and findings and approaches to the monitoring and evaluation of our respective groups, really from the beginning. And what was so striking to us early on was how similar the findings among the firefighters were to what we were seeing among the other rescue and recovery workers.

In going forward, are very likely to be able to work out common screening protocols so that we may even at some point be able to share data in a common data base. And this will be important, I think, to understand better what the clinical consequences were and what are the best approaches to treatment.

So far as the other question, the national scope of our program, were mandated by NIOSH, when we received a contract to establish a consortium of institutions to provide these screening examinations, to cover all of those people nationwide who had come to New York and then returned to their home cities to do rescue and recovery work here at Ground Zero. And we are doing this through the coordination of the Association of Occupational and Environmental Clinics, a network of public health oriented clinics throughout the country. They are going to have provided, by the end of this program, some 1,000 examinations at cities located geographically pretty well-distributed across the country.

And, in fact, in Ohio I just spoke with the director of the program at University of Cincinnati who is seeing some of the people in Ohio.

It is not enough. There are people, we are afraid, who will not be covered. For example, the Federal employees who were paid with Federal dollars to do their rescue and recovery work are not covered by our program. State employees are not either. Unfortunately, unlike the State employees here in New York, there is still no program for Federal employees who came to Ground Zero. There is no screening program, no monitoring program going forward. I think, again, if we're talking about public health across the States, this is clearly another public health mistake.

Mr. SHAYS. Let me just say, I want to give 10 minutes to each Member. We are going to end up using it anyway. So add three.

Dr. FRIEDEN. In terms of the extent of the registry, anyone who meets the eligibility criteria can enroll. We have already had enrollees from dozens of States, including several dozen individuals from Ohio. And so it is available for any who were in the groups that were most exposed to enroll.

In addition, the results of the registry will be relevant not only for those who participated and not only for those who meet the criteria for enrollment, but also for others who had lesser levels of exposure. It will allow us to generalize. It is the only evaluation that can put into context the clinical findings and give us the overall picture.

In terms of coordination, I think there's excellent coordination. We are on the advisory committee of the Sinai group, they are on our advisory committee. We coordinate frequently. We consult each other when issues arise. And we are looking at different pieces of the puzzles, which will give us the most comprehensive overview of the impact, the groups at highest risks, the conditions that are

most problematic, and/or what the treatments that are most effective for those who have been impacted the most.

Mr. TURNER. Mr. McArdle.

Mr. MCARDLE. I think that the points that I want to make is that we do have some coordination, but not complete coordination. I believe that we communicate regularly with the people at Mount Sinai. We communication, our labor union communicates with our medical office. And I believe that in the end what will actually happen is that the data that is collected by the New York City Fire Department will be the very best data available on what happened. And this is the reason why.

Our people from the day they start employment in the New York City Fire Department get a medical annually because of hazardous materials regulations. And because of that, we have data knowing what everybody's medical condition was pre-September 11. And this is why it is so important not to hold back on the money from the FDNY.

Our money was sole sourced. And we believe that what is happening in this battle for the rest of the money, you are neglecting a very important portion of the information that is going to of value to the entire Nation down the road. It is imperative that our fire department get the $25 million right away. And there is a lot of government haggling about the money. And we absolutely need that to stop.

Mr. TURNER. Dr. Weiden, the issue on coordination?

Dr. WEIDEN. I think that because of the organization of our occupational health facility, we will be leading indicators. And we are dedicated both to collecting the information, disseminating the information in an academic channel. We have now published, I think, four articles which I think were the first. I think that we will continue to find things, publish them, get them out there and be a light for everybody else.

So I would urge that you support us as a separate entity and then we will then disseminate the information.

Mr. TURNER. Mr. Willis on the issue of coordination from the registries and—no answer?

Mr. GRAHAM. I think we need more research and more coordination from all departments to find out what medications might work, what treatments might work. If someone comes up with more ideas of treatment that might relieve some of the problems that we all are experiencing, if that should come down and people could join together and find out. We need research. We need somebody to find out.

Right now my medication just keeps me at this point. I am not tremendously getting better, I am not getting tremendously worse. I need to find something that would cure, relief, something.

Thank you.

Mr. TURNER. Thank you, Mr. Chairman.

Mr. SHAYS. Thank you.

At this time the Chair would recognize Mr. Towns.

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

Let me begin by first commending on the outstanding work that you are doing here at Mount Sinai. I notice that was one thing that

everybody sort of agreed on at the table, and I would also like to associate myself with those remarks.

Let me ask, and Dr. Herbert, you have indicated that the questions should go to Dr. Levin, right?

Dr. HERBERT. That is right.

Mr. TOWNS. OK. Dr. Levin, as the medical director of Mount Sinai, said the earlier WTC related illnesses are detected and treated, the more likely the treatment will prevent long term illness and disability. Given this, it makes sense to me to expand the list of people who should be included in screenings to make sure that every one adversely affected is checked. Maybe you pay a little more up front to detect problems, but you save money and people's lives in the long run. Do you agree with the logic?

Dr. LEVIN. Yes, I certainly do. And I think that has been our approach from the very start.

We saw people being taken off that pile within the first couple of days, gasping for breath, choking, and could predict at that time that there would be a great deal of potential longer-term effects with respiratory problems—upper respiratory problems and lower respiratory problems.

But in our clinical center, our Center for Occupational and Environmental Medicine, before our screening program began we were seeing community residents. We were seeing people who had returned to office space down in lower Manhattan for whom this screening program is not intended. Those people suffered respiratory illnesses as well. Do I think the Federal Government should have developed a program to evaluate those people who came back to work in the area, who came back to occupy residential space, the school children who came to school so early? Yes, I do. I think from a public health perspective that would have been the correct thing to do. I still think it is worth doing.

Mr. TOWNS. Right.

Dr. Freiden, how do you feel about that?

Dr. FRIEDEN. Certainly early detection and effective treatment of conditions related to WTC is something that can minimize future impact.

Mr. TOWNS. Right. Well, let me say this: On August 26, 2002 following the Newsday article "Winds of 9/11: No Scrutiny For Brooklyn For Attacks, Toxic Smoke Drifted." I wrote to you expressing my concerns about leaving Brooklyn residents who may have been exposed to WTC toxins out of the World Trade registry. Given the additional research performed which shows that the intense heat of Ground Zero blew the pollutants upwards creating a loft effect causing these pollutants to blow toward Brooklyn and dropped on my constituents, do you think that it might be worth reconsidering now whether Brooklyn residents should be eligible for the registry?

Dr. FRIEDEN. Let me clarify several things.

First, the services available for evaluation, medical evaluation and treatment are not related to participation or to eligibility for participation in the registry.

So whether or not someone is eligible to participate in the registry and whether or not they do actually participate in the registry has no bearing on the services available to them. The same services will be or will not be available to them in either case.

As it is, there are in our estimate close to 400,000 people who would be eligible for participation in the registry. Given that, our focus is on those most heavily exposed so that we have the best possible chance of documenting what the health impacts were and the extent of those impacts.

There is no harm to opening the registry up for more people who would want to participate, however it is not currently funded for a broader group of individuals who are not among those who are among the most intensely exposed. If resources were available, we would not in any way be opposed to allowing people from Brooklyn or, for example, from between Canal and Chambers which is also not in the eligibility now of the registry to participate. They're undoubtedly exposed. We are not saying that they are not exposed. What we are saying is that given the extent of the exposure, the heaviest exposed groups are those that are currently eligible for enrollment. If resources were to allow, we would have no objection to having additional people eligible enroll.

Mr. TOWNS. And when you say additional resources, what are you really talking about?

Dr. FRIEDEN. It costs, to be frank about it, about $100 per person who enrolls in the registry. We are currently funded to allow the enrollment of as many as people as are eligible from within that most heavily exposed group. This, from a scientific perspective, we do feel will allow us to make conclusions about all of the groups, not just those who are most heavily exposed, not just people who are participating, but also others including those from Brooklyn.

And I would also comment that many people from Brooklyn do fall within an exposure category and are eligible for participation. We already have thousands, I think more than 1,000 of Brooklyn residents who are part of the registry, as we also have thousands of people who are from the unions who are part of the registry. We have had a very good response, and we continue to encourage people to participate so that we have the best possible chance of documenting and evaluating the population-based long term health impacts.

Mr. TOWNS. I think the reason I'm raising this question, as you know, the Newsday article indicated that from the photo you actually could see this cloud up in the sky and it was dropping over Brooklyn.

So it seems to me we should have a great interest in trying to find out more about that, being we are trying to get as much knowledge as we possibly can. And it has been indicated by Mount Sinai that early detection makes a lot of sense. So it seem to me that we would want to devote some of our resources and energy into trying to make certain that we find out this information as soon as we possibly can in order to prevent long term disability and all kinds of other things that might occur if we do not do this.

Dr. FRIEDEN. Based on the best data available, atmospheric data, analyses of the plume, analyses of exposure, we feel that the current exposure groups for the registry do represent those individuals most heavily exposed to and most at risk for potential health effects of September 11.

Mr. TOWNS. Right. Well, you know I just want to make certain that we do not leave Brooklyn out.

Let me just sort of move on to coordination point.

Running down the table, can you think of anything that needs to be done that might assist in the coordination? Because I think that coordination is very, very important because we are not talking unlimited resources.

Yes?

Dr. LEVIN. Well, I will comment on that. Yes, I think the coordination should have been in place from the very start of this terrible event, and going forward, should there be another disaster, whether it is a terrorist attack or some other natural disaster, we need certain things in place. And that includes, for example, an independent, already identified panel of experts, environmental health experts, who could be convened rapidly to assess the hazards and the likely health consequences and clinical effects of these exposures.

When I say "independent," I mean independent of political and economic considerations. Not that they will not come into play at some point, but in the deliberations of that expert panel, they should not be influenced by politics and by money considerations as they consider the issues of health consequences and the decisions made to protect people's health.

In such an event you need a rapid comprehensive registration of everybody who is down there. And as much as it was the wild west, surely we could have done better in trying to capture who was down at that site. And that may occur in the future, the necessity to try to register people quickly.

You need the rapid distribution of respirators. You need the rapid training of people to wear respirators. A number of people here have talked about that issue; how late it was in getting adequate respiratory protection to people who really needed it.

You need the rapid establishment of health evaluation and treatment capability, including a fast-track mechanism of funding from the Federal Government to institutions that can provide this kind of an evaluation, so that we will not be in the position again of waiting 8, 10 months, a year before people get their first evaluation after they have been ill now for at least that period time.

Yes, we need coordination. The coordination has to be immediately in response to the event, and then all those institutions and agencies that are involved in trying to provide a public health response have to be working together under some coordinating unit.

Mr. TOWNS. Right.

Any other comments on coordination? Because I think that is very, very important.

Yes, Mr. Willis.

Mr. WILLIS. Actually, Congressman Towns, at that time at that day I lived in Brooklyn. On the morning of September 12th my wife and daughter woke up to think that there was a fire in the house. What they were smelling was a cloud coming down from Ground Zero. At that time we lived by the foot of the Verrazano Bridge, which is down in Bay Ridge—10 miles away. And they thought there was a fire in our house.

And in terms of coordination, I think that Federal agencies simply need to recognize that there is an issue here and they have to wake up and give help now.

Mr. TOWNS. Thank you.

Doctor.

Dr. WEIDEN. So, I am an academic. And on the academic model one of the ways of assuring coordination and transparency is a series of annual meetings with all of the stakeholders participating where the current results are presented in public. And I think that would go very far to ensuring the various constituencies here that everything that can be done is being done; that the money is well spent and disseminate the information beyond the specialized centers to the board constituencies with regard to care.

Mr. TOWNS. Right. And, Mr. Chairman, I have enough for Mr. McArdle's answer?

Mr. SHAYS. Yes.

Mr. TOWNS. Yes, sir?

Mr. MCARDLE. Just a few issues. As far as coordination goes, I think that one of the important things is to make sure that when we have these types of events, that there is compliance with Federal safety regulations. Clearly, they were not followed on September 11. I know a lot of the rules went out the window. But labor organizations, who are a good part of the early operations, were basically ignored. And some of their concerns about their members' health was ignored. And now we are paying the consequences for that right now.

And I think the strict safety discipline at these events in the future is also very important and going to prevent long term exposure issues and long term medical problems.

Dr. FRIEDEN. I would just like to say very briefly that at the city health department, we have a total commitment to openness and transparency. We are clear about what we know, what we do not know, what studies we have done, what they have found.

I think at the general level, Federal, State, local there are many very controversial issues, particularly environmental issues are controversial.

In regard to environmental issues, there is a great deal of suspicion, there is a great lack of knowledge. And it would serve the public best if there were a combination of complete openness and, as was called for before, a kind of independent, impeccable respected, scientifically-valid group to look at what we know already, what we do not know already and determine what more we might need to know. Because there have actually been an enormous number of studies done, some of them done superbly by groups here at this panel, some of them by others. There is, in fact, an enormous amount of environmental data available.

And so I think it is important that we have the mechanism to look at that openly, transparently, hearing from everyone and being clear about what we know, what we do not, and what more we need to know.

Mr. TOWNS. All right. Thank you, Mr. Chairman.

Mr. SHAYS. Thank you.

Mr. Owens, Major Owens, you have the floor.

Mr. OWENS. Let me begin with one narrow question to followup on my colleague Mr. Towns' question. We are both concerned about the fact that residents of Cobble Hill, Brooklyn Heights and Park Slope who, incidentally, lost a number of lives in the World Trade

Center think they have been abandoned, deserted in terms of concerns about the pollution impact there.

In your determination of the areas that you would focus on, were there any criteria other than budgetary ones that determined how broad, how wide your scope would be, how big your area would be?

Dr. FRIEDEN. Let me reiterate that there is no less attention to those who were exposed in any area. The World Trade Center Health Registry does not enable people to get more health services, nor does it restrict health services from any other groups. It is an attempt to systematically document health impacts, so that we can generalize about the people who were exposed and identify what syndromes are associated with exposure to WTC.

Many residents from Brooklyn have already enrolled. We hope that many more enroll.

In determining which were the most heavily exposed groups, we did not look at budgetary issues at all. We looked at what the exposures were, and the exposures related to residents, they related to presence, they related obviously to rescue and recovery operations both in WTC and at the Fresh Kills landfill where there was exposure directly to the potentially toxic materials that were involved in the WTC. Residents in lower Manhattan are all included.

Mr. OWENS. What's the geographical, you know, if they are in proximity to the site? Nobody went out and took any measurements in Brooklyn——

Dr. FRIEDEN. No. Actually extensive—right.

Mr. OWENS [continuing]. To find out much debris had dropped there.

Dr. FRIEDEN. Extensive analysis of the plume was done. And in no way are we saying there was not exposure in Brooklyn. However, all of the evidence that we have reviewed does indicate that the exposure, that the plume, fell most heavily in lower Manhattan.

Mr. OWENS. Thank you.

I see that a representative of the National Institute for Occupational Safety and Health was scheduled at one point to testify here.

Mr. SHAYS. Panel two.

Mr. OWENS. Panel two. Well, I will save this for panel two then.

Well, I will ask you. Anyone of you, what kind of role have you seen OSHA play in this drama from beginning to end? Would you like to make any significant comments as to the role of OSHA? Yes?

Mr. GRAHAM. OSHA was there very early on. They were there to help myself and many other workers there. It was a touch job they were put into. There is no real regulations that state what do you do when a 110-story building collapses, how do you handle it.

Extremely enforceful. They mandated that anyone on the job site not complying was removed. My administration complied to that.

A lot of due diligence on OSHA's part. They were there 24 hours a day, 7 days a week to do the best job they could.

Mr. OWENS. What has been your experience at Mount Sinai with OSHA? Any significant?

Dr. LEVIN. Well, we have many colleagues and friends who were on the ground, so to speak, working with OSHA trying to determine levels of exposure, trying to ensure respiratory protection.

There was clear arena of debate, and that is that OSHA was not in enforcement mode. They were in a consultative mode. There was a partnership between the contractors and the unions to enforce safety regulations on the job. And if you look at the actual accident rates and the fact that not one fatality occurred on that site, clearly the accident rates were half of what would have been expected on a comparable demolition or constructionsite with that many person hours worked.

Nevertheless, the fact that OSHA was not in enforcement mode did mean that some of those workers out there on the pile were not wearing adequate respiratory protection and there was not full enforcement requiring that they do so. And there was a price that was paid in the health consequences for people who were there.

I do not fault those hard-working OSHA people that we have worked with for so long for their efforts, because they tried very hard to do the right thing. The policy question of whether that was the right way to go, I think is a remaining subject for debate and discussion.

Mr. OWENS. Are you getting cooperation from them now that is compensatory to what they had to do then?

Dr. LEVIN. In our screening program we have worked most closely with NIOSH, the National Institute for Occupational Safety and Health, which is sort of the research arm under the CDC. And we have worked very well with our colleagues at NIOSH. Our only complaint is we would like to see this funding coming through for long term medical monitoring fast enough so that we will not be stuck in a situation where there is a gap between the current screening program and the future longer term monitoring. But in the development of the medical protocol, in how to think about these issues, we have worked very well with NIOSH and found the experience with them to be very helpful.

Mr. OWENS. My final question is a little broader. The Federal Government is to be congratulated, the administration and both parties, for the steps it took to deal with the casualties, the victims at the World Trade Center, the way the insurance and the compensation has been handled I think is outstanding. You know, I voted for it so I take some credit. But it was unprecedented.

Is it not possible to deal with workers on the site and their problems in the same kind of way? Under one umbrella make some decisions about who is to be compensated for what and what kind of care, who it is entitled to and for how long, and what kind of damages people are due compensation for? Is that undoable?

We are dealing with a finite number of people. I am not talking about residents. I am talking about workers who were there on the site, most of them who can prove they were onsite. Is it not possible to look at some kind of bigger more comprehensive program which would deal with all these problems and not have to nickel and dime it and then beg your way through philanthropy and agency generosity here and there?

Dr. LEVIN. Well, if you are asking us at Mount Sinai that question?

Mr. OWENS. I am asking everybody who might want to comment, yes.

Dr. LEVIN. Well, we certainly feel it ought to be possible. Because the actual experience of people who responded down there, whether they were workers or volunteers, has been absolutely awful.

I mean, you heard from people today what it is like trying to get through this broken workers compensation system. The system was broken not just after September 11. It was broken before. It is quite stark now that you have people who did so much down there to help others who——

Mr. OWENS. Yes. But there was no system for the insurance, the payment of people who lost their relatives there. We created a system afterwards.

Dr. LEVIN. Yes, you are right.

Mr. OWENS. And that is what I am talking about. Can we not create a system which then would become a model for the future in terms of situations like this instead of trying to put together with rubber bands and gum?

Dr. LEVIN. I certainly think that such a system could be developed. I think the experience that we at Mount Sinai, and others, who have provided care to such workers and volunteers could help develop such a system. And it would be rational and it would put in place a mechanism for getting people treatment, for their studies that they absolutely need, without their having to go through the nightmare of trying to get some workers comp insurance company to say yes to this after a year and a half has passed and still nothing has been done. Yes, we could develop a system.

Mr. OWENS. Thank you for putting that on the record.

Thank you, Mr. Chairman.

Mr. SHAYS. Thank you, Mr. Owens.

Mr. Nadler.

Mr. NADLER. Thank you, Mr. Chairman.

First, just to followup on the workers comp for a moment. Commissioner Freiden, you have heard here that the MTA, which is a State agency, has controverted and disputed every workers comp case arising out of the World Trade Center catastrophe. Has the city administration done anything to speak to the Governor the State or the MTA about this disgraceful practice?

Dr. FRIEDEN. I am not familiar with that, but we could certainly find out about it and get information back.

Mr. NADLER. I mean, in other words all these employees of government agencies, every single case the MTA says, the government says you may be a hero in September 11 but you are a malingerer, you are a liar, you are a phony false claimer. Every single case. I find that disgraceful. I find it disgraceful for the State government. I find it, frankly, disgraceful that the city government has not done anything about it. No. 1.

No. 2, Mr. McArdle, Mr. Willis, Mr. Graham, Mr. Rapp, when you were working on the pile were you wearing respirators?

Mr. MCARDLE. I was, yes.

Mr. NADLER. The entire time?

Mr. MCARDLE. Yes.

Mr. NADLER. And you still have all these health effects?

Mr. MCARDLE. I am not one of the people who is impacted by it.

Mr. NADLER. OK. Mr. Willis?

Mr. WILLIS. No, I had a paper mask.

Mr. NADLER. I'm sorry?

Mr. WILLIS. I had a paper mask.

Mr. NADLER. Not a respirator?

Mr. WILLIS. No.

Mr. NADLER. Were you offered a respirator?

Mr. WILLIS. I'm sorry?

Mr. NADLER. Were you offered a respirator?

Mr. WILLIS. No. None were available.

Mr. NADLER. None were available? Did you ask for one?

Mr. WILLIS. No.

Mr. NADLER. But you were made aware that none was available?

Mr. WILLIS. Yes. There was no one around me at that time in the first, you know, in the first few days that I saw where we were working who had them.

Mr. NADLER. And then was just the first few days.

Mr. WILLIS. Right.

Mr. NADLER. What about after the first few days?

Mr. WILLIS. After that, you know, some of our people in transit who were respirator qualified——

Mr. NADLER. Were respirator qualified?

Mr. WILLIS. Right. You have to be qualified for a fit?

Mr. NADLER. You mean physically qualified?

Mr. WILLIS. Right. Yes. Yes. For instance, with a beard, you are not.

Mr. NADLER. And if you were not qualified, they did not tell you to shave off your beard, they said go work there without the respirator?

Mr. WILLIS. That question did not even come up. We were ordered there, and a lot of us actually volunteered. I, for instance, volunteered.

Mr. NADLER. But respirators were or were not available after the first few days?

Mr. WILLIS. No. No, no, no, no. They were not—first of all transit does not even have that quantity of respirators to cover the thousands of hard hats that they had there.

Mr. NADLER. So people in transit worked for weeks on the pile without respirators and no one made any attempts to get them respirators.

Mr. WILLIS. I mean, we had bus operators. For instance, the firemen for the most part were brought down to the site from Canal Street by our bus operators back and forth. I am aware of bus operators who will never work again because they had no respirators.

Mr. NADLER. OK.

Mr. Graham.

Mr. GRAHAM. During the initial collapse I did not have a respirator. Following that my trips down there were, I did have a respirator and I did do—personally give my membership a tremendous amount of—we spent a tremendous amount of money, my membership, on respirators and fit testing.

Mr. NADLER. The union bought the respirators?

Mr. GRAHAM. Yes, they did.

Mr. NADLER. Not the State or city government, or the Federal Government?

Mr. GRAHAM. I am trying to give you the exact date. The 12th or 13th, those days are a little blurry to me, sir, but that week my particular union bought thousands of dollars in respirators.

Mr. NADLER. In respirators.

Mr. GRAHAM. And we bought fit testing and we brought it to the site. And we got our membership and we started fit testing our membership.

Mr. NADLER. And you saw the necessity of doing that right away?

Mr. GRAHAM. Yes. I felt it.

Mr. NADLER. OK.

Mr. GRAHAM. In my chest.

Mr. NADLER. Mr. Rapp.

Mr. RAPP. Yes. Me also. I had a respirator from November to March when I was working.

Mr. NADLER. From November? What about September to November?

Mr. RAPP. No. I wasn't there. I volunteered. I did not have the respirator.

Mr. NADLER. So you used the respirator the entire time?

Mr. RAPP. Well, it was hard to communicate with your other workers——

Mr. NADLER. So you used it part of the time?

Mr. RAPP. Yes.

Mr. NADLER. Part of the time?

Mr. GRAHAM. Mr. Nadler.

Mr. NADLER. Yes.

Mr. GRAHAM. Just one other thing. I would love for the congressional hearing to try to work, even sitting at a desk, for a 12 hour day with this respirator on.

Mr. NADLER. With a respirator on? I understand.

Mr. GRAHAM. Not walking up and down and not digging in a pit, but just sitting for 12 hours, even 2 hours. Just try it and see what it is like.

Mr. NADLER. Yes.

Now, Mr. McArdle, in your testimony you say that many firefighters were not given the proper respiratory protection devices even though complaints about this issue have been made for years, the department did not and still does not have a respiratory protection program as required by Federal regulations for air purifying respirators for well over 10 years. This is in violation of CFR 1910.134. To your knowledge they still do not have those respirators?

Mr. MCARDLE. Yes. And I would just like to make a clarification also, Mr. Nadler. When you asked the question about respiratory protection, I had respiratory protection when I initially got down there, which was self contained breathing apparatus, not a full faced APR. Once the air supply ran out, that was it.

When I say that the department did not have respiratory protection, they did not have full faced air purifying respirators——

Mr. NADLER. They did not have the adequate proper protection?

Mr. MCARDLE. Right.

Mr. NADLER. Mr. Weiden, does the department not have the proper protection that is required by law or does it? And if it does not, what are you doing to change that?

Dr. WEIDEN. I do not know what the law is. I am a clinic physical taking care——

Mr. NADLER. OK. I'm sorry, do no answer that. I thought you were more higher up in the department or differently, laterally in the department.

Dr. FRIEDEN. He is higher up.

Mr. NADLER. That is why I said laterally. That is why I said laterally in the department.

Dr. WEIDEN. But let me answer it to the extent that I can.

Mr. NADLER. Yes.

Dr. WEIDEN. The police department has issued terrorism bags, which include a respirator to all of its membership. There is no such equivalent, currently sanctioned equipment that either goes with the member or on any of the apparatus——

Mr. NADLER. For the fire department.

Dr. WEIDEN. For the fire department. The only respirator that is currently being used is the full face self contained breathing apparatus.

Mr. NADLER. So in other words, it is fair to say that it differs by department and for volunteers and people from other departments, a lot of people did not have respirators and some did.

Let me ask the following question: Dr. Freiden, you state in your testimony and you spoke about it in response to earlier questions, that you concentrate in the registry and where people were most heavily exposed, that is to say below Canal Street. What scientific data do you have that Canal Street is the boundary for heavy exposure; that there is any difference between one block south of Canal Street or one block north of Canal Street, or for that matter in Brooklyn or on the other side of the Hudson River, New Jersey? Is there any scientific basis for the boundary for—well, in fact what you did was simply copy the boundary that the EPA made for their so called clean up program. Is there any scientific basis for this boundary?

Dr. FRIEDEN. Well, first of all, I would like to clarify that it is not solely geographic. There are different groups that are eligible——

Mr. NADLER. No, no. But residents——

Dr. FRIEDEN. Individuals who are eligible to participate include those who worked in rescue or recovery, those who went to school or taught in schools—in lower Manhattan. Those who lived or worked there.

Mr. NADLER. All right. People who lived or worked there. Just please answer the question, I have more questions.

Part of this is geographically limited. What is the scientific basis for the geographic limit?

Dr. FRIEDEN. There is a question if a decreasing level of exposure. At——

Mr. NADLER. Well, my question is how do you know given the fact that you haven't done—nobody has done what the IG recommended, namely concentric circle testing going out in concentric circles from the World Trade Center, how do you know that in fact

there is a decreasing exposure as you get further away and how do you know where it is appropriate to place a boundary? What is the scientific basis for that?

Dr. FRIEDEN. We are making the best judgments, given the available data, of what the highest level of exposure is. We are not saying that those who are a block away from that are not exposed. We are saying that there is a gradient of exposure based on the best available data.

Mr. NADLER. Could you furnish us that data? Because everything that I know says that there is wholly inadequate data. Every testimony that we have had at other hearings says that there's wholly inadequate.

Well, let me ask Dr. Levin. Do you believe there is adequate data to sustain what the Commissioner just said?

Dr. LEVIN. Well now, we have been advocating all along, really since early city council hearings, that this approach of going from Ground Zero in radians in all directions, assessing levels of surface contamination in interior surfaces, ought to have been done. It is a straight-forward approach, and still could be done. Because not all clean up has occurred.

Mr. NADLER. And that is the IG's recommendation?

Dr. LEVIN. That would be the way to characterize the extent and perimeter of the contamination that occurred.

Mr. NADLER. But do you believe that the Commissioner is accurate in effect saying that a boundary line at Canal Street, or any particular street over there, is scientifically based on where the most heavy exposure is?

Dr. LEVIN. I do not think——

Mr. NADLER. And not just Canal Street, but——

Dr. LEVIN. I do not think he said that. I think he said "on the basis of the best available data." He, I think, did not speak to the question of whether the available data are truly adequate. I do not think they are adequate to make that determination. I think the characterization by this sort of approach we just were talking about really ought to be done, and then he can answer the question.

Mr. NADLER. So it is not scientifically valid to do that unless we have data that we do not yet have.

Dr. LEVIN. Generally we like to proceed from data.

Mr. NADLER. OK. Thank you.

Mr. SHAYS. Thank you. I am going to take the questions now and just read a part of the briefing paper that we had, and this was replete with this kind of information.

Various sizes of particular matter floated in the air and blanketed New York City streets. Fires burned under the debris until the middle of December 2001. A mixture of plastic, metals and other chemicals and products burned or decomposed into very fine particles. The content of the plume varied centimeter by centimeter. Some researchers found one molecule that had never been there before. According to Paul Lioy of the Environmental Occupational Health Science Institute of the University of Medicine in New Jersey "Initial exposures were basically a blackout, people will, cumulatively, never see in a lifetime. The problem we have now is we do not know the long term lifetime health consequences. We just do not know."

Do any of you disagree with that basic description?

Let me say to both you. Commissioner, thank you for staying. I know you feel a little anxiety because the Council has asked you to be there, too. We got you first. And thank you for staying.

And Dr. Levin, I think your health registry is hugely important. And your screening is hugely important. I just want to go on the record. I am troubled, however, that of the 200,000 potential people, that only approximately 12,900 have been enrolled and only 6,000 have completed the 30 minute telephone survey. And I am puzzled by this.

We have allocated $10 to $20 million for that. I cannot in a lifetime think of how we would spend so much money for that. And I need you to explain it, and that is why I am happy you stayed.

Dr. FRIEDEN. Thank you very much. And thank you for your support of the registry. The registry began enrollment only 8 weeks ago. And so the money was allocated. It was up to the ATSDR, the Agency for Toxic Substance and Disease Registry, to select a contractor. They went through the contracting process. That took a relatively long time.

Mr. SHAYS. So you have not spent $10 million yet?

Dr. FRIEDEN. Oh, no. No, no.

Mr. SHAYS. OK. It is allocated for it?

Dr. FRIEDEN. That is correct. That is correct.

Mr. SHAYS. OK.

Dr. FRIEDEN. And as of today, we have more than 10,000 people who have already completed. And so it is really rapidly expanding. It is not that the money is already spent. The registry just began enrollment 8 weeks ago.

Mr. SHAYS. If we care about the people who are impacted, the 200,000 who may be, one of the most important things that could come from this hearing is having people be aware of it. We need people to register, we need these interviews to take place, we need this data.

Tell us, Dr. Herbert, your screening is basically the workers who are working in this facility primarily, correct?

Dr. LEVIN. It includes—the people who are eligible—include those rescue and recovery workers and volunteers other than New York City firefighters, State employees and Federal employees. It also includes people who restored essential services: the telephone services, the electrical services, water services, etc. It also includes those people involved in cleaning up the buildings immediately adjacent to Ground Zero. And it includes those workers out at the Staten Island landfill who did what they did in the effort.

So they are the groups that were included.

Mr. SHAYS. And it is screening, it is diagnoses, it is you are providing medical assistance as well?

Dr. LEVIN. No. No funds are available for medical treatment. What we do is identify people who, on the basis of their history, their physical examination findings, their laboratory findings, have illness which we feel are related to World Trade Center exposures, and we have a case management function built into this to make sure that they get plugged into care. That is the role of the screening program.

Identify those who are ill and make sure, whether it is on physical grounds or psychological grounds, and make sure that they get put into care. We do not have the resources to provide the care, other than some moneys from philanthropic sources that enable us to see a small number for a relatively short period of time. And that program, which we are grateful is funded, now has a 3 month waiting list to get in.

Mr. SHAYS. During our Gulf war hearings, of which we had more than I can even remember the number, we had a pilot who had ALS. He could hardly move any part of his body. He could only whisper. His wife and sometimes his father had to tell us what he said.

The last question we asked him was knowing what you know, would you still have done what you did. And I think you know the answer; he said he would do it again. He would do it again.

I suspect that all four of you were less concerned about your health and more concerned about meeting a very drastic human need.

Mr. McArdle, you wisely used a respirator. If you had not, do you think you would be feeling some of the health effects of our other three witnesses?

Mr. MCARDLE. Yes, absolutely I would be feeling some of the same effects. I was fortunate enough to have one with me when the event occurred.

Mr. SHAYS. Thank you.

How many days did you work in Ground Zero?

Mr. MCARDLE. Approximately 10. I got there right after the—I pulled up on the scene right as the first building collapsed.

Mr. SHAYS. Mr. Willis.

Mr. WILLIS. Would I go back? I had—like I said, I volunteered to be there, but I had a special reason. I lost two family members under there. So, yes, of course I would.

Mr. SHAYS. You lost two family members?

Mr. WILLIS. Yes, I did.

Mr. SHAYS. Let me ask you this, how many days were you at the site?

Mr. WILLIS. Weeks.

Mr. SHAYS. Weeks.

Mr. Graham.

Mr. GRAHAM. Would I go back?

Mr. SHAYS. I do not need to ask you that question.

Mr. GRAHAM. OK.

Mr. SHAYS. I am really asking you how many days in the site?

Mr. GRAHAM. I was there at least 3 days a week throughout the whole project.

Mr. SHAYS. Right.

Mr. Rapp.

Mr. RAPP. I was there through—for 5 months.

Mr. SHAYS. Five months.

Mr. RAPP. Five whole months.

Mr. SHAYS. Well, thank you for what you gentlemen have done.

Now, there is no question on the part of any panelists that people need to be properly diagnosed, they need to be properly treated and they need to be properly cared for. Some of that may be a Fed-

eral responsibility, some of it may be a State responsibility, some of it may be a local responsibility. In any instance, however, it needs to be a process that is seamless and does not make you sick just going through the process. And nothing should delay that process from happening.

I would like to know as it relates to the long term health effects exposures, what is the best treatment for those suffering from respiratory problems? What is the best treatment? What do we know?

Dr. LEVIN. Well, there is a standard of care for irritant-induced asthma and sinusitis. It usually involves inhaled steroids, either nasal steroids or the kind of steroids that asthmatics use. And, of course, Mr. Graham here talked about his rescue pump. These are broncho-dilators, things that open the airways when they are shutdown. And there are a number of other anti-inflammatory medications that are taken either by inhalation or by mouth that can be effective.

When sinuses become acutely infected, one is on antibiotics; even a person who has asthma who develops a bronchitis, winds up on antibiotics. But the basic standard of care for these conditions is well established.

Mr. SHAYS. Dr. Freiden, if you need to go, why do you not leave. Thank you.

I'm sorry.

Dr. LEVIN. There is a well established standard of care which involves the use of these anti-inflammatory medications.

Mr. SHAYS. Is it expensive?

Dr. LEVIN. Is it expensive? Yes.

Mr. SHAYS. Yes.

Dr. LEVIN. Unfortunately, these inhalers are quite expensive.

Mr. SHAYS. No, but the whole process of dealing with someone with this type of ailment?

Dr. LEVIN. The evaluation expenses?

Mr. SHAYS. The evaluations, the treatment?

Dr. LEVIN. And the treatment is expensive.

Mr. SHAYS. Describe to me what expensive means?

Dr. LEVIN. Well, each one of these inhalers runs between $60 to $80 for a single unit. A person who has active asthma, you know, will go through several of these in the course of a month.

Mr. SHAYS. Dr. Herbert, you can answer the questions, too.

Dr. HERBERT. Actually, some of the inhalers are even more. I mean——

Mr. SHAYS. But I am asking about the whole treatment. Forget just this little element of it. I want to know are we talking thousands of dollars a month, are we talking thousands of dollars a year? The total treatment, the total care. I want to grasp something about the magnitude of the cost.

Yes, Dr. Weiden.

Dr. WEIDEN. So they are involved in screening, I am involvement in treatment.

Mr. SHAYS. OK.

Dr. HERBERT. We also do treatment——

Dr. WEIDEN. So that their agenda is not treatment of all people who come to them.

Mr. SHAYS. Yes, sir.

Dr. WEIDEN. My agenda is treatment of all people who come to them. And I can just tell you that on average I will treat these patients for well over a year. I will see them at least once a month frequently, two or three times a month. I will order testing that will come up to maybe $2,000 to $5,000 for any individual case. And I would guess that the respiratory component will cost between $200 and $400 a month. And in addition with regard to prevention, one of the surprising things that we found is that these patients also have severe heartburn. And that treating the heartburn, which is also quite expensive, then markedly improves the respiratory symptoms that respiratory patients have. So I think there is an advantage to having all of this done in one place with physicians who see a high volume of these patients, and it allows us to be more efficient.

Mr. SHAYS. Let me ask you, is there anything that any of you want to want to record?

First, may I just ask, is there any Member that just has a question that needs to be put on the record, any Member here? If not, anything that any of you would like to put on the record before we go to panel two?

Yes, sir?

Dr. WEIDEN. One of the things that has been obliquely mentioned but is not really been the focus of the testimony is post-traumatic stress disorder. I am not an expert in this, but it is my assessment that a large proportion of the patients who I treat for respiratory illness have post-traumatic stress disorder. And I believe that as many permanent disabilities will occur on this basis as on a respiratory basis, and it has already occurred within the fire department that the number of suicides related to the World Trade Center has far exceeded any other cause of mortality after the initial collapse.

Mr. SHAYS. Anyone else like to put anything on the record?

Yes?

Dr. HERBERT. We, in fact, have treated hundreds of responders. And one of the concerns I have is that in addition to treating the respiratory conditions and the mental health conditions, our patients are a group who have tremendous psycho-social needs because many of them are disabled. They need social services as well as physician care. And I would hope that would be thought about in any plans for treatment.

Mr. SHAYS. Yes?

Mr. NADLER. Dr. Levin, one question. On a long term basis based on what you have seen of respiratory ailments and all the other things that you've seen, would you expect to see a high incident in all these people of long latency diseases that come out 15 years from now, cancers and so forth?

Dr. LEVIN. We do not know, but there are certain groups among the people that we have screened that we worry about a great deal. That includes the people who were cleaning those buildings day in and day out, disturbing settled dust without respiratory protection, without training. And there were some people who were on that pile, right where the plumes of smoke were coming out containing high concentrations of carcinogenic agents, without respiratory pro-

tection who may, in fact, may be at significantly increased risk for cancer.

Mr. NADLER. You are talking about the people who were cleaning buildings afterwards?

Dr. LEVIN. Cleaning buildings after the collapse of those towers, who were provided with no respiratory protection, no training, who did this disturbance of settled dust day in and day out and in enclosed spaces and really may have sustained enough exposure——

Mr. NADLER. Are you talking about the people who were cleaning in the EPA clean up, or you are not referring to that?

Dr. LEVIN. Not necessarily that specific group. I do not know their levels of protection.

Mr. NADLER. OK.

Dr. LEVIN. I know that building after building, office buildings and residential buildings, were cleaned by largely immigrant workers who were provided——

Mr. NADLER. Through private contractors.

Dr. LEVIN. Through private contractors.

Mr. NADLER. That is inside and out?

Dr. LEVIN. Inside and out, and the issue for them may in fact be one of concern about cancer down the road.

Mr. NADLER. And OSHA, nobody enforced standards or protection on these workers?

Dr. LEVIN. Not to my knowledge.

Mr. NADLER. Thank you.

Mr. SHAYS. Thank you.

Any other closing comments from anybody? Yes, Mr. Graham?

Mr. GRAHAM. With your statement before about OSHA, OSHA did lose their office and they did mobilize quite quickly with no office, no communications and no equipment. So, I just wanted to put that in.

Mr. SHAYS. Thank you.

I think, Mrs. Maloney has a comment.

Mrs. MALONEY. A brief question to Mr. Rapp, Mr. Graham and Mr. Willis, all of whom are suffering from health problems related to September 11. I would like to know possibly in writing, since our time may be running out, who is paying your medical bills? How are you managing financially? Did you apply to the Victims Fund, the special fund that is managed by Mr. Feinberg? Did they respond to your concerns? And what is the current status of your workmans compensation plan? Are you having trouble or has that been resolved?

Mr. SHAYS. Let us do this; we will supply you a letter with those questions. You will make sure our committee has that. And if you could respond to it, it would be very helpful.

Do you have a general response in terms of that question that you would like to respond to before we go?

Mr. GRAHAM. Well, generally my union's paying. Thank God I am still working.

Mr. SHAYS. You say your union is paying?

Mr. GRAHAM. My union benefits, my coverage through the union is paying for that. And——

Mrs. MALONEY. But if you terminate because of health reasons, there will be no health coverage?

Mr. GRAHAM. Right. I have to work so many hours to earn my benefit hours. So if I do not work, there is no benefit. And I have applied for victim's compensation. And my workmans comp has been denied, whatever.

Mr. SHAYS. OK. Denied.

Mrs. MALONEY. Denied? Unbelievable.

Mr. SHAYS. Contested?

Mr. GRAHAM. Contested at least.

Mr. SHAYS. OK. Well, we got our work cut out for us, do we not?

Thank you all very much. You have been a wonderful panel. I appreciate your patience.

Mr. OWENS. One of the members of the audience, you know her written testimony, she could not testify.

Mr. SHAYS. Yes. If we could have the name of the individual and their address and we will submit it into the record. And we will note for the record who that is.

Mr. OWENS. Ms. Heidi Mount.

Mr. SHAYS. Without objection, that will be submitted into the record.

[The prepared statment of Ms. Mount follows:]

from Heidi Maurer

On behalf of my husband Kevin, I would like to enter the following testimony. He is unable to be here today due to his medical conditions. Kevin suffers from chronic asthma, Hepatitis C, chronic sinusitis, a collapsed left eardrum and depression. These injuries are the end result of having worked without the benefit of protective gear during the 9/11 clean-up and recovery effort. Although we can safely blame terrorists for the loss of the thousands of lives taken that day, I hold the city, state and federal officials responsible for the life my husband is now forced to live.

On 9/11, Kevin was a member of the Operating Engineers Union and worked as a tractor operator for the NYC Department of Sanitation, non-uniformed division. He began working for the city twenty-three years ago when he accepted a position as a heavy equipment operator at the Staten Island landfill. Soon after the catastrophic collapse of the two towers, Kevin was called upon to work at the World Trade Center. Never before had he witnessed such devastation and he vowed to work to the very best of his ability as a tribute to those who perished. This was a promise he would never forget.

As he surveyed the damage and the huge amount of debris which spread for blocks, Kevin knew it would take some time just to clear a safe path to Ground Zero. He also knew the air was not healthy. He asked a supervisor for a respirator and was told there were none available. He was instructed to "find" a paper dust mask Kevin thought it was odd that respirators were not available when so many other workers were in full haz mat gear. But he knew this was an emergency situation of unprecedented magnitude and that it would probably take a day or two before supplies would be readily available to all workers. He was confident that the Mayor of New York, the Department of Sanitation and the International Union of Operating Engineers would do everything in their power to protect the workers from harm.

Within two weeks, the operation was extended to the Staten Island landfill. Kevin and his co-workers returned to their regular work place. Kevin's earlier expectation of protective gear becoming readily available after a few days at Ground Zero never came to be. He continued to work with nothing more than a paper dust mask. He was however, optimistic that once he returned to the landfill, which was his "home-turf," he would receive the necessary protective gear. He was at that point, coughing regularly and complaining of burning in his airway. He was also experiencing headaches.

According to Kevin, the environmental conditions were much worse at the landfill than at Ground Zero. The amount of dust and smoke created by the acceptance of almost a million tons of debris created a major health problem. At the height of the operation, up to nine hundred tons of steel and debris were accepted on a daily basis. Despite numerous requests for a respirator and despite the fact that there was a huge tent on the site, which was stacked with full haz mat gear, Kevin was not issued a respirator until late October, six weeks after the attack. But it was too late. Kevin was already sick.

Kevin's state of health continued to deteriorate. His respiratory condition worsened and I would lay awake at night and listen to him struggle to exhale with every breath he took. He started experiencing flu like symptoms and would sleep from the minute he got home

until it was time to go back to work. I was very concerned about him and would beg him to stay home, but it was an option he wouldn't even consider. He was proud to be a part of this heroic effort and would continue to push himself despite his injuries.

Since 9/11, Kevin had been working twelve-hour shifts, seven days a week. His first day off was Thanksgiving, 71 days after the tragedy. He spent most of the day sleeping and returned to the same grueling work schedule the following day. Finally, February 11, 2002, Kevin's condition was so bad that he was forced to take off from work. A few days later, he was admitted to the hospital in respiratory distress with a high fever. He was treated with antibiotics, steroids and inhalator treatments. It was apparent that the effects of his exposure during the rescue and recovery effort were serious and that Kevin would be in need of several specialists. He was released from the hospital four days later.

While Kevin was in the hospital, I learned of the hearing Congressman Nadler had organized. I attended the hearing and testified before the EPA ombudsman as to the work conditions experienced by my husband and the fact that he was ill. I listened intently to the concerns of many other workers and residents, as well as the testimony given by several environmentalists. I was shocked to learn from these environmentalists of the toxic air quality present after 9/11. I had believed the EPA's reports that the air quality was safe and took comfort in their claim that the cough that workers and residents were experiencing was temporary and would clear up once the dust settled.

It was at this hearing that I met Dr. Stephen Levin from the Mount Sinai Occupational and Environmental Medicine department. I felt a great sense of relief after hearing him testify about the work he was doing with the 9/11 workers and residents of lower Manhattan. He was not only treating and diagnosing these patients; he had a complete understanding of the cause of their injuries. This was important to me because although Kevin was being treated by competent and caring physicians, not one of them had an environmental background or knowledge of the hazardous work conditions that claimed his health. There was a weight lifted off my shoulders when Dr. Levin agreed to accept Kevin as a patient.

Dr. Levin has, in my opinion, gone above and beyond in treating my husband. He has provided a peace of mind that Kevin and I desperately needed. He coordinated his health care and when necessary, referred Kevin to different specialists who were qualified to treat his many problems. We truly don't know where we'd be without Dr. Levin and we thank those responsible for establishing the 9/11 program and seeing that the appropriate funds were made available.

I would expect the federal government to continue the necessary funding of this program for an indefinite amount of time. As long as these patients are still sick, this quality of care is desperately needed. And based on the unquestionable importance of the program, I would also expect the funding to be increased to allow all those who suffer as a direct result of 9/11 to be treated.

According to President Bush, these workers are heroes and their efforts will never be forgotten. I would be quite offended to learn that his words were nothing more than lip service. This program must continue.

Prior to 9/11, my husband was in excellent health. He was forty-eight years old and a sports enthusiast. In fact, the day before the attack, Kevin rode twenty miles on his bicycle, which was something he did quite often. The bike has not been used since that day and has been put in storage. He now struggles to walk up a flight of stairs and never leaves the house without his inhalator. He suffers daily with flu like symptoms from the Hepatitis and as a result, takes oral medication as well as a weekly injection of an interferon. Although the side effects of the interferon are difficult to deal with, Kevin hopes that after a year of this treatment, he will be rid of the Hepatitis and his liver will show no further damage. An MRI has shown that Kevin's sinuses are impacted from the huge amount of dust he inhaled during the rescue and recovery effort. Due to the pressure of the impacted sinuses, his left eardrum has collapsed and he is left with a loss of hearing in that ear as well as a constant ringing. He will need surgery to correct the problem. The ear doctor with whom he feels most comfortable with to perform the surgery does not accept his medical insurance. She will however, accept workman's compensation as payment but the New York Law Department, insurance carrier for the New York City employees has yet to authorize it. He is presently involved in a compensation lawsuit and must prove that his injuries are work related. A once healthy, vibrant and energetic man is now overwhelmed with health problems. As a result of his injuries and the neglect he suffered as a city employee, Kevin also takes medication for depression. The man who seldom took even an aspirin, who was never sick and who had an impeccable work record, now takes a wide variety of medications.

October 7, 2003 was Kevin's last day of work. He was forced to retire on disability.

Mr. SHAYS. We are going to call our next panel. Our next and our final panel, we appreciate their cooperation.

Our next panel is: Mr. Paul Gilman, Assistant Administrator for Research and Development, Environmental Protection Agency; Ms. Diane Porter, Deputy Director, National Institute for Occupational Safety and Health [NIOSH] accompanied by Dr. Gregory Wagner, Director of the Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health. And our third witness is Ms. Pat Clark, area office director for New York, New York Occupational Safety and Health Administration also accompanied by David Williamson with Ms. Porter is Dr. David Williamson, Ph.D, Agency for Toxic Substances Disease Registry.

If our witnesses will stand up, please, and we will swear you in.

[Witnesses sworn.]

Mr. SHAYS. And I thank others for standing in case we needed to go on your expertise. That is very thoughtful.

I am going to say again thank you for being the second panel. Thank you for listening to the first panel.

We know what our task is, and we are going to get to it. We are going to start first with Ms. Porter. We will go to Dr. Gilman and then we will go to Ms. Clark. And that will be the order of it.

Ms. Porter, thank you.

STATEMENTS OF DR. PAUL GILMAN, ASSISTANT ADMINISTRATOR FOR RESEARCH AND DEVELOPMENT, ENVIRONMENTAL PROTECTION AGENCY; DIANE PORTER, DEPUTY DIRECTOR, NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH [NIOSH], ACCOMPANIED BY DR. GREGORY WAGNER, DIRECTOR OF THE DIVISION OF RESPIRATORY DISEASE STUDIES, NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH; PAT CLARK, AREA OFFICE DIRECTOR FOR NEW YORK, NEW YORK OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, ACCOMPANIED BY DR. DAVID WILLIAMSON, PH.D, AGENCY FOR TOXIC SUBSTANCES DISEASE REGISTRY

Ms. PORTER. Good afternoon, Mr. Chairman, Representative Maloney and members of the committee. My name is Diane Porter and I am the Deputy Director for National Institute for Occupational Safety and Health, a part of the Centers for Disease Control within the Department of Health and Human Services.

Accompanying me here today are Dr. Gregory Wagner, a physician and the Director of the NIOSH's Division of Respiratory Disease Studies and Dr. David Williamson, the Director of the Division of Health Studies with CDC's agency for Toxic Substances and Disease Registry.

Thank you for this opportunity to appear today to provide testimony on behalf of CDC and ATSDR regarding our ongoing efforts to address the health impacts of the World Trade Center disaster on the rescue, recovery and response workers and on the nearby community members who were so directly effected by the events that day.

As you know, CDC provided extensive emergency assistance to workers and residents near Ground Zero in the immediate aftermath of the September 11th attacks. My testimony here today will

focus on our subsequent activities to address the health effects of that disaster on the emergency and front line workers who came to help, and to evaluate the physical and mental health impacts on the wider community of people living, working and going to school in the vicinity of the World Trade Center site.

In the interest of time, I will summarize these activities today, but a more detailed description of our efforts is in the written statement submitted to the subcommittee.

In the weeks following September 11th, NIOSH was in close contact with the medical staff of the fire department of New York and with other community based occupational health providers who began reporting health problems they were finding in workers and volunteers who had been at the site. An informal network of occupational medicine specialists was established with NIOSH's assistance.

Mr. SHAYS. Let me just interrupt you a second and say if this panel, given it's three, goes over its 5 minutes, you know that is acceptable. We want you to put on the record what you need to put on. So do not feel you have to rush.

Ms. PORTER. Thanks.

This informal group, lead by Mount Sinai's School of Medicine Center for Occupational and Environmental Medicine discussed their findings and began to better define the type and severity of health problems they had seen. And this activity laid the ground work for the creation of a comprehensive medical screening program for these workers.

In November and December 2001, NIOSH was contacted by several labor unions and employers representing workers employed in buildings near the World Trade Center site asking us to look into their health. In response, NIOSH performed a series of health hazard evaluations that showed elevated rates of upper and lower respiratory and gastrointestinal system symptoms as well as symptoms of depression and post-traumatic stress disorder in the World Trade Center area workers compared to similar workers elsewhere. These symptoms were still present 2 to 6 months after September 11th.

In January 2002, with funds from FEMA, CDC provided $4.8 million to the New York City Fire Department and $2.4 million go the New York State Department of Health to conduct baseline medical evaluations for New York City firefighters and State employees who responded at the World Trade Center site. Shortly thereafter, also in 2002, Congress gave $12 million to CDC for baseline medical screening of the other emergency service and recuse and recovery personnel who responded to the events of September 11th.

CDC awarded the contract to Mount Sinai Center for Occupational Environmental Medicine to establish this program within weeks of receiving the funds. Mount Sinai, in consultation with CDC and other occupational health experts, developed a comprehensive screening program which beginning in July 2002 provided response workers with a baseline medical assessment and assistance with referrals for followup care. A consortium of occupational health clinics was created to provide these services to re-

sponse workers and volunteers throughout the New York City area and in the rest of the country.

As of October 2003, the consortium has screened over 7,000 workers.

In 2003 also, Congress directed that FEMA provide $90 to CDC for long term medical monitoring of the World Trade Center rescue and recovery workers and volunteers including $25 million that was designated to the use for current and retired New York City firefighters.

In anticipation of receiving these funds, CDC held a public meeting in New York City in May 2003 to gather input regarding the content and structure of a long term screening program. There was broad consensus among leading participants that the program should include: Multiple clinical sites; that the existing short term screening program was very satisfactory and therefore current providers should continue to provide services; that quality control across the centers is important, and; that the content of the program should remain flexibility to accommodate evolving needs and treatment.

There was also agreement that the baseline screening program should be extended beyond the 9,000 workers who were currently funded.

Based on this input, CDC supplemented the existing contract with Mount Sinai within 6 working days of receiving the funds with $4 million to cover baseline screening examines to approximately 3,000 additional workers. These examinations will be conducted through March 2004.

The $25 million designated for long term followup for the New York City Fire Department will be provided to FDNY to conduct a program in coordination with CDC.

Just as the baseline screening program is completed in March 2004, the remaining dollars will be provided to clinical centers to implement the long term medical screening program that will provide workers with a choice of providers. The program will also include a centralized coordination center to assure quality control and allow for periodic review of screening.

In addition to our activities to address the health needs of rescue response and recovery workers, HHS agencies in collaboration with others are working to identify the health effects of the World Trade Center disaster on the people who were living, working or going to school in the vicinity of Ground Zero. Details on these studies are outlined in my written testimony.

Finally, the subcommittee has expressed specific interest in the World Trade Center Health Registry which was launched on September 5, 2003 with an extensive outreach campaign. In collaboration with the New York City Department of Health and Mental Hygiene and with startup funds provided by FEMA, ATSDR has established a registry to identify and track over the long term the health of tens of thousands of workers and community members who were mostly directly exposed to smoke, dust and debris from the World Trade Center site. To date, more than 10,000 people have been interviewed. It is estimated that the registry will included 100,000 to 200,000 individuals including rescue and recov-

ery workers, office workers, residents and school children making it the largest registry of its kind.

The registry will provide a complete picture of the health effects resulting from the events of September 11th. It also will serve as a resource for future research studies into the health consequences of September 11th and a tool for disseminating important health information to the public and to health care providers so that people can make informed decisions about their health care.

In addition, people interviewed also will be provided with referrals to health care providers for health problems they may be currently experiencing.

The registry will be maintained over time by the city Department of Health and Mental Hygiene.

In summary, CDC and ATSDR are committed to assessing the health effects resulting from the September 11, 2001 attacks on the World Trade Center and identifying the physical and mental health needs of effected workers, residents and community members.

Thank you for your attention.

I'm please to answer any questions.

[The prepared statement of Ms. Porter follows:]

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

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

Statement of
Diane Porter
Deputy Director
National Institutes for Occupational Safety and Health
Centers for Disease Control and Prevention
Department of Health and Human Services

For Release on Delivery
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on Tuesday October 28, 2003

Field Hearing in New York, New York

Mr. Chairman, Representative Maloney, and members of the Subcommittee, my name is Diane Porter, and I am Deputy Director for Management with the National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services. CDC's mission is to promote health and quality of life by preventing and controlling disease, injury and disability. NIOSH is a research institute within CDC that is responsible for conducting research and making recommendations to identify and prevent work-related illness and injury.

I am pleased to appear before you today to provide testimony on behalf of CDC and our sister agency, the Agency for Toxic Substances and Disease Registry (ATSDR). My testimony will address CDC and ATSDR activities related to the health impacts on rescue, recovery and restoration workers and volunteers at the World Trade Center (WTC) site; office workers, residents, and school children who were in the vicinity of the site on September 11; and workers at the WTC recovery operations on Staten Island. As you know, CDC provided extensive emergency assistance during the initial months following September 11th, providing technical assistance to the Federal Emergency Management Administration (FEMA) and to the New York City Department of Health and Mental Hygiene to better characterize the acute exposures and to make recommendations for development of a comprehensive protection program for the rescue workers.

My testimony today will focus on CDC and ATSDR activities following this emergency response including CDC's efforts to respond to the needs of workers and volunteers regarding the potential short- and long-term health effects of their exposures at the WTC site. I also will describe CDC and ATSDR's activities to evaluate physical and

mental health impacts on the wider community of persons who were living, working or attending school in the vicinity of the WTC site.

Mr. Chairman, I would like to express my appreciation to you, to Representative Maloney, and to the members of the subcommittee for holding this hearing to address the health concerns and well-being of the community surrounding the World Trade Center site, including and the brave responders and front-line workers who stepped forward in response to the attack on September 11, 2001. CDC, ATSDR and the Department of Health and Human Services share your concern for the community and for the workers who responded so courageously in our country's time of great need.

Addressing Health Needs of WTC Responders

CDC provided technical assistance in occupational health to the Fire Department of New York (FDNY) in the evaluation of approximately 350 fire fighters three weeks following September 11th. This evaluation revealed that few fire fighters were wearing adequate respiratory protection during the initial period of response to the disaster when exposures were highest. It also demonstrated a decrease in quality in the fire fighters' pulmonary function compared to the routine pulmonary function tests that were done over the course of the two years prior to September 2001.

CDC's environmental health laboratory also measured 110 chemicals in blood and urine from these fire fighters. The study found the levels of chemicals in the exposed firefighters were generally low and not outside the ranges found in the general population. Although levels of some of the chemicals analyzed showed statistically significant differences between the control and exposed firefighters, these differences

were generally small. The study was done in collaboration with the FDNY.

During the weeks following September 11th, CDC physicians were in contact with the FDNY medical staff and with other community-based occupational health providers who began reporting concerns about the health problems they were finding in workers and volunteers who had been at the WTC site. CDC helped establish an informal network of occupational medicine specialists who discussed their findings and began to better define the type and severity of health problems they had seen. This informal network, with Mt. Sinai School of Medicine's Center for Occupational and Environmental Medicine's occupational medicine physicians in the lead, wrote a guidance document aimed at assisting community-based physicians with the appropriate evaluation of these patients. The work of this initial network of physicians helped lay the groundwork for creation of a comprehensive medical screening program.

Health Hazard Evaluations

In November 2001, the Department of Health and Human Services asked CDC to look into health concerns of employees working in the Federal Building near the WTC site. A month later, in December 2001, CDC also was contacted by a group of labor unions who represented various city and state workers employed in buildings near the WTC site. These workers included the teaching and support staff at Stuyvesant High School and the Borough of Manhattan Community College; New York City employees working at an office building on Rector Street; New York State workers employed in an office building on Broadway; and employees working in the New York City bus and subway divisions of the Metropolitan Transit Authority.

In response to these requests, CDC conducted a series of health surveys among workers to evaluate the rates of physical health and mental health symptoms among these workers. CDC compared the responses of WTC-area workers to those of similar workers either outside of NYC (for federal workers) or in New York City but more than five miles from the WTC site. The worker evaluations that CDC conducted found elevated rates of upper and lower respiratory and gastrointestinal symptoms and symptoms consistent with depression and post-traumatic stress disorder in the WTC-area workers compared to other similar workers. These symptoms were still present two to six months after September 11th. In reports provided to employer and employee representatives, CDC recommended that employers develop programs that would provide easy access to physical and mental health services and create a supportive and therefore less stressful work environment.

Baseline Medical Screening

In January 2002, CDC received funds from FEMA to award two grants: $4.8 million to the New York City fire department to conduct baseline medical evaluations for fire fighters who responded at the WTC site and $2.4 million to the New York State Department of Health to conduct such evaluations for New York State employees who responded at the WTC site in the course of their jobs.

Subsequently, also in 2002, Congress provided $12 million to CDC for baseline medical screening of emergency services and rescue and recovery personnel who responded to the events of September 11th, and who were not otherwise covered by the baseline screening programs being conducted by the FDNY and the New York State Department of Health. CDC awarded a contract to Mt. Sinai School of Medicine's Center for

Occupational and Environmental Medicine to establish this program. The Mt. Sinai staff created a consortium of occupational health clinics to provide screening services to workers and volunteers living throughout the New York City metropolitan area and subcontracted with a national network of occupational health clinics for those workers and volunteers who responded from as far away as California and Washington State.

In consultation with CDC occupational health experts, Mt. Sinai developed a comprehensive screening program that, beginning in July 2002, provided a baseline medical assessment as well as assistance with referrals for follow-up care. It was anticipated by Mt. Sinai that the funding provided would cover initial medical screenings for up to 9,000 workers. As of October 9, 2003, the Mt. Sinai-led consortium had screened over 7000 workers. The consortium will continue to conduct baseline screening examinations through March 2004. As relayed in the testimony of Dr. Herbert from Mt. Sinai today, this program has found high rates of persistent respiratory and mental health problems in a sample of workers screened up to two years following September 11, 2001.

Long-Term Medical Monitoring

In 2003, Congress directed FEMA to provide $90 million to CDC to support longer term follow-up medical monitoring for WTC rescue and recovery workers and volunteers, including $25 million designated to be used for current and retired New York City fire fighters. FEMA provided these funds to CDC under an interagency agreement in June of 2003.

In anticipation of receipt of these funds, in May 2003 CDC held a public meeting in New

York City to gather input regarding the content and structure of this program. The meeting was attended by individuals representing the medical community, city and state health departments, labor unions, employers, and other federal research agencies such as the Environmental Protection Agency and the National Institutes of Health. Participants identified a number of significant health concerns among the exposed workers, particularly, respiratory and mental health. CDC will be seeking seek additional input from NIH and mental health experts to develop strategies for assessing and monitoring workers to address long term public health concerns and to learn valuable lessons about complex psychobiological impacts and long term recovery.

Meeting participants broadly agreed on several key issues: 1) the 9000 examinations that were currently funded were insufficient to meet the needs of those WTC-site workers still wanting to be evaluated; 2) the longer term program should include multiple, independently funded clinical centers which would offer a choice of follow-up locations without involving the use of subcontracts; 3) the quality of the existing screening program was very satisfactory and therefore currently participating clinical centers should continue to provide services; 4) quality control across multiple programs and over time was essential to the development of a comprehensive program; and 5) determination of the content of the screening program would require careful consideration and input from national experts and should remain dynamic to accommodate evolving needs and new medical innovations.

Based upon the input from the May meeting, CDC supplemented the existing contract with Mt. Sinai with additional funding of approximately $4 million for approximately 3,000 additional baseline examinations. As mentioned previously, these additional baseline examinations will be conducted through March 2004. The $25 million

designated for long-term follow-up of New York City firefighters is being provided to the FDNY to conduct this program in coordination with CDC.

With the remaining funds, CDC will award cooperative agreements to provide funding to clinical centers to develop a coordinated, long-term medical screening program. This program will provide those who participated in the baseline screening program a choice of clinical centers to which they may go for long-term follow-up medical services.

The program also will include a centralized data coordination center that will facilitate coordination among clinical centers, assure quality control and allow for periodic review of the screening results in order to adapt the screening protocol to the changing needs of the population over time. This coordinating center will be responsible for evaluation of the program through ongoing evaluation of the quality of collected data, periodic analysis to determine the usefulness of the specific components of the clinical evaluation, and monitoring of feedback from program participants concerning the adequacy of referral and follow-up procedures. It is anticipated that through this funding mechanism, the clinical centers should receive funding to begin the long-term program by March 2004, after the additional baseline examinations have been completed.

The initial medical evaluations conducted by the FDNY, New York State, and the Mt. Sinai-led consortium will provide a baseline to monitor any long-term health outcomes that may be associated with the rescue workers.

Assessing Health Impacts on Workers and the Community

In addition to its activities to assess and address the health impacts on rescue,

response and recovery workers, CDC and ATSDR are working to identify the health effects of the WTC disaster on the people who were living, working or attending school in the vicinity of the WTC site.

WTC Health Registry

In collaboration with the New York City Department of Health and Mental Hygiene, ATSDR has established a registry to identify and track over the long term the health of tens of thousands of workers and community members who were the most directly exposed to smoke, dust, and debris from the WTC disaster. The World Trade Center Health Registry was launched on September 5, 2003, with an extensive public outreach campaign. Persons who choose to be included in the registry will be interviewed periodically over a period of 20 years or more concerning their physical and mental health, so that their health may be followed over time. Stringent safeguards are in place to protect the confidentiality of all information collected.

In the nearly two months since it was launched, more than 10,000 people have been interviewed for the registry. ATSDR and the New York City Department of Health and Mental Hygiene estimate that the registry will include 100,000 to 200,000 people, including rescue and recovery workers, office workers, residents and school children, making it the largest health registry of its kind. The registry will be maintained over time by the New York City Department of Health and Mental Hygiene. FEMA provided start-up funds to ATSDR for the development and launching of the registry.

The purpose of the WTC registry is to provide a more complete picture of the health consequences resulting from the events of September 11th. Registry information will be

used to identify trends in physical or mental health resulting from the attacks at the WTC and the resulting exposure of nearby residents, school children and workers to dust, smoke and debris. In addition, it will serve as a resource for future investigations and epidemiological and other research studies concerning health consequences of exposed persons from all walks of life, and as a tool for disseminating important prevention and public policy information. The registry, by collecting a broad range of information into a single database, will facilitate coordinated follow-up.

The New York City Department of Health and Mental Hygiene and ATSDR will communicate information concerning physical or mental health impacts to the public and to health care providers so people can make informed decisions about their health care. Information from the registry will be posted quarterly on the WTC Health Registry Web site at www.wtcregistry.org.

Residential Environmental Sampling

ATSDR also worked collaboratively with the New York City Department of Health and Mental Hygiene to determine what hazardous substances were present in the air and dust inside residences near the WTC site. ATSDR and the New York City Department of Health and Mental Hygiene collected air and dust samples in November and December of 2001 from certain units in 30 residential buildings in lower Manhattan and in four residential buildings in upper Manhattan.

The sampling revealed fiberglass fibers and low levels of asbestos in some of the indoor dust in lower Manhattan. The upper Manhattan dust samples revealed no fiberglass fibers or asbestos. As a result, the study report recommended that residences in lower Manhattan be thoroughly cleaned with HEPA vacuums, damp

cloths, and mops to reduce the potential for exposure. The study concluded that the levels of materials in the dust samples did not pose a potential health hazard if recommended cleaning practices were followed.

Environmental Health Studies

In addition to its occupational health activities discussed earlier, CDC has conducted several environmental health studies in the surrounding community to help determine health effects that might be associated with exposure to smoke and dust from the WTC site.

CDC also has provided funds to the New York City Department of Health and Mental Hygiene and the New York State Department of Health to study asthma and respiratory illnesses following September 11th, including:

- a study of asthma and respiratory illness-related ambulance dispatches, emergency room visits, and hospitalizations;
- a study of asthma, other respiratory function, and pulmonary function in residents in lower Manhattan;
- a survey of asthma, asthma management, and other respiratory illness among preschoolers in lower Manhattan; and
- a survey of asthma among Medicaid Managed Care enrollees in New York City.

CDC is also supporting a New York Academy of Medicine study showing that about 27 per cent of adults in Manhattan with asthma who responded to a survey done five to nine weeks after the September 11th attacks reported that their asthma had worsened. Adults with asthma were more likely to report their asthma had gotten worse if they had difficulty breathing because of smoke and debris during the attacks or if they were suffering from post-traumatic stress disorder or other symptoms of psychological distress associated with the attacks.

CDC's environmental laboratory is providing analyses of biological samples for an NIH/NIEHS study by Columbia University and Mt. Sinai School of Medicine to evaluate the health effects of exposure to WTC smoke and dust on women who were pregnant on September 11th and on their infants.

In addition, NIH/NIEHS has funded an array of studies on the health consequences of the attacks. NIEHS university grantees have identified the composition and structure of dust particles from the collapse of the buildings, and have determined particle size and the degree of penetration into the airways of those who were exposed. Researchers have also created a public data base that includes both pre- and post-September 11 air quality data; the web address is http://wtc.hs.columbia.edu. Other NIEHS-funded researchers have conducted clinical and epidemiological studies to investigate respiratory abnormalities and post-traumatic stress syndrome in WTC-exposed populations such as firefighters, ironworkers and community residents. Scientists have also identified the symptoms and duration of the "World Trade Center Cough," and determined that most dust particles from the attacks were small enough to penetrate into lung airways, producing caustic effects on the respiratory system.

Summary

In summary, CDC and ATSDR are committed to assessing the health effects resulting from the September 11, 2001, attacks on the World Trade Center and identifying the physical and mental health needs of affected workers, residents, and other community members. Thank you for your attention. I am pleased to answer any questions.

Mr. SHAYS. Thank you, Ms. Porter.

Dr. Gilman.

Dr. GILMAN. Can I show my slides from the podium?

Mr. SHAYS. Yes, fine. And as we pick you up in the mic, that is fine.

Dr. GILMAN. OK.

Mr. SHAYS. And we will see it on this TV screen here, I guess.

Dr. GILMAN. Mr. Chairman, first, if I could just go over the elements of EPA's response to the events of September 11th.

EPA in its emergency response capability activated its emergency response team within minutes of the attack and sent on senior coordinators to begin collecting bulk dust and air samples, both at the site of the World Trade Center and subsequently on the 11th to areas of New Jersey and Brooklyn as well.

In the days following September 11th we began to establish a fixed air monitoring system which ultimately consisted of 20 different monitoring stations in addition to the network of monitoring stations that are in place for activity such as monitoring for particulate matter under the Clean Air Act.

EPA's principle mission immediately following the collapse was to address the safe collection and disposal of large amounts and quantities of dust and debris. And along with other Federal agencies, my colleagues here today, supplying respirators and protective gear to workers and truck operators for Ground Zero.

EPA had subsequently been asked by the city to initiate its residential clean up program, which began in May of last year. And we continue to perform laboratory health effects research on dust and other contaminates from the World Trade Center in our effort to try and better understand the health consequences of that day.

In that regard, let me speak to you about our draft exposure and human health evaluation which was released in December of last year. It is currently undergoing peer review and response to that peer review. And let me start by saying a few things that—I will start by saying what the report does address and then what it does not address.

The draft report does focus on outside air. It focuses on the general public.

It highlights six particular contaminates that we believe were most important to assess. It also tries to look at what the human exposures to the contaminates were. As you know, a contaminate may have a health effect, but just what kind of health effect it has depends on how much an individual is exposed to of that. So we are trying to assess how much individuals were actually exposed to these contaminates.

We discussed the potential health impact of those contaminates and utilized the data that was available at that time.

The draft report does not address indoor air except incidentally. It doesn't address first responders at Ground Zero. It doesn't assess residential or occupational exposures. And it doesn't predict human health effects, nor does it purport to examine all the different contaminates that were found at the site at the time.

Now, let me generally give you the findings of the report, then we can talk a little bit of the specifics of the contaminates in question.

First of all, people exposed to extremely high levels of outdoor pollutants on September 11th at the time of the collapse in the vicinity of the World Trade Center are at risk for both acute and potentially long term or chronic respiratory and other types of health impacts.

We found that the information available on September 11th and in the days following did not really allow us to well characterize this particular period of exposure and the potential health effects. Except for exposures on September 11th and possibly during the next few days, we did find that the people in the surrounding community were unlikely to have been exposed to contaminates in a way that would result in either short term or long term adverse health effects.

Now, the status of the report is, that is currently draft. It is going through revisions and we hope to have it finalized in the spring of 2004.

The contaminates we looked at included particulate matter, asbestos, dioxins and PCBs, metals and volatile organic compounds.

For the particulate matter, in the several days after the attack monitors were showing high levels of particulate matter that did exceed the EPA's 24 hour air quality index, but by mid-October those levels had receded to ones historically seen in the city.

For asbestos, there were reactively few outside air measurements of asbestos that exceeded EPS or OSHA standards.

And I should comment that for all of these substances we are hampered to some degree by the fact that we had not in the past expected to have to look at short term exposures. So the benchmarks we are utilizing in doing this analysis are borrowed from the occupational agencies and other circumstances. EPA has traditionally focused on longer term chronic exposures.

So for asbestos, the air measurements taken. There were a few exceedences of EPA and OSHA standards. High levels of asbestos were found in dust in two apartments sampled on the 18th and in the grab samples that were done in the area of the World Trade Center.

The report also does discuss the ATSDR study that was done on apartments beginning in the November timeframe.

Dioxins and PCBs, there were high measurements in the first month after September 11th, in particular in and around the World Trade Center Ground Zero site. Exposures by inhalation of dioxins in particular were not at a level that should cause either acute concerns or long term concerns. The major path for dioxins of concern is really through ingestion, through food exposures.

For metals, there were some exceedences of EPA benchmarks for lead in the first month, but the way the lead standard is set is it is for exceedences that extend over a 90 day period, and we did not see anything like that for the lead at the site or in the areas surrounding the site.

And last, for volatile organic compounds, we did see elevations principally of benzene over the month following the Trade Center, but none of those exceeding benchmark standards.

Now let me speak for a moment to our efforts at trying to reconstruct the exposures that people have seen. What I have here on this screen is actually a graphic of reconstruction of the plume for

the first days following the collapse of the World Trade Center. It is animated, and as you can see through time the wind direction did shift.

This is the standard sort of a tool we have available to us today. It is based on meteorological information that comes to us from sites like LaGuardia Airport or Kennedy Airport. And currently the Department of Energy and NOAA are engaged in putting place systems in a number of cities around the country that are much fine scaled, if you will. Where the meteorological information that is collected is much better represented for the areas in question.

EPA is currently engaged in collaborating with them, and what we are actually trying to do is apply some tools we had begun to develop in midtown New York. We are trying to better understand how people living in a urban setting are exposed to normal pollutants.

What we have done with what is a computer model, a numerical model, is now transfer that work to the lower end of Manhattan and try and computationally understand how the particles and emissions flowed in the area in and around the World Trade Center. And so this is a visualization now of that kind of modeling.

The field that is moving through shows you the different directions and volicities of the wind, the different points along the southward movement at the World Trade Center.

And we are using this model along with an actual physical scale model that was done for lower Manhattan at our research facility in Research Triangle Park to work back and forth between the physical model, a wind tunnel model of lower Manhattan, and that computational model that I described. And this is a scene of gases, simulated gases being released at the World Trade Center site.

The result of moving back and forth between this kind of physical model and computational model is that we can begin to recreate exposures at the time of the collapse and in the few days following that we cannot do from actual measurements. So what you see here is a recreation of concentrations of no particular pollutant. We have yet to go back and plug in to these models actual omissions data. But what this represents is, and let me explain the different so called "isolines," lines of common concentration.

The yellow circle in and around the World Trade Center site represents the highest concentration. The green line with the No. 10 on it would represent a 10-fold reduction in the concentration of a contaminate. And the blue line, a 100-fold in the contaminate. Also marked on this map is the area that represented the exclusion zone in the initial phases of the disaster. We have also done this now for one other wind direction, and we are continuing to expand that.

Our hope is using a model like that and also, again, a computational approach to understanding what happened immediately as the World Trade Center collapsed, we will be able to recreate the exposure levels that people were exposed to.

What I have here is a computer generated model. This is not an animation. This is actually a calculation done of the collapse of one of the buildings at the World Trade Center. And it is through this type of modeling that we hope to be able to combine the physical model that I showed you, the numerical model and begin to better

estimate the exposures that people present at the time of the collapse and first responders were subjected to.

Let me now summarize for you some of the things that the EPA has done since the World Trade Center in an effort to improve our response capability. We have updated and revised our national approach to response. We have expanded our training and incident response. We have built a more sophisticated and larger emergency operation center. We have established both at headquarters and in the regions a support corps. Actually back up folks for our trained professional in emergency response.

We have also purchased special communications and monitoring equipment that would overcome some of the difficulties we had in establishing a monitoring network in the case of the World Trade Center. We have established another emergency response team, national emergency response team in the west. And we have created a Homeland Security Research Center to develop the kinds of technologies and first responder computer tools that I have been trying to show you here today.

Those rapid risk assessment tools, we believe, can help with preplanning for first responders.

We have also developed a scientific response team that will be available to both first responders and EPA decisionmakers for future events.

We have also been trying to improve those models, as I showed you, on air transport.

And also, we have upgraded our laboratory capacity to serve as a backup to the Department of Defense when it comes to biologicals and other agents.

And I will stop there, Mr. Chairman.

[The prepared statement of Dr. Gilman follows:]

EPA's Exposure and Human Health Analyses of the Collapse of the World Trade Center

Dr. Paul Gilman

Science Advisor

United States Environmental Protection Agency

Given before the U.S. House of Representatives
Committee on Government Reform
Subcommittee on National Security, Emerging
Threats and International Relations
New York City, New York
October 28, 2003

United States Environmental Protection Agency

"Building a scientific foundation for sound environmental decisions"

United States Environmental Protection Agency

EPA's Responses to the Events of September 11, 2001

- Within minutes of the attack, EPA activated Emergency Response Team
- On September 11, on-scene coordinators collected bulk dust and air samples
- Within days of September 11, EPA began establishing WTC fixed air monitoring stations at and around the WTC site
- In addition to the existing nationwide air monitors in place prior to September 11, EPA established 20 WTC air sampling stations. More than 227,000 analytical results were produced within weeks of the disaster
- EPA addressed immediate issue of safe collection and disposal of the large quantities of dust and debris
- EPA, along with other agencies, provided thousands of respirators and other protective gear for distribution to workers, and operated worker and truck wash stations, including a facility where Ground Zero workers could rest and eat
- EPA initiated the free and voluntary Residential Cleanup Program, resulting in about 4,100 residences being tested for asbestos or tested and cleaned
- EPA began laboratory health effects research on dust, and also an exposure and health evaluation report

EPA's Draft "Exposure and Human Health Evaluation of Airborne Pollution from the World Trade Center Disaster"

Draft Report Does *Not* Address:

- Indoor air
- First responders or Ground Zero workers
- Residential or occupational exposures
- Predict human health effects
- Reported human health effects
- All known WTC contaminants

Draft Report Focuses On:

- Outdoor air
- General public
- Group of six contaminants
- Human exposures
- Potential for a health impact
- Data available at the time

Draft Findings

- People exposed to the extremely high levels of outdoor air pollutants on September 11 were at risk for acute, and possibly chronic, respiratory and other types of health impacts.
- There are only limited data for September 11 and for the few days following; exposures and potential health impacts are not well characterized for this period.
- Except for exposures on September 11 and possibly during the next few days, people in the surrounding community were unlikely to suffer short-term or long- term adverse health effects from exposure to outdoor air.

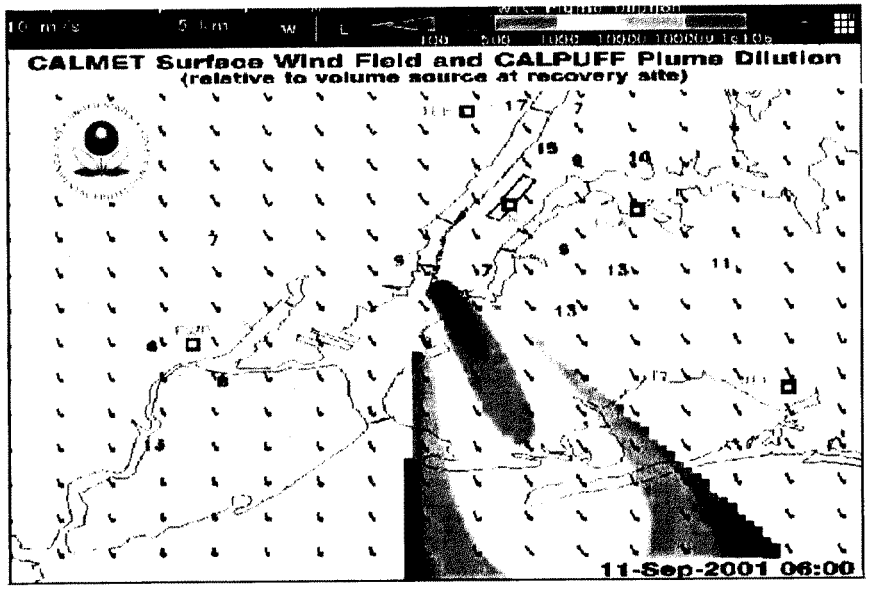
Status

- Draft report has completed both public and peer review comment
- Revisions underway to address comments
- Final report planned for release spring 2004

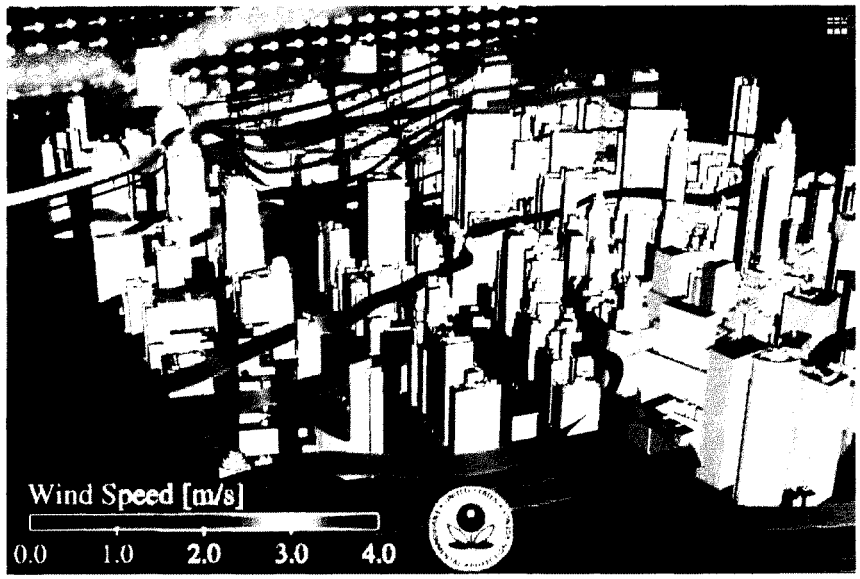
Six Contaminants or Contaminant Groups

- **PM:** For several days after the attack, levels of $PM_{2.5}$ exceeded EPA's 24-hour Air Quality Index (AQI); by mid- to late-October, PM values had largely returned to levels typical of New York City
- **Asbestos:** There were relatively few outside air measurements of asbestos exceeding EPA and OSHA standards. High levels of asbestos in dust were found in two apartments sampled on September 18; a larger, more systematic study of residences beginning in November by ATSDR showed low levels of asbestos in dust.
- **Dioxins and PCBs:** High measurements for the first month after September 11, and elevations until December. Exposures by inhalation elevated for that time period, but not at levels that cause acute impacts, and long-term health impacts evaluated as minimal.
- **Metals:** Some exceedances of EPA benchmarks for lead for first month, but reduction to background levels by November
- **Volatile Organic Compounds:** Elevations of benzene noted for a month, but few elevations thereafter for benzene and other VOCs

Uncertainties Remain About Impacts During the Early Days



Computational Fluid Dynamics Capture Street Canyon Effects

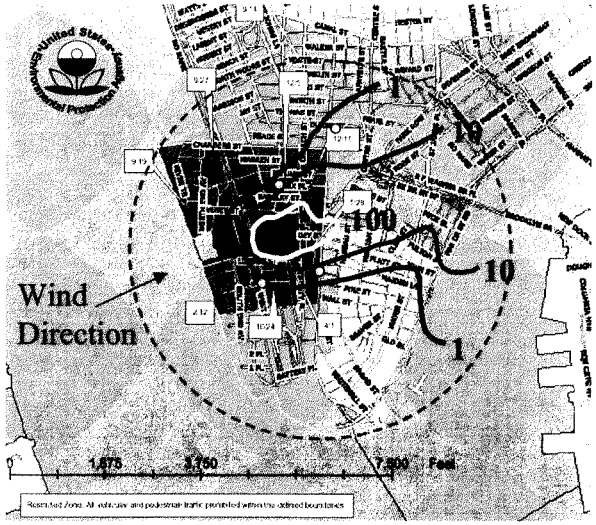


United States Environmental Protection Agency

A Replica of Manhattan Has Been Constructed in a Wind Tunnel

United States Environmental Protection Agency

First Results from the Wind Tunnel Show the Rapid Dissipation of Contaminants Within the Restricted Zones



Complex Simulations of the North Tower Collapse Will Give EPA Insight About the Levels and Spread of Contaminants

United States Environmental Protection Agency

EPA Acts to Improve Response

- EPA refined the National Approach to Response guidance and expanded incident command training.
- EPA constructed a larger and significantly more sophisticated Emergency Operations Center to help better coordinate and inform response.
- EPA established HQ and Regional Response Support Corps to leverage EPA staff assistance and expertise during major events.
- EPA purchased specialized telecommunications and monitoring equipment to assist On-Scene Coordinators in response efforts.
- EPA added a second (Western) Emergency Response Team.
- EPA created a National Homeland Security Research Center to rapidly develop the needed information, technology and guidance to respond to attacks.

EPA Acts to Improve Response

- EPA is developing rapid risk assessment tools to help responders and decision officials better make risk-based decisions in the wake of terror attacks.
- EPA developed a 24/7 “reach back” system and three scientific Red Teams to provide real-time scientific and engineering support.
- EPA developed enhanced scientific tools to aid in response, including improved air transport models to help predict where air contaminants will go.
- EPA expanded and upgraded its laboratory capacity for analysis of biological and other agents.

Mr. SHAYS. Well, Dr. Gilman, you have given us a lot to think about and you will generate a number of questions by your presentation. Thank you.

Ms. Clark.

Ms. CLARK. Mr. Chairman, members of the panel. Thank you for this opportunity to discuss OSHA's role in protecting workers after the tragic events of the World Trade Center on September 11th.

I am the Regional Administrator for Region 2, OSHA, which covers New York, New Jersey, Puerto Rico and the Virgin Islands.

OSHA's mission is to ensure safe and healthful working conditions for employees in this Nation. Within hours of the attack, OSHA joined with other Federal, State and local agencies, as well as safety and health professionals from contractors and trade unions onsite, to help protect workers involved in recovery, demolition and clean up operations. Working under perilous conditions, OSHA began coordinated efforts to protect the health and safety of workers.

In line with the Federal Response and National Contingency Plans, OSHA determined it could be most effective by providing assistance and consultation. It was apparent the site was not a typical construction or demolition project. Workers needed immediate protection from hazards, the scope and severity of which were unpredictable.

OSHA's primary responsibilities were to conduct personal air monitoring to characterize exposure, distribute and fit respirators along with other personal protective equipment, and conduct safety monitoring. OSHA committed nearly 1100 staff, sometimes as many as 75 a day. Our employees remained on the site for 10 months providing a 24-hour presence, 7 days a week. Our staff spent more than 120,000 hours onsite. We conducted over 24,000 analyses of individual samples to quantify worker exposure. We collected more than 6,500 air and bulk samples for asbestos, lead, other heavy metals, silica, other inorganic and organic compounds totaling 81 different analytes.

Personal sampling was conducted around the clock each day and coordinated with safety and health professionals onsite. OSHA's sampling efforts included breathing zone samples of workers on and near the pile. The tasks included search and recovery, heavy equipment operation, steel cutting and burning, manual debris removal and concrete drilling and cutting.

OSHA's breathing zone samples showed exposures that were well below the agency's permissible exposure levels for the majority of chemicals and substances analyzed.

To ensure that workers were fully informed about the potential risks, we employed several means to disseminate the information. We distributed sampling summaries to trade unions, site contractors and agencies during daily safety and health meetings. Personal sampling results, including an OSHA contact number were mailed directly to worker. Those whose sample results exceeded the PEL were encouraged to seek medical consultation. We also posted these results on our Web site within 8 hours.

OSHA consistently recommended workers on the site wear appropriate respirators. The respirators were selected jointly with all the site safety and health professionals. We agreed on a high level

of protection. A half mask, negative pressure respirator with high efficiency particulate/organic/vapor/and acid gas cartridges. This was communicated through orders and notices posted throughout the sites. And you will see a number of exhibits labeled No. 1 through No. 8, as well as the poster in the front showing this.

OSHA continued to conduct extensive risk assessment to verify the selected respirators remained appropriate. When sample results for jack hammering and concrete drilling operations indicated a higher level of protection was needed, a full face piece respirator was required for those operations.

Shortly after the attack, OSHA became the lead agency for respirator distribution, fitting and training. At the peel of the operation, basically the first 3 weeks, we gave out 4,000 respirators a day. We distributed more than 131,000 during the 10 month recovery period.

Mr. SHAYS. Could you repeat that number again? How many?

Ms. CLARK. 131,000 in the 10 months.

Distribution to workers did pose challenges. OSHA initially deployed staff by foot with bags of respirators. We followed this up by mobile teams on all terrain vehicles, as you will see in exhibit 9.

We also established a distribution point at the Queens Marina, which was the fire department of New York's staging point. We opened multiple equipment distribution locations throughout the 16 acres site. You will see two of those in exhibits 10 and 11.

OSHA conducted over 7,500 quantitative fit-tests for negative pressure respirators, including nearly 3,000 for FDNY personnel specifically. You can refer to exhibit 12 for that. Fit-testing included instruction on storage, maintenance, the proper use and the limitations of respirators. 45,000 pieces of other protective equipment were given out as well, such as hard hats, glasses and gloves.

We are also proud that despite this highly dangerous rescue and recovery mission there was not one fatality. More than 3.7 million work hours were expended during the clean up operations with only 57 non-life threatening injuries. This is really remarkable given the nature and the complexity of the site.

The key to success was working in partnership. A joint labor management safety and health committee was established to identify hazards and recommend corrective actions. And unusually high level of safety and health oversight, training and direct involvement of workers resulted.

Union stewards met weekly with us and with the other agencies and their employees. They distributed safety bulletins directly to their workers and they held tool box talks. OSHA and the Center to Protect Workers Rights of the AFL–CIO collaborated to provide mandatory safety and health training for all the workers on the project.

We learned a great deal at the WTC site, lessons that can help the agency and the Nation improve emergency preparedness. Employers must regularly review and practice evaluations. Also essential to establish channels of communication prior to an emergency.

Nationwide, OSHA's reaching out to the entire emergency response community and coordinating this with the Department of Homeland Security. One of the goals in this is to ensure that first

responders wear properly fitted and maintained respirators at work sites that may have toxic releases.

The agency is also working in partnership with the CPWR to provide skilled support personnel with the training to ensure that America has a work force that is prepared to safely respond to national emergencies.

Mr. Chairman, in addition to my concern for workers at the WTC site, I have personal interest in the short and long term effects of exposures because my staff and I spent so much time there, 10 months. Our Manhattan area office was destroyed when the North Tower of the WTC collapsed on our building. During evaluation our employees were exposed to all of the same potential contaminates in the atmosphere as others who were in lower Manhattan that day. I can say with confidence and pride that OSHA's staff did everything humanly possible to protect the workers during their recovery efforts.

Thank you.

[The prepared statement of Ms. Clark follows:]

STATEMENT OF PATRICIA K. CLARK
REGIONAL ADMINISTRATOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
BEFORE THE
SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS, AND INTERNATIONAL RELATIONS
COMMITTEE ON GOVERNMENT REFORM
U.S. HOUSE OF REPRESENTATIVES

October 28, 2003

Mr. Chairman, Members of the Subcommittee:

Thank you for this opportunity to discuss the Occupational Safety and Health Administration's (OSHA) role in protecting workers after the tragic events at the World Trade Center (WTC) on September 11, 2001. I am the Regional Administrator for OSHA Region 2, which covers New York, New Jersey, Puerto Rico and the Virgin Islands.

As you know, OSHA's mission is to ensure safe and healthful working conditions for Federal and private sector employees in this Nation. Within hours of the September 11th terrorist attack on the World Trade Center, OSHA joined with other Federal, state and local agencies, as well as safety and health professionals from all the contractors and trade unions on site, to help protect workers involved in recovery, demolition and site clean-up operations. Working under very perilous conditions, OSHA began coordinated efforts to monitor the health and safety of workers at the site. We were pleased to work side-by-side with all our Federal, state and local partners.

In line with the Federal Response Plan and the National Contingency Plan, OSHA determined that it could be most effective by providing assistance and consultation to achieve its primary mission—preventing further tragedy during the rescue and recovery work at the World Trade Center and later at the Staten Island Landfill. It was apparent that workers engaged in the response and recovery operations would not be working in a normal industrial setting and that

the site was a not a typical construction or demolition project. Employees at the WTC needed immediate protection from hazards—the scope and severity of which were unpredictable, at best.

OSHA's primary responsibilities at the WTC site were to conduct personal air monitoring to characterize exposures, distribute and fit respirators along with other personal protective equipment, and conduct safety monitoring. Throughout the course of the recovery and cleanup phases, OSHA committed over 1,050 staff to this tremendous task. OSHA employees remained at the site for ten months, providing a 24-hour presence seven days a week. Our staff spent more than 120,000 hours at the WTC site. OSHA's Technical Center in Salt Lake City also worked around the clock to provide rapid sampling results.

Between September 2001 and June 2002, OSHA conducted more than 24,000 analyses of individual samples to quantify worker exposure to contaminants. The Agency collected more than 6,500 air and bulk samples to test for asbestos, lead, other heavy metals, silica, and various organic and inorganic compounds, totaling 81 different analytes. Personal sampling was conducted around the clock each day by industrial hygienists and supplemented by bulk samples, area samples, and direct instrument readings.

We coordinated our sampling with safety and health professionals from other Federal, state and city environmental and health agencies as well as trade unions and contractors. OSHA's air sampling efforts included breathing-zone samples of workers on and near the pile. The tasks sampled by the agency included search and recovery, heavy-equipment operation, torch-cutting or burning of structural steel, manual-debris removal, wash-station operations, and concrete drilling and cutting. Debris from the WTC site was taken to a landfill on Staten Island for sorting and disposal. OSHA conducted safety and health monitoring at that site as well.

OSHA's breathing-zone samples revealed exposures that were well below the Agency's Permissible Exposure Levels (PELs) for the majority of chemicals and substances analyzed. For example, OSHA collected more than 1,400 air samples to test for the presence of asbestos. All were well below OSHA's PEL for asbestos; in fact, over 95% were below detection limits. In more than 700 samples taken to test for the presence of organic compounds such as

formaldehyde, benzene, and acrylonitrile, only one benzene sample of the 244 taken was found to be near OSHA's PEL. About five percent of the 1,331 samples taken to test for the presence of metals collected on the site exceeded the PELs for copper, iron oxide, lead, zinc oxide, antimony and cadmium.

To ensure that workers were fully informed about the potential risk from the contaminants, OSHA employed a variety of means to disseminate the information. OSHA distributed sampling-result summaries to workers and their trade unions, site contractors, and all responding agencies during daily safety and health meetings. In addition, OSHA provided the summaries to other workers on-site, and posted the summaries at various locations around the site. Employees who were sampled were asked to provide the agency with mailing information and were notified in writing of their personal-sampling results. They were also provided with a contact at OSHA for follow-up information. Employees whose sample results exceeded the PEL were encouraged to seek medical consultation. OSHA also posted sample results within eight hours on our website at www.osha.gov.

OSHA consistently recommended that workers on the site wear appropriate respirators. The respirators were selected jointly with other safety and health professionals, including the New York City Department of Health, the National Institute for Occupational Safety and Health, private contractors, trade unions, and other organizations. We agreed on a high level of protection, requiring a half-mask, negative-pressure respirator with high-efficiency particulate/organic vapor/ acid gas cartridges. This requirement, along with other safety measures, was communicated through a variety of orders and notices posted throughout the site (Exhibits 1-8). OSHA continued to conduct extensive risk assessment through air and bulk sample monitoring to verify that the selected respirators provided an appropriate level of protection. When sample results for jack-hammering and concrete-drilling operations indicated a higher level of protection was needed, a full face-piece respirator was required for those operations.

Shortly after the terrorist attack, the New York City Department of Health requested that OSHA be the lead agency for distributing, fitting, and training for respirators for the recovery workers.

At the peak of the recovery operation, OSHA assisted 4,000 workers daily; we distributed more than 131,000 respirators during the ten-month recovery period. The private sector played a pivotal role in this effort. OSHA Assistant Secretary John Henshaw asked the Nation's leading manufacturers of respirators and personal protective equipment to donate supplies and a number of them contributed their products. Distribution of respirators to workers posed challenges. OSHA initially deployed staff by foot with bags of respirators, followed by mobile teams on all terrain vehicles (Exhibit 9). We also established a distribution point at the Queens Marina, the Fire Department of New York's (FDNY) staging point for their on-site recovery workers. In addition, we opened multiple equipment distribution locations throughout the sixteen acre site (Exhibits 10 and 11).

OSHA conducted 7,567 quantitative fit-tests for respirators, including 2,887 tests for FDNY personnel (Exhibit 12). Fit-testing, conducted by trained safety and health professionals, included a facial analysis and a user-seal check, as well as instruction on the best ways to store and maintain the respirators. The proper use and limitations of the devices were also discussed. Eleven thousand hard hats, 13,000 pairs of safety glasses and more than 21,000 pairs of protective gloves were also distributed to workers on the site.

We are also proud that, despite the highly dangerous rescue and recovery mission at the WTC, there was not one fatality. During the recovery phase, OSHA identified more than 9,000 hazards and ensured that employers corrected them. Although more than 3.7 million work hours were expended during cleanup operations, only 57 serious injuries were recorded at the WTC site, and **no deaths occurred among the workers during the clean-up operations.** This is remarkable given the nature and complexity of this operation, which has been described by many as potentially the most dangerous work site in America. Thousands of construction and emergency-response workers labored each day among heavy construction and demolition equipment, such as crawler cranes, grapplers, back-hoes, bulldozers, and trucks.

The key to success at the WTC site was working in partnership. OSHA collaborated with city, state and other Federal agencies as well as contractors, unions and trade associations. This collaboration was formalized in the WTC Emergency Project Partnership Agreements, which

were signed in November 2001 and April 2002. These partnerships brought together OSHA, the New York City Department of Design and Construction, the Fire Department of New York, the Building and Construction Trades Council of Greater New York, the Building Trades Employers Association, the Contractors Association of New York, and the four prime contractors at the site. Through the partnerships, a joint labor-management committee dealing with safety, health and environmental issues was established to identify hazards and recommend corrective actions. One of the most important results of these partnerships was the very high level of safety and health oversight, training, and involvement in the partnership that the workers at this site were afforded. The development of a strong Labor-Management Committee and steward system created an effective mechanism for worker concerns to be expressed and addressed. The end result is that the reported lost workday injury and illness rate (3.1 per 100 workers) was significantly less than the national rate for specialty construction projects (4.3 per 100 workers).

The unique command and control structure at the WTC site created the need for considerable communication, coordination and cooperation among all involved parties. The OSHA partnership agreements and the WTC Emergency Project Environmental Safety and Health Plan provided the framework and structure for that to occur. Weekly reports that tracked the injuries and illnesses at the site were compiled by the Labor-Management Committee and safety-orientation training was provided for all new workers. Safety and health monitoring data were shared among all parties. Safety and health discussions reached individual workers through a weekly bulletin that highlighted issues of concern. Union stewards met weekly, distributed the bulletins directly to workers, and held toolbox talks based on these issues.

In addition, OSHA and the Center to Protect Workers' Rights (CPWR), the health and safety division of the Building Trades Department of the AFL-CIO, created an Orientation Training Subcommittee to provide formal safety and health training for all workers on the project. More than fifty instructors were trained to deliver the program to 2,000 workers.

OSHA learned a great deal at the WTC site—lessons that can help the agency and the Nation improve emergency preparedness. For employers, the value of an effective emergency evacuation plan was reaffirmed. Employers should regularly review and practice evacuations.

We also learned the value of emergency response partnerships with clear lines of authority for all functions at a site and with special emphasis on safety and health. Finally, our experience at WTC brought home the importance of fit-testing respirators routinely for emergency responders at all levels of government. This helps build familiarity with negative-pressure, air-purifying respirators among employees who might not typically use them.

It is also important to improve channels of communication between local, state and Federal agencies. To be most effective, relationships among various levels of government must be established before the next emergency occurs. Nationwide, OSHA is reaching out to the emergency-response community at Federal, state, and local levels. The Agency is coordinating with the Department of Homeland Security, the National Response Team, and Regional Response Teams at state and local levels. We will continue to work with other agencies across government, as well as other entities in the private sector, to provide leadership in cooperative and collaborative efforts in the event that such a massive response is ever needed again.

One area in which we are providing leadership is the establishment of a culture that emphasizes proper respiratory protection for emergency responders. This includes awareness of appropriate respirator usage, the importance of a good fit, and the need for proper maintenance. The goal is to ensure that responders wear properly fitted and maintained respirators when they respond to worksites that may have toxic releases or multiple chemical exposures. OSHA is also creating new training modules that will better help to prepare workers responding to emergencies. The Agency is working in partnership with the Center to Protect Workers' Rights (CPWR) to provide skilled-support personnel with the training to ensure that America has a workforce prepared to safely respond to national emergencies. The comprehensive training program will be conducted in phases with CPWR rolling out a Skilled Worker Training program in Phase One. In the second phase, OSHA's Office of Training and Education will provide Train-the-Trainer and Worker Training courses at its OSHA Training Institute Education Centers. These Education Centers are located throughout the country to make training available nationwide to workers and their employers.

OSHA is working closely with the National Institute of Environmental Health Sciences (NIEHS) and its Worker Education and Training Program (WETP). NIEHS has funded worker-training programs since 1987, and OSHA will incorporate best practices identified by their grantees.

The goal of these collaborative efforts is to increase worker awareness of the potential hazards that may be present on a disaster site. By doing so, workers will be more motivated to utilize appropriate personal protective equipment, especially respirators, and follow appropriate work and decontamination procedures. It is anticipated that these safeguards, when consistently applied, will reduce workers' injuries and exposures to harmful substances.

* * *

Mr. Chairman, in addition to my concern for workers at the WTC site, I have personal interest in the short- and long-term effects of exposures because my staff and I spent so much time there. Our Manhattan Area Office was destroyed when the North Tower of the WTC collapsed on our building. During evacuation, our employees were exposed to all of the same potential contaminants in the atmosphere as others who were in lower Manhattan that day.

I can say with confidence and with pride that OSHA staff did everything humanly possible to protect the workers during recovery efforts at the WTC site.

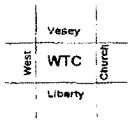
Mr. Chairman, I would be pleased to answer any questions the committee may have.

The City of New York
DEPARTMENT OF HEALTH

Rudolph W. Giuliani, *Mayor* — Neal L. Cohen, MD, *Commissioner*

MINIMUM SAFETY GEAR TO WEAR
IN THE AREA BOUNDED BY
VESEY, CHURCH, LIBERTY AND WEST STREETS
— OR —
WITHIN 50 FEET OF THE RUBBLE PILE
(Issued 9/22/01)

Personal Protective Equipment:



- Hardhat or helmet
- Safety glasses (Z.87) with side shields
  OR Face Shields
  OR Goggles
- Half-face re-usable respirator with
  P100, organic vapor/acid gas (OVAG) cartridges
  Change cartridges after every shift
- Leather gloves with latex (or nitrile) glove liner (or equivalent) when handling human remains or rubble
- Coveralls or long sleeved work shirt
- Steel-toed boots (or equivalent)

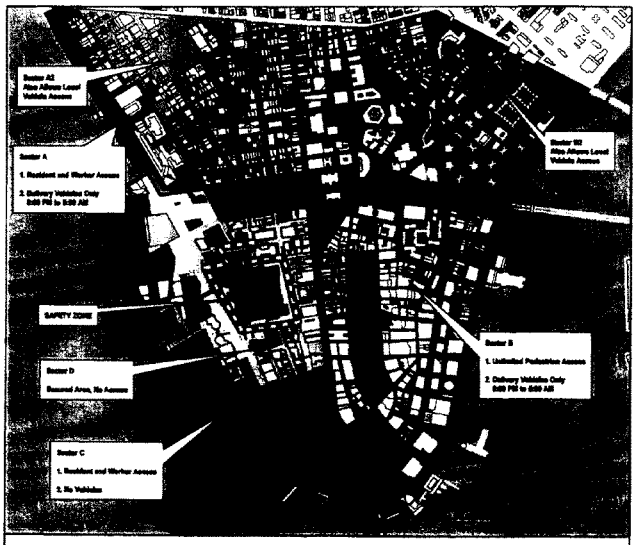
Eye and respiratory protection is strongly advised whenever dust or smoke from the rubble occur outside the areas noted above.

Fit-checking is needed to assure proper seal.
Facial hair can prevent an adequate respirator seal.
Entry into confined spaces with unknown or untested atmospheres requires air-supplied respirators.
Welders need appropriate eye protection and leathers.

Exhibit 1

EXHIBIT 2-P.S. 89- 10/14/01

SAFETY AREA AND RESTRICTED AREAS -- AS OF 9.27.01 1700 HOURS



Minimum Safety Gear:

- Hardhat or helmet
- Safety glasses (Z.87) with side shields
  OR Face Shields
  OR Goggles
- Half-face re-usable respirator with
  P100, organic vapor/acid gas (OVAG)
  cartridges. Change Cartridges after every shift
- Leather gloves with latex (or nitrile) glove liner
  (or equivalent) when handling human remains or rubble
- Coveralls or long sleeved work shirt
- Steel-toed boots (or equivalent)

Eye and respiratory protection is strongly advised whenever dust or smoke from the rubble occur outside the areas noted above

Fit-checking is needed to assure proper seal.
Facial hair can prevent an adequate respirator seal
Entry into confined spaces with unknown or untested atmosphere requires air-supplied respirators.
Welders need appropriate eye protection and leathers.

Legend

- Safety Zone
- Areas Off Limits to Public

Building Status

- Damaged But Stable/Ready for Occupancy With Repair
- Destroyed Buildings
- Impacted But Not Affected
- Major Structural Damage Occupancy Not Permitted
- Not Affected
- Partially Collapsed
- Parks

City of New York
Emergency Mapping Center
Hurricane Or Other Hazard

Disclaimer: New York City of New York does not warrant the correctness of any information provided on this map and is not liable for any indirect losses or damages by any persons.

Exhibit 3

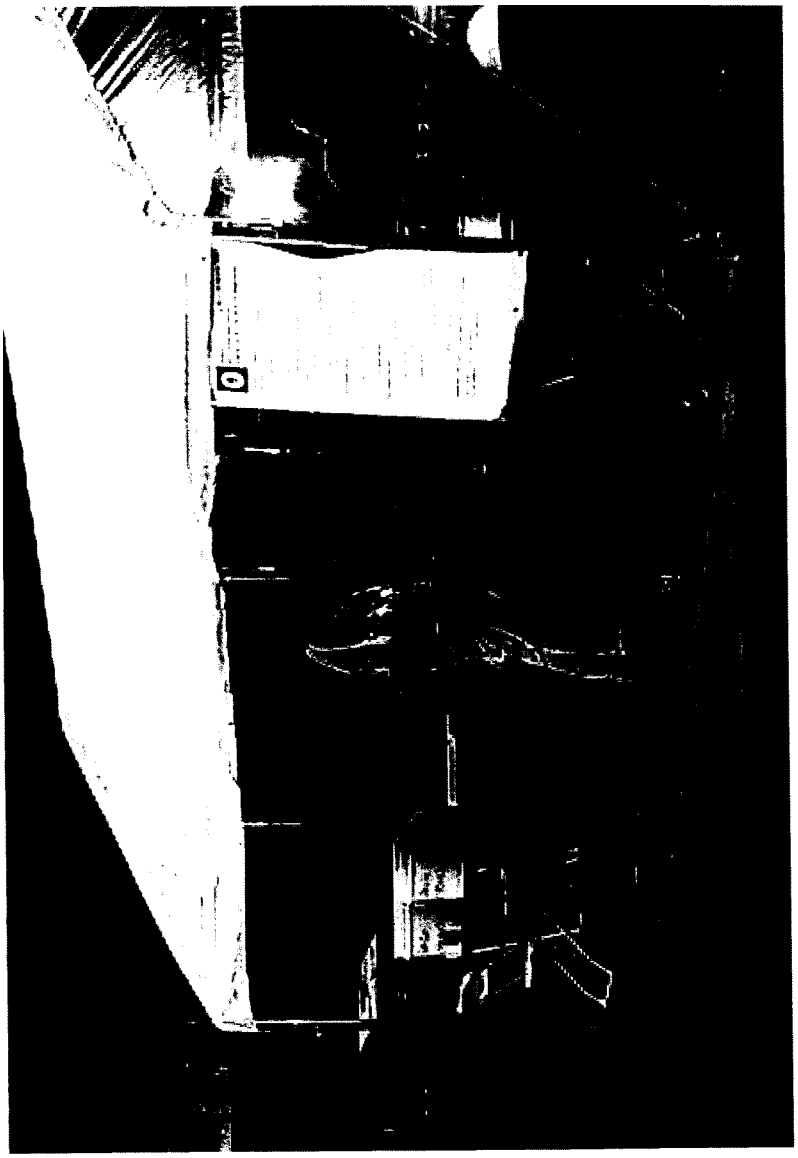


EXHIBIT 4. 9/22/01

APPENDIX J

WTC EMERGENCY PROJECT
PERSONAL SAFETY & HEALTH PROTECTION MEASURES

Personal Protective Equipment (PPE)

All personnel in the restricted zone should wear the following:

- Respiratory protection
  - ✓ Working on, within, above, or under the rubble pile; or cutting steel: use half face respirator with triple combo (P100/acid gas/organic vapor) cartridges.
  - ✓ Task specific operations (e.g., loading/unloading dry debris) where dust is generated within the restricted zone or at the marina loading areas: use half face respirator with HEPA filter (P100, N95, or equivalent). If uncomfortable odor exists, combo HEPA/organic vapor cartridges may be used.
  - ✓ Other areas when dusty or smoky conditions exist: use dust mask (P100, N95, or equivalent).
- Hard hat or helmet
- Safety glasses/eye protection
- Long pants, long sleeve work shirts, and protective outer garments (coveralls)
- Work gloves
- Steel-toed/heavy duty work shoes

Work Area Safety Concerns

- Watch surroundings at all times.
- Be alert for materials and debris that may fall from damaged buildings.
- Be aware of walking and working surfaces (slip/trip/fall hazards).
- Cap and secure unused pressurized cylinders.
- As far as practical, try to keep the generation of dusts to a minimum.
- Use the buddy system.

Work Area Health Concerns

- Clean respirators and eye wear as frequently as possible.
- No eating, drinking, smoking, or chewing on the pile.
- When leaving restricted zone:
  - ✓ Remove dust from clothing using HEPA vacuum.
  - ✓ Wash boots with soap and water.
  - ✓ **Wash hands and face.**

Heavy Equipment Operations

- Stand clear of operating equipment and vehicles.
- Avoid entering crane swing radius.
- Use tag lines when lifting loads.
- Use spotter during lifting operation and for personnel safety in area (no lifting over personnel/equipment).
- All equipment operators should wear proper PPE when leaving equipment (see above).
- Be cautious of operating speeds in work areas and especially when leaving the area:
  - ✓ Recommend speeds no faster than 10 mph until outside hazard areas.

EMERGENCY SIGNALS

- **IMMEDIATELY STOP WORK/EVACUATE AREA: Three (3) repeated short blasts of siren/air horn.**
- **STOP WORK/REMAIN SILENT: One (1) long blast of siren/air horn.**
- **RESTART WORK: One (1) long and two (2) short blasts of siren/air horn.**

Exhibit 5

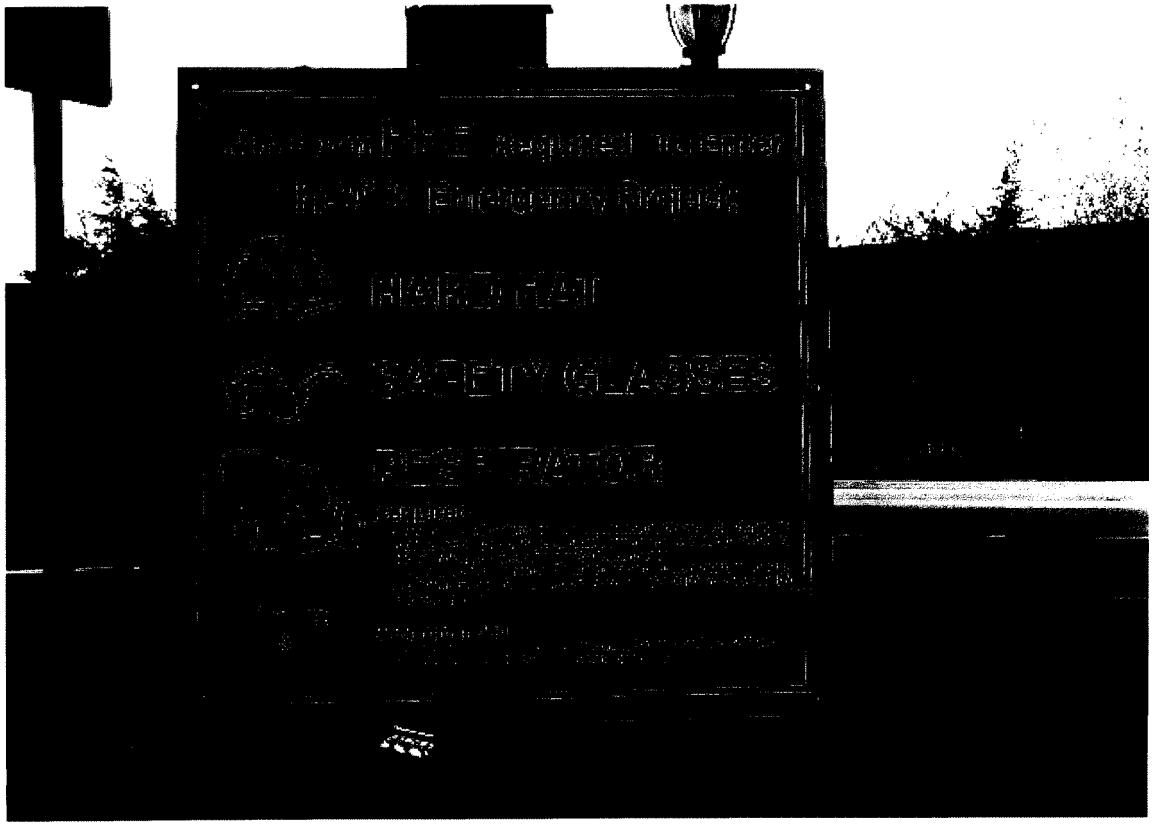


EXHIBIT 6 -10/27/01

Exhibit 7

NOTICE

BY ORDER OF THE NYC DEPARTMENT OF HEALTH

Attention: ALL PERSONNEL WORKING WITHIN THE RED ZONE

You are hereby notified you must complete a respirator fit test and orientation in order to comply with Occupational Safety and Health regulations 29 CFR 1910.134 (location shown below). Hours of operation will be 1pm to 1am daily.

Effective Monday, November 12th you must have a DOH respirator fit test sticker affixed to your credentials in order to work in the Red Zone.

The Department of Health, in cooperation with the Operating Engineers and OSHA, is providing the required fit testing and orientation free of charge beginning Thursday, November 1st through Friday, November 30th. If you have any questions regarding this important policy statement please call the Department of Health at 646-756-3063/3064.

Fit testing services are being performed by an independent third party and sponsored by Operating Engineers, Olympic Glove, Safeware and MSA.

Workers who visit the fit-testing station between November 1st and November 12th will receive an American Flag hard hat free of charge.

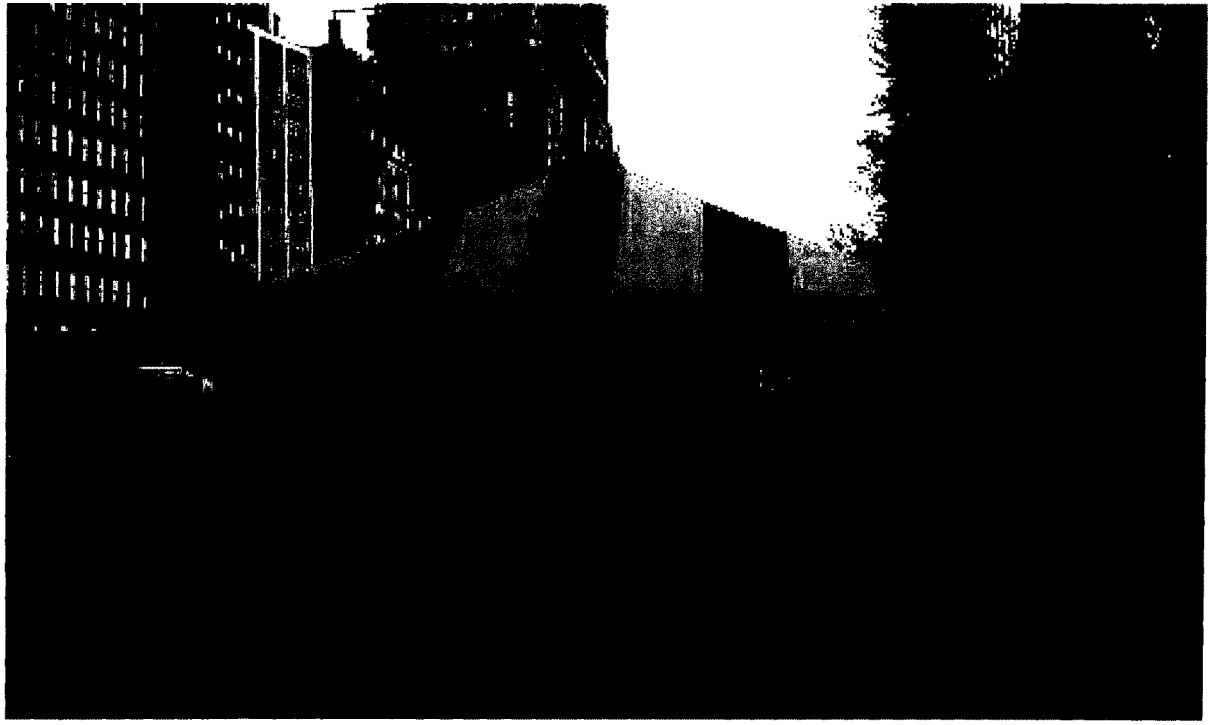
Operating Engineers - Olympic Glove – Safeware - MSA

MSA OSHA NYC Health THE NEW YORK CITY DEPARTMENT of HEALTH

Exhibit 8

Mobile PPE Distribution

Exhibit 9



West and Albany-distributing and fit checking respirators

Exhibit 10

OSHA Fit Check and PPE Station
Church and Liberty

Exhibit 11

Quantitative Fit Testing-FDNY

Exhibit 12

Mr. SHAYS. Thank you.

Before recognizing Mrs. Maloney, I want to say that this has been very important testimony, and there will be some tough questions to follow, but I wish some of this information had come out sooner. And I will say to you, Ms. Clark, I think our previous panel, some of the witnesses to make sure that your work of your agency was recognized. Because you were in the thick of it.

And I am also going to say that in the first day or two we probably needed the respirators more than later. But I know the mentality of everyone there; they just wanted to do whatever was necessary to get the job done. And I hope we do not forget what motivated people in those first few days. It was not about their own safety, it was just see if we can find anyone who is still alive. And we know that.

And I am also going to say that we are all Americans here. We love our country and we love the people who serve it, and we love the people who were involved in this effort. And we are just going to look backward and go forward.

And so, with that, I am going to first recognize Mrs. Maloney. I am going to then go to Mr. Turner, then to Mr. Owens and then to Mr. Nadler. We might have a second round if it is deemed necessary or partly that.

And so, Mrs. Maloney, you have the floor for 10 minutes. I am not going to let you ask a question and in the 10th minute that takes them 5 minutes to then respond to. I am going to keep you to the 10.

Mrs. MALONEY. OK. Thank you, Mr. Chairman. And I thank all of the panelists for your testimony and your hard work.

If you were here earlier, I asked a question of the first panel. I asked them if they thought the Federal Government was doing all that they should or could do to respond to September 11. And everyone raised their hand saying that they did not believe that enough had been done, and then they said what they thought should be done.

I would like to ask you the same question and to respond with what you think Congress should be doing or the Government should be doing to respond to the disaster of September 11. And be very short and go right down the line, starting with Ms. Porter and going straight down, or Dr. Williamson.

Ms. PORTER. I think related to the health issues of workers that it is critically important that the screening program, which is underway, be continued and be funded for the long term.

I think that in addition funds for treatment would be appropriate, as would funds for research studies that could be done.

Last, I think that having listened to the first panel, it is really important that we sort out the workers compensation issue.

Mrs. MALONEY. Yes.

Dr. Wagner.

Dr. WAGNER. In our particular arena, I think the efforts at getting our emergency response teams prepositioned, trained and properly equipped are underway. We need to complete that.

We continue to support research both in the short run for better understanding of what took place in terms of human health at the

World Trade Center, and more broadly for other potential terrorist attacks for the future.

Mrs. MALONEY. OK. Ms. Clark.

Ms. CLARK. I think it's essential that we not lose focus about what happened here and that we not forget and do not plan. Planning is absolutely essential. Emergency preparedness is all about using the things that we learned here; what went right, what went wrong and try to work on these.

I think working with the respirator community on having respirators that are more likely going to be worn by workers is very important.

Working with the responders to make sure that they are comfortable with respiratory protection. Prior to September 11 they really were only accustomed to the self-contained breathing apparatus, the scuba-like tanks. They did not know what negative pressure respirators were, and that was a problem.

And we are working very hard with those groups.

Coordination, collaboration and let us not forget that we have to keep working on this issue. I think that is absolutely essential. We can all do more in that regard.

Mrs. MALONEY. Ms. Porter, if you heard the first panel, I would like to place into the record a series of questions really on the funding. The funding for the monitoring was a bipartisan effort, along with Senator Clinton and Senator Schumer and others. And Mr. Shays and Mr. Turner all supported it. Yet what we heard from the first panel is they are not getting the money. The fire department says they're not getting the $25 million to continue their monitoring and treatment, and Mount Sinai does not know if there will be a disruption in their screening program. They have people on the waiting list trying to get in to be screened.

And I am sure you heard the comments that they felt the central registry, both in Mount Sinai and the city, was more effective in compiling the data for future research. I understand you have plans to market it out to different areas around the city, or whatever. And this might be problematic.

And my overall question is why can't they get the funding? We voted on this months ago. This was a bipartisan effort. It was signed into law. And they are still telling us they do not have the money.

Ms. PORTER. Right. The funds were transferred to us from FEMA on June 17th. And 6 days subsequent to that, we provided funding to the Mount Sinai Clinic to extend the baseline screening work, which was what was deemed appropriate after the May 2nd meeting that we had, which we had, by the way——

Mrs. MALONEY. But the continued funding, the $25 million and the continued $90 million.

Ms. PORTER. Right. And then on 10 days, subsequent to receiving the funds, we provided—we signed a contract with the New York City Fire Department. And, unfortunately, we have in working together with the fire department, learned that we want to encourage firefighters to participate in the program, ensure the quality of the data as well as the consistency of the data with the other screening programs so that it's utility over time is there. And, unfortunately, we determined that the contract mechanism was not

the appropriate mechanism to use, even though it got the money out there quickly, it meant that the Government had to have the data. In other words, the data was transferred to us. The fire department was concerned about that issue related to confidentiality.

Mrs. MALONEY. Well, I would like to work with you in a future meeting on how we can get these funds released and out of Washington.

Ms. PORTER. Right. Right.

Mrs. MALONEY. And into where they were designated.

Dr. Gilman, as I mentioned, that there was an article today in the Daily News where they talk about a memo that came out directly after September 11 saying that it was a health crises, it was detrimental to the health of people, that they should not return to the area, should not be in the area. And I do not know if you have read the article, but it is a scientific——

Dr. GILMAN. Juan Gonzalez' column.

Mrs. MALONEY. Juan Gonzalez' column, but a scientific expose, basically saying that there was not a response.

Just in walking outside for a moment, several people came up to me, including one reporter, who said they were at Ground Zero. The catastrophe happened on Tuesday, but it was not until Saturday before any monitoring notice was put up saying that the air could be problematic. That there was no monitoring notices put up until Saturday.

You said in your testimony that you responded immediately, yet they are telling me nothing was put out publicly to them until Saturday. And according to Juan Gonzalez' article, the scientific analysis that was done was not responded to.

Because he is going to cut me off I know, I just want to say that at this map that you showed of the plume going out and where it was the most problematic, I quite frankly was surprised to see that the area that we the most infected really was in Brooklyn in the plume that went out from the study.

So I would like to know if you have any data, Ms. Porter or others, on the emergency rooms that responded on September 11, particularly from Brooklyn hospitals after September 11? According to that plume, there should have been more medical problems in Brooklyn, and I have been told through hearsay from medical doctors that there were huge increases in admission for adult asthma and general respiratory problems after September 11. In Brooklyn, as much as 23 percent. I do not know if there is any historical data on that. But if you could get back in writing to me on it, if we do not have the time.

But, Dr. Gilman, what they are telling me out there including reporters, they are saying I was down at Ground Zero. There was nothing put up telling us that there was a health problem from EPA until Saturday, clearly many days after the disaster?

Dr. GILMAN. Well, let me start by saying your interpretation of the graphics is incorrect. The first two photos appended to the testimony actually show the greatest concentration in the immediate vicinity of the World Trade Center, not Brooklyn in fact.

Mrs. MALONEY. But this one, the impact after days. Is that not Brooklyn. This graph, this plume study.

Dr. GILMAN. The plume study, yes.

Mrs. MALONEY. That is Brooklyn.

Dr. GILMAN. And that is not the dust plume, but that would be the plume from fires and the different concentrations are color coded there with the greatest concentration being in close in the red area. And there is no question that in the first hours and probably all the way through to the second day, there were debris from the World Trade Center found in Brooklyn, as the representative from the New York Department of Health was saying. The question was where were the concentrations the greatest, where was the greatest concern for exposures to people.

As far as information available to the folks at Ground Zero, the EPA and other Federal agencies were getting together within 24 hours of the event and trying to sort out——

Mrs. MALONEY. But they are saying no notices were put up. We have an example of a notice here for safety.

Dr. GILMAN. Well, I do know——

Mrs. MALONEY. But nothing was put from EPA saying that this is a dangerous zone, watch out for your health. That there was no air monitoring reports to the public until Saturday. That is what they are telling me.

Dr. GILMAN. Well, two different things.

Mrs. MALONEY. OK.

Dr. GILMAN. The public at large and the people located at Ground Zero and at the site of the collapse, the World Trade Center, EPA professionals as well as other agencies were telling people at the site that it was a dangerous place in terms of what was being breathed. And so the advice throughout was, as offered by OSHA and others, was to use respirators.

The question of what was being said to the public, you know, I cannot speak to the availability of flyers or not. But I can speak to the fact that there were oral communications with the city, with the workers on the part of, I think, all of our agencies about the danger at Ground Zero.

Mrs. MALONEY. My time is up. Thank you.

Mr. SHAYS. And we will be able to ask a few more questions here, so it is not your last chance here.

We are going to go to Mr. Turner.

Mr. TURNER. As the Nation watched the tragedy of the World Trade Center collapsing, I do not think that there is an individual who witnessed that, either on television or here in this community, who did not intuitively understand that there were health impacts and that there were health concerns as a result of those towers collapsing. It does not take an EPA report or an OSHA report for all of us around the country immediately to have understood the health struggles of those who were both responding and who were fleeing the tragedy. We saw them all on television, we read them in our newspapers. And scientific analysis was not really needed for us to initially understand that the people who were responding were doing so as true heros and in peril of their own safety.

Dr. Gilman, I have some questions concerning the EPA's jurisdiction. There have been some questions concerning the EPA's actions during this time period. And I am assuming that there is a regional air pollution control agency in this area other than just the

Federal EPA or other air control agencies or monitoring agencies present in the New York area, are there not?

Dr. GILMAN. The way the Clean Air Act is it really is a partnership.

Mr. SHAYS. I am going to ask you use one mic and we will just have one mic directly in front of you.

Dr. GILMAN. It really is a partnership under the Clean Air Act with State government and the Federal Government. And so, for example, some of the monitors I mentioned that were used that were already in place for purposes of the Clean Air Act are ones that are not operated by the Federal Government.

Mr. TURNER. So this information was readily available to the State agencies and perhaps even the local agencies, not just merely handled or controlled under EPA?

Dr. GILMAN. Yes. And we did create a Web site quickly. It was actually up and functioning by about, I believe it was September 26th to provide general access to the public for the information as well.

Mr. TURNER. In your testimony and the slides you gave us, you mentioned the nationwide air monitors that were already were in place that were staked, that you were coordinating with the EPA. Then you go on to say that the EPA established 20 World Trade Center air sampling stations. Now, I am assuming that information was not solely in the control of the EPA when these stations would report. Who else would have had the information that was coming from these stations?

Dr. GILMAN. Well, there was a task force put together of State, city and Federal agencies that were all trying to share that information. A data base was created. I do not know the exact date at which it was up and running for sharing among the different agencies. But, as I say, the publicly available site was up by September 26th. Maybe Kat Callahan of Region 2's office can——

Mr. TURNER. My basic point, though, in asking about who had access to this information is that there has been some perception that somehow the EPA or others might have controlled the spin of the dissemination of this information. And it is my belief that this information would have been much more widely available to State, local agencies so that it would not have been able to be controlled by the EPA or others in its dissemination or spin, if you will.

Dr. GILMAN. Why do we not have Kathy Callahan, who was in charge of this effort for our Region 2 office——

Mr. SHAYS. You got your own mic.

Mr. TURNER. And I hope my time will be extended while we do all this.

Mr. SHAYS. No, we do not need mics. We are all set. Everybody has a mic. I am losing control.

I would like you to tell me your name, your title and then answer the question.

Ms. CALLAHAN. I am Kathleen Callahan. I am from EPA's Region 2 office. And I am the Assistant Administrator for Response and Recovery in New York City operations.

Mr. TURNER. Yes.

Ms. CALLAHAN.

And to answer the question of who had access to what information. On September 12th we established, and it began the afternoon of the 11th, but we began our first of many, many conference calls with agency representatives from the Federal Government, from State government, from city government. Initially, actually, from the private sector as well because they were taking samples. And we exchanged sample results among that group and consulted on what to do next and what the implications of those samples were.

In addition to that, everyday the emergency operations committee that was established uptown, which had representatives from a broad base of Federal agencies, State agencies, city agencies had morning meetings at which, you know, data results were provided. Evening meetings to see if there was anything new to add. And downtown there was a daily meeting at which sample response results were provided and health and safety issues were also—everyday.

Mr. TURNER. So the analysis of this information, the dissemination of it, the reporting of it to the community was not solely controlled by one point or one agency?

Ms. CALLAHAN. Absolutely not.

Mr. TURNER. Mr. Gilman, in looking at the information that you had—Dr. Gilman, excuse me. If you look at the information that you have concerning EPA's indoor air monitoring and cleaning program, one of the misconceptions that I heard during panel one was that the EPA had a mandated responsibility to clean up all of the buildings and the apartments that were around the World Trade Center. And when I read your testimony it talks about a request that you received from New York City and your response, and a voluntary program where you went to individuals that were in the area and provided some services. And there may be some criticism or question as to the effectiveness of your program. But I just want to touch on the point of whether or not you were legally mandated to clean up the results of the World Trade Center collapse?

Dr. GILMAN. I will defer to Kathy in a moment, but I will say that under an emergency response and under the emergency response plan, different responsibilities get divided up among the different agencies. In the case of the indoor air, the initial responsibility went to the city of New York. Subsequently, the city asked the EPA to become more involved and ultimately to take over the testing and clean up program that was begun in May 2002.

Kathy, do you want to add?

Ms. CALLAHAN. That is absolutely accurate. And I think that in addition to that, the underpinning of our sort of statutorial authorizations is important. The Stafford Act is what defines sort of the agency's funding and statutory opportunities to respond to a federally declared disaster. And so EPA was operating under the Stafford Act.

In addition, EPA operates under the SuperFund law and the national contingency plan regulations that support that law in supporting its role within the Federal Response Plan and in support of the Stafford Act.

Mr. TURNER. Could you expand your answer related to testing, but specifically with the area of clean up. I mean, it is the same.

Your testimony was that both testing and clean up concerning the program was not something that EPA was mandated to do internally in individual dwelling spaces. Is that correct?

Ms. CALLAHAN. The National Contingency Plan and the Super-Fund law, which is part of what we are responding under, authorizes EPA to undertake certain actions. But there are a lot of criteria that are applied in exercising the judgment so that we determine when we proceed on that authorization. And in a federally declared disaster, we do that in the context of a Federal Response Plan and the Stafford Act as well. And so it is not, per se, a directive to conduct certain activities. It is an authorization to conduct them given the agency's evaluation of the appropriateness in the response.

Mr. TURNER. Ms. Porter, when you talked about the different baseline medical screening and the data bases that were being created, we have a split that is happening between the New York Fire Department's baseline screening, what Mount Sinai is doing for those individuals who responded to the site, worked on the site but were not necessarily members of the fire department, and then we also have what the health department is doing with individuals that live in the area.

What is your assessment of the coordination of those programs and what advice might you have in that area?

Ms. PORTER. I think currently there is a steering group where, as you heard them testify, all Mount Sinai sits on the fire department's steering council as does the fire department sit on Mount Sinai's group. And so there is coordination.

Could there be better coordination? Always. And I think that as we construct the longer term program, we will actually mandate in the announcement a steering group that will be constituted and funded through that mechanism.

Mr. TURNER. Thank you.

Thank you, Mr. Chairman.

Mr. SHAYS. I thank the gentleman.

At this time the Chair would recognize Major Owens.

Mr. OWENS. Thank you, Mr. Chairman.

I would like to begin by getting some clarification from Mr. Clark, since they distributed the largest number of respirators. Can you clarify the terminology? There were some workers who said they never had anything for the first few weeks but paper masks. Is that a respirator, a kind of respirator? You mentioned half mask, full mask; there are two categories. Are there other categories? Do people mistakenly call it something else, the respirator?

Ms. CLARK. I can talk about what we provided. And we did this under the auspices of the New York City Department of Health.

We offered that we would take over the respirator distribution and fit checking and fit-testing eventually process for them. And we did so. Prior to that the New York State Department of Labor, Public Employee Safety and Health Program as early as the 12th were involved with handing out respirators.

I mentioned that as a group all the safety and health professionals on the site got together very early on, after the first couple of days, and determined that because the site was so unpredictable and we were not able to determine exactly what the exposures to

the workers might be, we would go to a high level of protection. And that was the half faced piece negative pressure respirator with the three types of cartridges. The high level particulate filter that would be appropriate for things like asbestos or silica or other particulates. An organic vapor that would be for things that might be coming out of the fires, the plumes and acid gases that also might be in that context.

Those are the three major categories of——

Mr. OWENS. So this is one mask you are talking about with three different internal components that can be adjusted?

Ms. CLARK. Three large—it has a very large canister. In fact, in your exhibits, and I think it is exhibit 7 or 8, you will see two of my compliance officers who were onsite wearing the respirator with that cartridge on with the triple cartridges.

That is what we felt was appropriate, and we continued to do so until we found some of the higher levels in particular operations. And then we said not just a half faced respirator, but one that is full faced for people who were doing jack hammering or some of the core drilling operations you need a higher level of protection that is afforded by that kind of respirator.

Those were the kinds of respirators that were provided us through the city of New York. They got contributions from all over the country, our Assistant Secretary called equipment manufacturers of respirators early that first week asking for donations. Those were all provided. The city bought a lot of respirators.

In addition, contractors and unions also brought respirators to the site. Very early on, though, the site safety and health mandated, as you can see by the signs and in some of the exhibit, that type of respiratory protection, that high level. And that is what we were involved with using.

Mr. OWENS. Are you familiar with the mask that Members of Congress have been given. All our offices have a certain supply of masks. I think they are called gas masks. Maybe that is a popular term. Are they same as respirators? Are you familiar with the model that are distributed to Members of Congress.

Ms. CLARK. A mask, some people do use the term gas mask to refer to a type of respirator. I am not familiar specifically with the ones that you may have in your offices. No, I am not. I am happy to work with you if you would like to have a separate consultation on that.

Mr. OWENS. Before I go any further, I just want to congratulate OSHA for the magnificent job they did. You were as much a victim in many cases. Your whole agency wiped out, as other people were. Your heroism is to be—certainly you are to be congratulated for that. But I hope your experience can be used for the future.

And one of the items that you anticipated where I was going, is there a problem with a supply of respirators in the country, manufacturers? Is there a problem the technology of respirators when they are so clumsy that people do not want to wear them? They do not feel that they can work in them and wear them. Are we on top of a respirator crises or was there a respirator crises?

The city certainly did not have enough. You said they had to get them from various sources. The Federal Government did not have any, otherwise you would not have to turn to the city. I mean, you

had no procedure for a large number of masks that you could reach and pull into the situation right away.

Ms. CLARK. There actually was a large number, a cache of respiratory protection in the city itself. We did lose our own office, our Manhattan area office. So all of our people were without. I am very fortunate that my regional office is a mile and a half north of the city. We did have some respirators there. We also have——

Mr. OWENS. You have respirators stored in your office?

Ms. CLARK. Yes. Yes. And we had enough for the Federal community. We also certainly consider your concern about lessons learned issues on respirators. This is clearly one of the major issues that has come up. And we're working on that in a number of ways.

Under the Department of Homeland Security we are working with them to establish caches of equipment around the country including respiratory and protective equipment.

Goggles, the dust on the site was also very intense. And that was appropriate to have eye protection as well.

And so these caches will have that kind of equipment and they will be located throughout the country.

We are also working with the equipment manufacturers, the respirators especially, to determine what their turnaround time is to put more respirators out if we need them and where can we get them, and how can we get them to the site. If the issue is in lower Manhattan, how can we get them there very quickly?

The National Guard and all of the other groups that were very helpful in our supply route was very essential of that. But that is part of our preparedness that I talked about before this. So essential.

Mr. OWENS. It is recognized that we need a system for dealing with supplies of respirators.

Ms. CLARK. Absolutely.

Mr. OWENS. And that system is in process at this point?

Ms. CLARK. Yes.

Mr. OWENS. Being developed?

Ms. CLARK. Yes.

Mr. OWENS. One other question. At least one person mentioned, they used the phrase "that OSHA was not in enforcement mode." What is the significance of that? You have mentioned partnership model and my committee, which is responsible for work force protection, I am constantly being assailed by the majority party about the need for partnership models. I generally agree that it is a good approach. But did that have anything to do with limiting the liability of anybody in terms of the city or the State, and does that have any impact on the callous way in which people who did get ill and have been effected are being treated? Did that remove any obligations?

Ms. CLARK. Absolutely not. As I did try to explain before, we were working within the guidelines of the Federal Response Plan and the National Contingency Plan, which provide for us to do consultation and assistance in some kind of catastrophic event such as this.

We quickly determined that this was not a typical constructionsite, it was not any kind of normal situation where en-

forcement would work. The enforcement process is a very legal process that can take months to years to occur. That was not what was needed.

What was needed was to have safety and health professionals, OSHA onsite, the eyes and on that site finding hazards, getting them corrected immediately. That is why I had so many people there for 24 hours a day, 7 days a week for 10 months working with all of these other safety and health professionals.

And as someone has already mentioned, it did work. We did not lose another life on that site during that time. And I think that certainly the issue of having people there, their presence. We had workers tell us, "You know, these respirators are tough but when I see one of your people, I remember to put it back on. I might take it off to talk to someone or I might not put it on after the break, but your guy reminded me." I mean had people there telling me that.

Mr. OWENS. Yes, it is miraculous that no lives were really lost there. And the whole atmosphere, obviously, was conducive to getting the job done with minimum risk.

Just the last question is can anybody whose brought into court by some of the sick workers who are looking for relief use your whole harmless approach as an argument, find that your whole harmless approach is being used as an argument against their being able to get compensation for their disability?

Ms. CLARK. By not using our enforcement tool, that only meant that we did not issue citations to the contractors. Those were the people who would have received any kind of citation. That is the only issue. And there would have been——

Mr. OWENS. The contractor cannot say in court that you gave them carte blanche to operate a certain way, therefore they cannot be liable?

Ms. CLARK. No. They certainly cannot. Because under the partnership agreement that you mentioned earlier, we had a very strong commitment that this type of respirator protection was part of that partnership agreement. Every contractor on the site, the four major contractors on the site signed it. The union signed it. The city agencies that were directing it. The FDNY and the Department of Design and Construction. We all signed that. We were all committed to this very comprehensive safety and health program that went far beyond what our regulations would require as far as the respiratory protection, the safety measures, the training. No, I think they actually were under a higher level of requirement, actually.

Mr. OWENS. And you do not cover the Transit Authority and the city and State?

Ms. CLARK. That is correct. We hold that the private sector and Federal employees, we—in New York State the New York State Department of Labor Public Safety Employee and Health Program covers the State and municipal workers.

Mr. OWENS. Thank you.

Mr. SHAYS. We will be able to come back.

Mr. OWENS. Thank you, Mr. Chairman. I am sorry I went over.

Mr. SHAYS. No, these are excellent questions. I am learning a lot from both the questions and from, obviously, our witnesses.

In the 9 years I have chaired this committee, the only person I never swore in was Senator Byrd, because I chickened out. I do want to make sure, I think Ms. Callahan, you were sworn and you stood up behind. Yes, so we will just note for the record you are sworn in as well. I did not want to add you to my list. You would have been in high company there.

At this time the Chair recognizes the gentleman whose district is, obviously, directly impacted though so many were.

Mr. NADLER. Thank you, Mr. Chairman.

Mr. Turner asked a number of questions or made some statements a few minutes ago which I think go to the heart of some of the questions here. And he said that the EPA does not have a mandate to clean up these buildings. Dr. Gilman, Ms. Callahan said the same, or answered the questions to that extent. And Ms. Callahan referred to the Stafford Act.

Now, my impression, and let me very careful on this. It is not my impression. My knowledge. Is that under Presidential Decision Directive No. 62 signed by President Clinton in 1998, the EPA is mandated to clean up any building contaminated in a terrorist attack. Administrator Whitman testified to this effect before the Senate in November 2001. Acting Administrator Herinko testified in a recent deposition under oath that PDD 62 applies to the World Trade Center case and to the clean up of building interiors. Under President Bush's National Strategy for Homeland Security issued in July 2002, after the World Trade Center, admittedly, the EPA is "responsible for decontamination of buildings and effected neighborhoods" following a major incident.

Would you like to withdraw what you said a few minutes ago and reconfirm it under oath?

Ms. CALLAHAN. What I said was the exercise of our authority under the Stafford Act and under the National Contingency Plan, and I believe it is consistent with the Presidential Decision Directives, was a decision process. And we made those decisions as to what was appropriate and we feel we made them reasonably.

Mr. NADLER. Well, let me ask you this question then. Is it or is it not the duty of EPA under Presidential Decision Directive 62, and I would say also under the CIRCLA law, but more importantly under PDD 62, to see to it perhaps by delegating to the city or to somebody else, but making sure it gets done one way or the other, it is your responsibility to see it that indoors as well as outdoors is cleaned up from hazardous waste discharges as a result of a terrorist attack? Yes or no?

Dr. GILMAN. Kathy is not the attorney for the agency.

Mr. NADLER. So you are the attorney?

Dr. GILMAN. And I am not an attorney, either.

Mr. NADLER. We have been pursuing this question for almost 2 years now.

Dr. GILMAN. Yes. And I am not an attorney for the agency, either. And you may be a trained attorney. And I am happy to try and get some response to your question. I am not qualified to answer it. I am not sure that Kathy is either.

Mr. NADLER. Well, let me say, both of you sat here and said essentially it was the city's job, they did it—or they did not do it, but it was the city's responsibility and they asked you for help. At

other times people from EPA have testified that the city asked you not to help. And we have been maintaining for 2 years that it is EPA's responsibility to do it or to delegate it to someone, but make sure it gets done under their supervision. And essentially you have been saying that is not your responsibility.

We have been saying, and again Acting Administrator Herinko testified in his deposition a few months ago that it was. The agency should be able to say it is or it is not your responsibility.

Dr. GILMAN. But, Congressman, at the time I did say, we have taken on that responsibility.

Mr. NADLER. No, you have not. Well, I want to know is or is it not your responsibility to do it? And whether you have taken it or not is a separate question. I would say you have not, and I will not get into that now.

If you do not want to answer under oath, etc., without getting a lawyer, fine. But I would ask that you supply an answer to that question afterwards.

Dr. GILMAN. Sure. Be happy to.

Mr. NADLER. Thank you.

Mr. SHAYS. I would like to say, that these are very fair questions, but under no circumstance do I think that our witnesses are doing anything but just trying to provide very honest and very candid responses. But I also want to say to the gentleman that I know this has been a gigantic and legitimate concern and answers have not been forthcoming. And it is important those answers happen.

We did not ask the legal side of EPA to be here to even deal with that issue, frankly.

Mr. NADLER. I raised it because Mr. Turner did.

Mr. SHAYS. Right.

Mr. NADLER. Let him supply the authority.

Mr. SHAYS. Right. And then there will be, and also I just assure the gentleman, he will be given more time. I did interrupt.

Mr. NADLER. Thank you.

Let me also just make one comment and then go into some questions.

Mr. Turner said that, and quite logically, that it was common sense if you smelled the thing and went there that people knew that there was something wrong with the air. The problem is that starting 2 days after the disaster in the person of Ms. Whitman and others, the EPA started assuring everybody do not worry, the air is safe to breath. There have been reasons for that those assurances were done. I will not get into the IG report, but there were a lot of assurances and at the very least mixed messages.

Now, let me ask you, Dr. Gilman, in the clean up that the EPA began in May 2002, despite demands from my office, the workers who were cleaning up asbestos laden material when the testing revealed asbestos, did not wear any protective equipment. Why?

Dr. GILMAN. I am not personally familiar with that clean up program.

Mr. NADLER. Ms. Callahan.

Ms. CALLAHAN. Based upon the data that was collected in the clean up of the immediate surroundings of the World Trade Center, OSHA provided us with a negative exposure assessment that per-

mitted workers not to wear personal protective equipment in the clean ups that were being conducted under——

Mr. NADLER. But you did testing. And if you had—go ahead.

Ms. CALLAHAN. Under Scope A, which was where there was very minimal dust in the apartment.

In the Scope B clean ups that we characterized where there might be substantial dust still there, they would indeed comply with wearing personal protective equipment.

So we worked in conjunction with OSHA on that issue.

Mr. NADLER. Well, let me say first that Secretary Henshaw's letter says that wherever there is any dust you must wear—where there is any asbestos you must wear protective equipment, No. 1.

No. 2, I would hope that OSHA can supply us with a copy of that letter saying they do not have to wear protective in Scope A clean ups. And then I would like to square it with Secretary Henshaw's prior letter of January 2002.

And third, it is my information from talking to dozens of people, constituents, we never observed a worker ever wearing protective equipment in a Scope A or a Scope B clean up. So I do not know what evidence you can produce at this point that they did.

Also, would you define "minimal dust" for this purpose?

Ms. CALLAHAN. A light coating of dust, minimal dust.

Mr. NADLER. A light coating. With a 1-percent asbestos in it, perhaps?

Ms. CALLAHAN. We did not test for asbestos content.

Mr. NADLER. So was it one——

Ms. CALLAHAN. We made an—excuse me, if I could finish, Congressman, I think it is important to your point.

Mr. NADLER. OK.

Ms. CALLAHAN. We made an assumption that all the dust had the potential for asbestos from early on. And so, you know, we felt we were being consistent. And the negative exposure assessment was based on the personal monitoring of workers that worked in heavily, heavily contaminated areas. And I think that is why OSHA felt that they could give that assurance and permit us to proceed.

Mr. NADLER. So a light coating of dust which might have 2 or 4 or 5 percent, for all you know, asbestos in it, it is safe to have people remove it with no asbestos, and legal for that matter, with no protective equipment?

Ms. CLARK. Congressman, if I might join the discussion?

Mr. NADLER. Yes, please.

Mr. SHAYS. Hold it a second. These mics do not turn on until a person starts to speak, and then they pick up.

I want no comments from the audience, please.

Ms. CLARK. As part of the EPA clean up of the residences, we were involved in doing 156 safety and health inspections of those clean up operations to look at what was happening with the workers that were involved. Some of those involved Scope A, as I understood it, no visible dust or Scope B where there was some visible dust as well as any cleaning of the heating and air conditioning systems.

And as Ms. Callahan indicated, during Scope A they were not wearing the protective equipment, the respirators, but they were during Scope B and with the HVAC.

All of our sample results for those 156 clean ups did not show any over exposures for asbestos.

Mr. NADLER. OK.

Ms. CLARK. In fact, as far as air, the majority of them were non-detected.

Mr. NADLER. I have another question. And the yellow light is on. Thank you.

I have two more questions. One should be very quick. It is Ms. Porter. You said that we should do a lot more screening. What about medical care for people who the screening tells us need medical care, do you think the Federal Government should get into this in a big way on this?

Ms. PORTER. I think that as you heard, Mount Sinai testified 40 percent of the workers are uninsured that have gone through their screening program. And in those instances there is a need for some bridge funding to enable people——

Mr. NADLER. Bridge funding?

Ms. PORTER. Some funding to enable people——

Mr. NADLER. Some sort of funding? Thank you.

Ms. Clark, if I read your testimony, in fact your testimony was that there was low levels of contaminates or safe levels. You read that testimony here. "OSHA's breathing zone examples of exposure is well below the agency's permissible exposure levels for the majority of chemicals and substances analyzed." By the way, that is interesting. Does that mean that there were dangerous levels of a minority of substances tested?

Ms. CLARK. There were 3 percent of all of the samples that we analyzed for all of those substances that I mentioned were found to be at or above the permissible exposure level.

Mr. NADLER. OK. Thank you. Thank you.

Ms. CLARK. Those were, however, within the protection factor of the respirator we recommended.

Mr. NADLER. For any substance? For any substance?

Ms. CLARK. Yes.

Mr. NADLER. OK.

Ms. CLARK. I can——

Mr. NADLER. I do not want more details now. Please. Because I do have to finish the real point of the question.

You go on about you tested a lot of things and 95 percent were below detection limits for asbestos, etc. And you have out all these respirators. And you also said that the "key to success at the World Trade Center site was working in partnership."

Given this, it was a success; yes, in the fact that no one was killed. But how do you regard it as a success, and more to the point, given all these low levels of contamination why are the majority of workers who worked at the site have lung impairments of one sort or another at this point? Why do we have what I regard as a catastrophe of hundreds, maybe thousands of people who have—not just people caught in the cloud but of workers, of people who came and worked on the pile, the majority of workers tested I've seen estimates of some departments up to 78 percent have long

lasting lung incapacity problems of one or sort of other? And we have no idea, obviously, yet how many are going to come down with cancer 20 years from now.

Given the fact that there were these low levels of contaminates and a wonderful job was done giving out respirators, why do the majority of workers have very severe health problems at this point?

Ms. CLARK. Mr. Nadler, I am a physician so I cannot speak to the health outcomes. I can tell you what we did, what we found. I can talk about the fact that I had people there everyday looking for safety and health issues. I had people there around the clock asking employees, begging them, sometimes almost coming to blows with them to wear respiratory protection. We did hear from the employees that they were uncomfortable, that they sometimes interfered with communication. Clearly, they did not wear them all the time. And that's very unfortunate, and I regret that very much.

I really feel, though, that on our part we and the other safety health professionals did everything we could to get the proper respiratory protection on the site and to have it available in such a way that the employees understood why they should wear it. We provided the risk communication. Unfortunately, the risk communication sometimes suggested to some of them that because we weren't finding high levels in certain areas, that perhaps they did not wear it. I think that if you look at, however, certain groups. The ones that were doing more of the drilling operations, the ones that were doing the welding and cutting where we did have some higher levels, up to 5 percent of the samples sometimes over the permissible exposure levels, you did find better compliance.

You also found better compliance from the trained construction workers who were more accustomed to wearing respiratory protection.

It was a very, very horrendous situation. Working 12 hours a day, fires. It was not a situation where it was very easy.

Mr. NADLER. Let me just—let me——

Ms. CLARK. I cannot answer, though, why the health problems.

Mr. NADLER. Of course not.

Let me make a comment, if I may, Mr. Chairman.

Mr. SHAYS. Yes.

Mr. NADLER. I have looked at this for 2 years now. We have been doing a lot of work with a lot of people. It is clear to me that I fault nobody for lack of wearing respirators or getting the respirators, etc., for the first few days, maybe a week. Because you had to get in. There might be people alive. You got to get in, you do the job and, you know, maybe precautions take second place. But after the few days, or the week or the first 2 weeks there were people working on that pile for months and you have heard in our previous panel, whole departments apparently—and it may not be your department's, maybe some other departments or the city of New York, or somebody—were not getting the proper protection.

And the second thing I want to say, and I am not going to go into detail now. This has been at other hearings. But these statistics on this testing of pollutants, they do not jive with a lot of the other testing.

For example, the testing that the University of California, Davis under contract with, I think, it was Department of Energy when

they put the instruments on the roof of 201 Varick Street where my office happens to be located, Federal office building, a mile north of Ground Zero. They were placed there on October 2nd and they stayed, I think, until mid-January. They found levels of volatile organic compounds, dioxins, mercury; everything known to man. They said the worst chemical factory they had ever seen, worse than the Kuwaiti oil fires for several months afterward. So this was a very, very bad pollution. It should not be minimized. And the people who were there were subjected to very bad conditions and we're seeing the results now from the first panel. And, unfortunately, I don't want to characterize a particular department because I do not know, but the efforts that were made obviously were not satisfactory. And I say that now not because I want to condemn anybody, but we have to learn for, God forbid, the next time.

Thank you, Mr. Chairman.

Mr. SHAYS. I thank the gentleman.

And let me just say, I thank the questions from all our panelist. I know how heartfelt this is, and I know how important this.

And I also want to say to our three primary witnesses and also to Ms. Callahan who also responded, that I have been very impressed with your testimony. I have been very impressed with your sincerity.

And I said to both my colleagues on both sides, Ms. Clark, you did a terrific job. You did. And you were under lots of pressure, you have been, but you have done a terrific job.

We do know that we have our challenges. I am concerned that the administration seems so reluctant to release some data from EPA and to answer questions, which it makes me feel that they have a story that they do not want to tell. And yet when I hear the story, I think it is a fairly good story, if not a great story.

I thought, Dr. Gilman, your presentation was very helpful. I would have liked to have seen it sooner, and I know it is a work in process.

I totally agree with Mr. Turner. There is not a person who did not know that whoever went to Ground Zero was dealing with a building in absolute flames, with gases, with every conceivable thing burning; plastics, to asbestos to whatever. I even know that there was talk about whether people should go down, like Members of Congress, to visit. But, you know, we wanted to at least thank people for what they were doing.

And it is probably likely the first week was the most horrific and everything else went down in terms of its ultimate impact. It is surprising to me there were so many respirators. Not surprising to me that people did not use them. Having built part of my own home and knowing I should use and knowing I did not want to, and forcing myself to. And they are not easy to work with, especially when you want to get a lot accomplished.

But we need questions answered. And I think, Dr. Gilman, you know that.

Ms. Porter, I have a particular concern with how money has been allocated. I mean, the first panel described one or two instances where they are not feeling they are getting the money in due time.

And if anything could happen from this hearing, I would like to think that we could see some quicker response there.

I would like Mrs. Maloney just outline some issues, and maybe you could respond to them.

Mrs. MALONEY. In December 2001, $12 million was released for the monitoring and FEMA released another $20 million for the registry. And $4 million out of the $90 that we appropriate quite a while ago, practically a year ago, was released for emergency continuation. But my question, as we heard from the fire department earlier and as we heard from Mount Sinai, the $25 million that the fire department was allocated and earmarked for them has not been released. And the $65 million for the monitoring has not been released.

Now we are told that you are reviewing how you are going to release the money. But it seems like we have a system in place that seems to be working and it seems that we should make sure that it continues. We have people on waiting lists trying to get in for monitoring. And there is some concern that there will be a gap in the services. And basically since the money has been sitting there for well over 6 months, why has it not gotten out of Washington and into the hands of the people that are providing the services for the sick first responders?

Ms. PORTER. We have been working very aggressively with Mount Sinai and the other clinics in New York that are providing services to these workers as well as with the fire department. And as you've all mentioned, this is a new and unique experience that we are going through. There has not been a long term medical monitoring program set up like this in the country ever before. And we are wanting to ensure that it is as comprehensive, that it reaches as many workers as possible, and with our partners have been working aggressively to put it forward.

I can guarantee you that there will be no lapse in funding between the baseline screening and the long term medical monitoring. The funding will be out no later than March 2004.

Mrs. MALONEY. Well, that is good.

Ms. PORTER. And the solicitation for that funding will come out on November 10th giving people enough time to write their application and put forward their proposal.

Mrs. MALONEY. Also, they testified on the first panel that the money is not there for long term screening. They testified that medical experts are saying that this should be tracked at a minimum for 20 years.

Ms. PORTER. Right.

Mrs. MALONEY. Because many of the health problems may not emerge. We are hearing they are merging a year after, 2 years after, 5 years. One doctor testified he anticipated cancer 15 years out.

And I am told from the first panel that the funding that is in place is not enough for the 20 year monitoring. And have you looked at how much it will cost for the 20 year monitoring? How far does the $90 million go?

Also, it seems that you want to branch it out to other places, which seems to counteract the whole idea of coordination and having it one place.

Ms. PORTER. Right. What we want to do is through this committee that we will establish is to have clinics working from the same protocol, working together so that the data is comparable. But we want to make sure that workers have access and that workers have choice as to where they want their medical care—excuse me. Medical screening program delivered.

So, that is why we are——

Mrs. MALONEY. But have you done any studies as to how far the funding will go for the—for the expected 20 year review period?

Ms. PORTER. Yes, ma'am. We believe that in fact the money that has been appropriated this far will serve us for the next 5 to 6 years. And beyond that we will be working in concert with our partners to define what needs are subsequent to that.

We agree that the 20 year followup program is what is necessary.

Mrs. MALONEY. Get back to us with how much more you think is needed.

Ms. PORTER. Right.

Mrs. MALONEY. Also, you testified that there were environmental health studies being done. And what are these projects that were listed in your testimony and what are the status of them. And, as I said, some of the victims are saying they were treated in Brooklyn. That the plume effected health in Brooklyn. That the number of people that went to the hospitals were up as much as 23 percent. Have you done any studies on what happened in the intake in other hospitals as a reaction to September 11?

Ms. PORTER. Yes. There have been some studies that have been funded with the NIH, and we will be happy to provide you the data on when those studies are expected to be completed and the results of them.

Mrs. MALONEY. Thank you.

Mr. SHAYS. Ms. Porter, I am going to suggest that maybe we could get the Members here to meet with you and to just go over some of those dollars. Just so we are clear about that as well.

Ms. PORTER. Great.

Mr. SHAYS. I think Major Owens had a few more questions, and then we are going to kind of close this panel up in a second.

Mr. OWENS. Just one or two questions related to the workers who were involved in the clean up of the apartment houses and the offices adjacent to the World Trade Center.

You said you made 156 inspections, did I hear correctly, of those particular sites?

Ms. CLARK. That was the clean up that EPA did of the residential facilities in lower Manhattan from May on.

We also conducted evaluations of prior. And these were enforcement inspections. For areas outside of the 16 acre project. That was during the time from, basically October on. We started an emphasis program, especially to look at the buildings that were most heavily effected around the site where there was the greatest level of clean up. So we did——

Mr. OWENS. It was documented that contractors had brought in a large number of immigrant workers, undocumented workers. There was even a mobile unit set up to encourage those workers to be tested. Are you familiar with that? And what was OSHA's role in protecting those workers?

Ms. CLARK. I am familiar with the mobile testing van. And, actually, we provided some information. At the van we took over our poster in both English and Spanish, realizing that there were some immigrant, possibly non-English speaking people coming through there. And we also provided the sampling result summaries that I had talked about that we provided to workers onsite. We also provided those to that mobile van as well.

And we were, again as I indicated, doing inspections outside of the project. It took us a little while to come back, because as I indicated, we lost our whole office and we were having so many involved at the site. But we did start—we resumed enforcement inspections overall.

Mr. OWENS. Do you know who those contractors were? You have listings of them?

Ms. CLARK. We never received any—do you mean the ones that we inspected? Yes.

Mr. OWENS. The ones who were employing the immigrant workers?

Ms. CLARK. I do not have any specific names. None were ever provided to us in that regard, no.

Mr. SHAYS. Is there a way we could find out these names, and so on? How would we track that down?

Ms. CLARK. I suppose we could ask the group that had the mobile van if they had any names of contractors. We did not receive any complaints out of our posting of our information there. And we did attempt to try to determine if we could get any referrals for inspections. But we did not receive any. But we could certainly ask that of the individuals who ran that van.

Mr. SHAYS. Just to continue. We are interrupting you. If the gentleman would yield, Mrs. Maloney has some point.

Mrs. MALONEY. We know that there were five general contractors who were assigned to the site, so we could merely ask those contractors whether or not they were involved in this.

Ms. CLARK. Those five contractors, I am quite familiar with. They were the partners in the project.

Mrs. MALONEY. Yes.

Ms. CLARK. I think what Congressman Owens was talking about would have been actually was occurring outside of the project.

Mrs. MALONEY. Outside of the project?

Ms. CLARK. That were not contractors working for those general contractors.

Mrs. MALONEY. Then the city of New York would have a listing of the organization that oversaw that.

Mr. SHAYS. But we'll track it down, though. It needs to be tracked down. I think that is a good point.

Mr. OWENS. I can assume that there were no—OSHA did not go into a nonenforcement mode for those mode and agree that there was no enforcement?

Ms. CLARK. That is correct. The only area that was a consultative mode was within the 16 acre World Trade Center site itself. The recovery project specifically. And it was only because that site was still controlled by the FDNY as the site commander and eventually the city Department of Design and Construction. They were the in-

cident commanders. And so within that area we did consultation. Outside we resumed enforcement.

Mr. OWENS. Thank you.

Mr. SHAYS. Thank the gentleman.

Is there anything that any of our witnesses and Dr. Wagner and Dr. Williamson. Sometimes I notice that people who say nothing ultimately in the end have the most important things to say. Not to put pressure on you. But if any of you would like to say anything, please feel free.

So, is there any comment that you would like to make?

Dr. GILMAN. Yes, if I may.

Mr. SHAYS. Yes, Dr. Gilman.

Dr. GILMAN. During your remarks you suggested that there was data available or data that EPA had that they had not made available. I am not aware of anybody asserting that we withheld data associated with these monitoring activities.

Mr. SHAYS. Yes. I would not want the data, but information about specifics. There are questions asked and there do not seem to be some answers to them. And we would love those answers.

Dr. GILMAN. OK. And I know we are processing some information requests for the Congressmen. And I know they are working on that right now.

Mr. SHAYS. Yes, sir.

And let me just say, Members of Congress feel very protective of a Member who, in his own district or her district, needs information. So you would find both Republicans and Democrats alike wanting Mr. Nadler to get this information and it is information, obviously, that we are all interested in.

I guess my only point was the more I hear the story, the more I feel that it is a story that has some answers to. I am struck also by the fact that data was available to a lot of different agencies and no government agency said to another do not share this information.

I do know this, though. I do know the administration shortly after September 11th in general about a lot of things was trying to calm people down. And I got in a little bit of a dispute with some of them about how I thought they were understating the risk of terrorism, overstating the safety of flying airplanes and so on, you know, to try to calm people down.

I think you tell the American people the truth, whatever it is, and they then want you to do the right thing, whatever that may be. And so your point is well taken about the data.

Dr. Wagner, did you want to say anything?

Dr. WAGNER. Well, only I think a number of the questions that were unanswerable today point out the need for high quality continuous collection of the best information that we can on the effected workers and others as well as the importance of the continuing analysis and research so that we can understand the nature of the health effects, the best treatments and the ways to minimize the adverse outcomes.

Mr. SHAYS. Ms. Porter is nodding her head, so you spoke for her in that instance.

Dr. Williamson, any comment?

Dr. WILLIAMSON. Yes. I would like to thank you, Congressman Shays, for acknowledging the importance of the registry. I would also like to reenforce the fact that we do think that this is a unique opportunity for folks to participate in a data base that will allow us to track and determine what the health impacts have been of the World Trade Center, both long and short term.

I would also like to respond to one question about the lessons learned. And one of the things that I would like to reenforce is, obviously, the collaborations are critical. But I think another thing that we are doing at CDC and ATSDR is putting together a mechanism which will help us, God forbid, we are ever in a situation as we have been in September to have a rapid response registry so that with perhaps a quick funding mechanism, along with a rapid response registry we can gather some of the important scientific data that Dr. Wagner mentioned and yet at the same time get it out in a timely fashion so that the funding and the infrastructure is there.

Mr. SHAYS. Thank you. Let me thank, obviously, my colleagues for their participation in this hearing. And I want to also thank both panel one and panel two. You have been an excellent panel.

I want to thank our audience for its cooperation.

And also to say that it is clear to me that there is more to the story that we have to deal with, more issues. It is clear that there are residents in the area who have concerns. There are workers in the area who have concerns, that these concerns need to be addressed.

We have learned a lot of lessons on September 11th. We know we have a lot more lessons to learn.

I want to also thank the staff of Mount Sinai Medical Center for the use of this facility and all their help preparing for the hearing.

I want to thank Congresswoman Maloney and her staff. They have been terrific.

I would also like to thank David Rapallo of the minority staff for the full committee. And Larry Halloran, my chief of staff for my subcommittee. And let me also recognize the work of Kristine McElroy and Bob Briggs of the subcommittee staff. Kristine did a tremendous job preparing us for this hearing.

And finally, thanks to the official reporter, Jennifer Rosario. Thank you very much.

And to all that made this a very important hearing. Thank you.

With that, this hearing is adjourned.

[Whereupon, at 2:29 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

The Uniformed EMTs and Paramedics – F.D.N.Y.

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(718) 371-0310 • Fax: (718) 371-0318

October 30, 2003

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The Honorable Carolyn Maloney
The Honorable Christopher Shays
Subcommittee on National Security,
Emerging Threats and International Relations
Hearing on September 11 Health Effects

Dear Representatives Maloney and Shays:

I am the Health and Safety Coordinator of the Uniformed EMTs and Paramedics of FDNY Local 2507. We are the largest EMS system in the world. Every year we respond to more than 2 million calls and transport more than 1.2 million patients to area hospitals.

I wish to express my concerns about the health of our members for the majority of them responded to the terrorist attack on 9/11. There was minimal equipment and the availability of protection was very limited. The general rule of protection was secondary since the main priority was that of saving lives.

Our members filed exposure report forms secondary to their response in anticipation of secondary health problems from the toxic exposures. It is my fear that many years from now we'll have hundreds if not thousands of civilians, EMTs and Paramedics and other responders involved in the terrorist attacks on the WTC experiencing health problems where the only commonality is their response to the WTC collapse.

We are already seeing signs of this. Many of our members have ongoing respiratory problems and medical illnesses since 9/11. A few of them have developed cancer in a short period of time, although we do not positively correlate these specific incidents to toxic exposures, it does worry our members. This is very unusual. In the past we might get two or three cases in ten years.

With these developing experiences, you can surely understand why our members do not want to be on medications that do little more than mask their symptoms. Two years without relief is more than too much.

Health screening provides a vital importance, but we don't need to wait ten years to hear that our members can't expect a real quality of life. Our objective should be to concentrate on finding treatments that provide positive results.

The detoxification program that Dr. Apryl McNeil has been providing is a good example of a private initiative that is making some progress. I have referred about 15 members and have been very happy with their improvements. This is a rare bit of good news.

It is commendable that the people associated with this project have managed to find a way to fund the establishment of a facility themselves, and to cover the cost of treating rescue workers. But this kind of work should be supported from the same sources that are funding health surveys

We have honored the dead. It is time to do something for the living.

Israel Miranda
Recording Secretary
Health & Safety Coordinator

October 29, 2003

The Honorable Carolyn Maloney
The Honorable Christopher Shays
Subcommittee on National Security,
Emerging Threats, and International Relations
Re: 9/11 Health Effects Hearing

Dear Representatives Maloney and Shays:

I have been a practicing attorney for over three decades including service as an Assistant State Prosecutor in Florida. Earlier I served in Vietnam in the First Marine Division and retired with the rank of Captain. During that period of service I was exposed to Agent Orange and suffered ill-health as a result.

Fortunately, I was able to find and seek treatment from a former USAF flight surgeon, David E. Root, M.D. M.P.H., who introduced me to the Hubbard method of detoxification. Through Dr. Root's administration of this program I was able to resolve my chronic dioxin-exposure problems.

As a result of my personal experiences I have been concerned that both our Vietnam and Gulf War era battle veterans are not being provided the opportunity to do this cost-effective treatment in order to avoid pain, suffering and possibly premature death. It was in my research on this matter that I became aware of what a powerful voice you have been in advocating for treatment for veterans. For your public service, I am grateful.

Today, with rescue workers being exposed to all manner of toxic substances, such as 9-11, I am advocating that government act quickly to make this treatment available to rescue workers. I have interviewed many first-responders, veterans, and in particular, U.S. Marines, who have undergone the treatment with remarkable success.

I was recently in New York for my second visit to the New York Detox Program where the Hubbard technique is being given free to the brave rescue workers of New York City. It's time for the government to stop temporizing and make this available widely.

Very truly yours,

James R. Dirmann

James G. Dahlgren, M.D.
Diplomate of the American Board of Internal Medicine
Occupational and Environmental Medicine; Toxicology
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October 28, 2003

The Honorable Carolyn Maloney
The Honorable Christopher Shays
Subcommittee on National Security,
Emerging Threats, and International Relations
Hearing on September 11 Health Effects

Dear Representatives Maloney and Shays:

I am writing to express my support for the detoxification program being delivered by Dr. Apryl Mc Neil at Downtown Medical, P.C.

Over the last three decades, I have examined thousands of individuals suffering from illnesses secondary to chemical exposures, including hundreds of firefighters. Few physicians in this country have had comparable hands-on experience with these types of illnesses.

The exposures resulting from the WTC disaster are unprecedented. The toxic dust, fume and vapor that arose from the collapsing World Trade Center and subsequent fire contained hundreds of different toxic chemicals including dioxins, PCBs, asbestos, silica, benzene, polybrominated diphenyl ethers, manganese, chromium, lead, mercury, nickel, oxides of nitrogen and sulfur.

This is a very short list of the toxics that were present. The combustion products from the fire created a host of toxic substances that have not been well characterized but are known to be important factors in fire toxicology.

In addition, the force generated by the collapse of the towers was so great that it created ultra fine particles of these toxins—smaller than have ever been seen before. The "dust" that was created was in many ways more like a gas, rendering the body mechanisms intended to protect the lungs useless.

It is not surprising, therefore, that serious respiratory problems have resulted from the WTC exposures. But these symptoms are only the first that can be anticipated.

The future is not bright for the firemen, policemen and others who were at the fire and clean-up. They face a multitude of diseases and degenerative conditions including cancer,

autoimmune disease, dementia, respiratory failure, and many other slowly progressive illnesses.

Some of these effects are already manifesting. For example, it is likely that firemen diagnosed as having "Post Traumatic Stress Syndrome" are in fact suffering from neurological injury caused by the numerous neurotoxins that were present at the event.

The public health stance in the face of the current situation is to provide symptomatic treatment and to collect data regarding the progression of various syndromes over time. This is not enough.

The Hubbard detoxification program is the only method that exists that offers the possibility of reducing the body burdens of toxics that can cause disease. Ideally, broad-scale detoxification would have begun within days of the exposures. It has now been more than a year. The longer toxins remain in the body, the more damage they do. At some point, the damage could become irreversible.

I believe that it is urgent that detoxification clinics be opened throughout the city, and that a large-scale effort be launched to put individuals through this program. Based on the results that I have seen in the cases completed to date and the studies of this program that have been conducted over the last two decades, I am confident that detoxification should be one of the top priorities of the post-9/11 response.

I would be glad to provide additional details regarding the issues I have raised in this letter should the need arise. I would not like to see a repeat of past situations, whether Agent Orange or the Gulf War exposures, where decades passed without adequate response.

Please do not hesitate to contact me if I can assist you in your efforts.

Yours sincerely,

James G. Dahlgren, M.D.
Assistant Clinical Professor of Medicine, UCLA

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October 28, 2003

The Honorable Carolyn Maloney
The Honorable Christopher Shays
Subcommittee on National Security,
Emerging Threats, and International Relations
Hearing on September 11 Health Effects

Dear Representatives Maloney and Shays:

I am an attorney practicing in Burbank, California. I have been involved in toxic tort cases since the early 1980s.

Prior to that, I served a full career in the U.S. Navy, retiring as a Commander. My last assignment was as commanding officer of a special intelligence unit. While in the Navy, I also with worked the House and Senate Judiciary Committees on a number of occasions. I was the first attorney to secure pensions for Merchant Marines injured during service in World War II.

I am writing to express my strong support for a greatly increased focus on treatment interventions to balance the commitment to long-term health screening.

In two decades of work in toxic injury cases, the most disturbing thing that I have observed is a "wait and see" attitude. When a timely treatment intervention is not made available, a chain of events is set in motion that can have serious consequences for the patient, for insurance providers and for state and federal government.

When effective treatment is delayed, injuries can progress to the extent that the worker is disabled. This leads to lawsuits against healthcare practitioners. The consequences spread further as workers pursue disability payments from sources that can include the VA, Social Security and state funds.

I have been familiar with the Hubbard detoxification program for more than 20 years, and have found it to be a uniquely effective intervention in chemical

exposure cases. I published a paper in the Journal of California Law Enforcement outlining the use of the program to address the effects of chemical exposures that occur in the course of law enforcement.

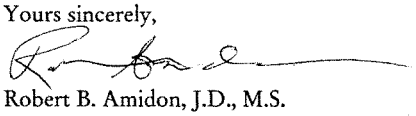
Some are unfamiliar with the long history of use of this program, and the numerous research projects that have been conducted in the U.S. and abroad that have demonstrated its efficacy. And some who are focused on limiting their liability have resisted the promise of detoxification.

In the long run, it serves no one to discourage the use of this inexpensive and effective rehabilitative therapy.

The potential liabilities related to the WTC are enormous. Detoxification alone will not make all of these problems vanish, but based on what I have seen in other cases, it is essential that it be implemented broadly and quickly.

We must do everything possible to help the WTC responders recover their health. We cannot allow a "wait and see" mentality to prevail. If this happens, it will exacerbate the already considerable legal and financial difficulties that face the State of New York and the federal government.

Yours sincerely,



Robert B. Amidon, J.D., M.S.

October 28, 2003

The Honorable Carolyn Maloney
The Honorable Christopher Shays
Subcommittee on National Security,
Emerging Threats, and International Relations
Hearing on September 11 Health Effects

Dear Representatives Maloney and Shays:

Since the attacks on the World Trade Center, we have heard a good deal about lingering health problems among the rescue workers. I would like to share my experiences. I think they offer some hope, and would like to see more attention paid to the fact that we may have more options than we realize to help these men and women get back on their feet.

I worked as a firefighter for over 19 years in NYC. I trained nearly half the firefighters who responded to the attacks on September 11.

On that horrible day I lost many of my friends as well as my brother Tim (a firefighter) who was killed in the collapse. I spent the first many weeks digging at Ground Zero looking for my brother Tim and the many other victims. We were all exposed to massive amounts of toxic smoke and dust.

Over the course of three or four months after the collapse I watched my friends, who were some of the fittest people in NYC, start getting sick with the WTC cough. I couldn 't understand why they were getting so ill. I felt very bad for them. I had always worked out and was in excellent physical condition my whole life prior to 9/11.

Shortly after leaving the site I began to get the same symptoms my friends had gotten earlier. I started having asthma attacks so fierce and frequent I ended up in the hospital for 8 days after fighting a relatively small fire. I could only sleep 2 –3 hours per night with constant nightmares. I couldn 't breathe without the use of multiple steroidal inhalers. I was very fatigued and was anxious about my health and my future. My children were very concerned. I was told that my days as a firefighter were over.

After suffering for over 12 months with no real relief I heard about the detoxification program developed by Mr.Hubbard. I jumped at the chance as I already believed in the value of vitamins, exercise, and sweating. By the third day on the program I was safely off all of my inhalers. I was sleeping 7 –8 hours a night for the first time since 9/11 and experienced no nightmares! By day 20 I was running for 25 minutes and felt fantastic both physically and mentally!

My friends and family all noticed that I was looking and feeling better. My children no longer worry about whether or not I am going to live or be sick the rest of my life. I am finally back to my old self!

The truth is that people who fight inner city fires are probably the most toxic people walking the earth. I know a lot of firemen are going through this program, and I wish it would become a mandatory program for all firemen to do every 5 –10 years.

It is my duty as a humanitarian to let others know they have an option to feel free of all toxins. As you search for ways to help the rescue workers, I hope that you include this program in your plans.

Respectfully,

Lt. Joseph Higgins (ret.)
20 Buchanan St.
Freeport, NY 11520

SACRAMENTO OCCUPATIONAL MEDICAL GROUP
a Professional Corporation

David E. Root, M.D., MPH
Medical Director

Board Certified in Occupational Medicine

October 28, 2003

The Honorable Carolyn Maloney
The Honorable Christopher Shays
Subcommittee on National Security,
Emerging Threats, and International Relations
Hearing on September 11 Health Effects

Dear Representatives Maloney and Shays:

I am a board-certified Occupational Medicine specialist in private practice in Sacramento, California. I am a Fellow of the American College of Occupational and Environmental Medicine, and hold a Master of Public Health Degree from Johns Hopkins University.

Prior to entering private practice, I served in the United States Air Force for 20 years, retiring as a full Colonel. As might be expected, I feel great concern for the health of the uniformed personnel who responded to the WTC attacks and who spent months working in circumstances of continual toxic assault.

The health screening initiatives that are in place are important. However, I feel that inadequate resources have been devoted to treatment.

While we will learn much over the next decade, it is misleading to imply we will ever discover a set of cause-effect relationships that fully explain the health consequences of the WTC exposures. The variables and unknowns involved—including the number of toxins present, the possible combinations, the varying levels of exposure for each individual, and the wide variations in individual susceptibility—defy black and white characterization.

Thus, as we increase our knowledge, we must also investigate promising therapies that can provide relief or slow the progression of disease.

I have extensive clinical experience with one such modality. For the last two decades, I have been Medical Director of an occupational medical facility in Sacramento, California, where I have supervised the detoxification of nearly 4,000 individuals suffering the effects of chemical exposures and drug abuse.

Reply to:
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In case after case, I have seen patients overcome the lingering effects of chemical exposures. I have not seen a single case where the treatment itself caused a medical problem. There are few, if any, treatments about which I could make such a statement.

Within weeks of the attacks I began to receive calls from union officials and rescue workers who knew something of detoxification and felt that it might be important to bring the program to New York. As events progressed, I found myself acting as Senior Medical Advisor for a project that established a detoxification facility near the WTC site. The results to date have been very encouraging.

With this letter, I am providing summaries of some of the detoxification studies that have been conducted over the last two decades. I have been fortunate to participate in some of this work, in collaboration with scientists in the U.S., Europe and Russia.

Several of these studies relate to large-scale exposure incidents, including the Chernobyl disaster. The findings of this work suggest that detoxification can be a valuable resource in the public health response to environmental disasters.

While I pray that we do not see another event on the scale of the attacks on the World Trade Center, there is little doubt that our uniformed personnel will be involved in future incidents involving toxic releases. These may occur in armed conflict, or as a result of terrorist acts. We owe it to these men and women to identify and implement effective treatments as rapidly as possible.

Yours sincerely,

David E. Root, M.D.

David E. Root, M.D., MPH

EVALUATION OF THE HUBBARD DETOXIFICATION PROGRAM

A continuously evolving body of research projects has examined the application of detoxification in the aftermath of exposure incidents. Scientists in the U.S., Europe and Russia have collaborated on this work since the early 1980s.

Their findings have been published by the Royal Swedish Academy of Sciences, the U.S. Environmental Protection Agency and the World Health Organization's International Agency for Research on Cancer, among many others.

The following summaries of published papers provide a partial survey of this work:

Evaluation of a Detoxification Regimen for Fat Stored Xenobiotics. *Medical Hypotheses*, Vol. 9, 1982. Summary: One hundred and three individuals undergoing detoxification with the Hubbard procedure volunteered to undergo additional physical and psychological tests concomitant with the program. Participants had been exposed to recreational (abused) and medical drugs, patent medicines, occupational and environmental chemicals. Patients with high blood pressure had a mean reduction of 30.8 mm systolic, 23.3 mm diastolic; cholesterol level mean reduction was 19.5 mg/100 ml, while triglycerides did not change. Completion of the detoxification program also resulted in improvements in psychological test scores, with a mean increase in Wechsler Adult Intelligence Scale IQ of 6.7 points. Scores on Minnesota Multiphasic Personality Inventory profiles decreased on Scales (4-7) where high scores are associated with amoral and asocial personalities, psychopathic behavior and paranoia. Medical complications resulting from detoxification were rare, occurring in less than three percent of the subjects.

Body Burden Reductions of PCBs, PBBs and Chlorinated Pesticide Residues in Human Subjects, *Ambio*, Vol. 13, No. 5-6, 1984. Summary: Prior to detoxification, adipose tissue concentrations were determined for seven individuals accidentally exposed to PBB. The chemicals targeted for analysis included the major congeners of PBB, PCBs and the residues of common chlorinated insecticides. Of the 16 organohalides examined, 13 were present in lower concentrations following detoxification. Seven of the 13 reductions were statistically significant; reductions ranged from 3.5 to 47.2 percent, with a mean reduction among the 16 chemicals of 21.3 percent (s.d. 17.1 percent). To determine whether reductions reflected movement to other body compartments or actual burden reduction, a post-treatment follow-up sample was taken four months later. Follow-up analysis showed a reduction in all 16 chemicals averaging 42.4 percent (s.d. 17.1 percent) and ranging from 10.1 to 65.9 percent. Ten of the 16 reductions were statistically significant.

Diagnosis and Treatment of Patients Presenting Subclinical Signs and Symptoms of Exposure to Chemicals Which Accumulate in Human Tissue. *Proceedings of the National Conference on Hazardous Wastes and Environmental Emergencies*, Cincinnati, Ohio, 1985. Summary: A discussion of some of the problems in attempting to diagnose and treat low-level body burdens of toxic chemicals. A review of 120 patients who were prescribed detoxification treatment as developed by Hubbard to eliminate fat-

stored compounds showed improvement in 14 of 15 symptoms associated with several types of chemical exposures.

Reduction of Hexachlorobenzene and Polychlorinated Biphenyl Human Body Burdens, World Health Organization, *International Agency for Research on Cancer, Scientific Publications Series*, Vol. 77, 1986. Summary: Electrical workers paired by age, sex and potential for polychlorinated biphenyl exposure were divided into treatment and control groups. Adipose-tissue concentrations of hexachlorobenzene (HCB), four other pesticides and 10 polychlorinated biphenyl congeners were determined pre- and post-treatment, and three months post-treatment. At post treatment, all 16 chemicals were found at lower concentrations in the adipose tissues of the treatment group, while 11 were found in higher concentrations in the control group. Adjusted for re-exposure as represented in the control group, HCB concentrations were reduced by 30% at post-treatment and 28% three months post-treatment. Mean reduction of polychlorinated biphenyl congeners was 61% at post-treatment and 14% three months post-treatment. These reductions were statistically significant ($f < 0.001$). Enhanced excretion appeared to keep pace with mobilization, as blood-serum levels in the treatment group did not increase during treatment.

Excretion of a Lipophilic Toxicant Through the Sebaceous Glands: A Case Report, *Journal of Toxicology-Cutaneous and Ocular Toxicology*, Vol. 6, No. 1, 1987. Summary: A 23-year-old woman worked at a manufacturing facility, hosing the soot and ash accumulated in the exhaust stack and on the filter pads of an oil-fired generator. She performed this task without protective gear. After six months, she reported feeling ill to the plant nurse. One month later, she was removed from the job, and she remained unable to work for 1 1 1/2 months because of symptoms relating to toxic chemical exposure. The toxicants were amenable to removal through the sebaceous glands and possibly the gastrointestinal tract by the Hubbard detoxification technique. This was accompanied by remission of her subjective complaints and she was authorized to return to work.

Improvement in Perception of Transcutaneous Nerve Stimulation Following Detoxification in Firefighters Exposed to PCBs, PCDDs and PCDFs, *Clinical Ecology*, Vol. VI, No. 2, 1989. Summary: Seventeen firefighters with a history of acute exposure to polychlorinated biphenyls, dibenzofurans, and dibenzodioxins were evaluated for peripheral neuropathy. Neuropathic evaluation was done using the Neurometer(r), a transcutaneous nerve stimulation device utilizing a constant sine wave at fixed amperage. Prior to detoxification, five of the 17 had abnormal current perception threshold measurements. Following treatment, all showed improvement. Most strikingly, the current perception thresholds of two patients returned to normal range after detoxification. This finding raises the possibility that damage heretofore thought to be permanent may in many instances be partially reversible.

Occupational, Environmental and Public Health in Semic: A Case Study of Polychlorinated Biphenyl (PCB) Pollution, *Proceedings of the Annual Meeting of the American Society of Civil Engineers*, New Orleans, Louisiana, October, 1989. Summary: Eleven workers with readily observable symptoms of exposure to PCBs and

other chemicals were chosen for detoxification from a group of 24 male volunteers from a factory using PCBs in the manufacture of capacitors. The remaining 13 served as a control group. Detoxification treatment reduced both the body burdens and the symptoms of treated workers while no such improvements occurred in the control group. This study, undertaken in cooperation with the University Medical Center of Ljubljana and the Institut für Toxikologie, University and Technical Faculty of Zurich, supports the use of health screening and detoxification for individuals affected by toxic exposures.

Human Contamination and Detoxification: Medical Response to an Expanding Global Problem, *Proceedings of the MAB UNESCO Task Force on Human Response to Environmental Stress*, Moscow, 1989. Summary: Individuals with a variety of workplace exposures were unable to work or had reduced work capacity. Following detoxification, each was able to return to work. Though the results presented are anecdotal, they confirm previous findings in the peer-reviewed literature (Schnare et al., 1982; Roehm, 1983; Schnare et al., 1984; Schnare and Robinson, 1985; Tretjak et al., 1989) and demonstrate that this approach can be effective in reducing body burdens of toxic compounds and returning individuals to the workplace.

Neurobehavioral Dysfunction in Firemen Exposed to Polychlorinated Biphenyls (PCBs): Possible Improvement after Detoxification, *Archives of Environmental Health*, Vol. 44, No. 6, 1989. Summary: Fourteen firemen were exposed to polychlorinated biphenyls (PCBs) and their by-products at the site of a transformer fire and explosion. Six months after the fire, they underwent neurophysiological and neuropsychological tests. They were re-studied six weeks after detoxification. A control group of firefighters was selected from firemen who resided in the same city but were not engaged in the fire in question. Initial testing showed that firemen exposed to PCBs had poorer neurobehavioral function than the control group. Significant reversibility of impairment was noted after detoxification.

Xenobiotic Reduction and Clinical Improvements in Capacitor Workers: A Feasible Method, *Journal of Environmental Science and Health*, Vol. A 25, No. 7, 1990. Summary: Eleven capacitor workers, occupationally exposed to PCBs and other industrial chemicals, underwent detoxification. Thirteen co-workers served as controls. Mean PCB levels prior to detoxification were 28.0 mg/kg in adipose and 188.0 (g/L in serum. Following detoxification, PCBs were reduced in serum by 42% ($p<0.05$) and in adipose by 30% for patients without concurrent disease. Patients with concurrent disease had a 10% reduction in adipose levels, while serum levels remained unchanged. Both adipose and serum PCB levels increased in members of the control group. At a four-month follow up examination, these differences were maintained, though the mean adipose PCB values in all groups were higher than at post-treatment. All patients reported marked improvement in clinical symptoms post-treatment, with most of these improvements retained at follow-up. No such improvements were noted in controls.

PCB Reduction and Clinical Improvement by Detoxification: An Unexploited Approach? *Human and Experimental Toxicology*, Vol. 9, 1991. Summary: A female worker from a capacitor factory, with a history of exposure to polychlorinated biphenyls (PCBs) and other lipophilic industrial chemicals, was admitted for treatment at the

University Medical Centre of Ljubljana, Slovenia (then Yugoslavia). She presented with severe abdominal complaints, chloracne, liver abnormalities and a bluish-green nipple discharge of approximately 50 ml d-1 in quantity. High PCB levels were noted in adipose tissue (102 mg kg-1), serum (512 ug 1-1), skin lipids (66.3 mg kg-1), and in the nipple discharge (712 ug 1-1). After detoxification, PCB levels in adipose tissue were reduced to 37.4 mg kg-1 and in serum to 261 ug-1, respective reductions of 63% and 49%. Excretion of intact PCBs in sebum, appreciable before treatment, was enhanced by up to five-fold during detoxification. The nipple discharge ceased early in the detoxification regimen.

Treatment of Pesticide-Exposed Patients with the Hubbard Method of Detoxification. ***Presentation at the 120th Annual Meeting of the American Public Health Association*****, 1992.** Summary: A review of the efficacy of detoxification in addressing the complaints of 155 patients who had experienced significant exposures to pesticides. Treatment effected reductions in chemical levels in adipose tissue, and a concomitant decrease in symptomatic complaints.

Neurotoxicity and Toxic Body Burdens: Relationship and Treatment Potentials. ***Proceedings of the International Conference on Peripheral Nerve Toxicity*****, 1993.** Summary: Many chemicals have neurotoxic health effects of long duration, leading to the conclusion that these effects are essentially irreversible. This paper proposes that the accumulation and persistence of neurotoxic chemicals in adipose tissue may play a role in the prolongation of neurotoxic effects. If this were the case, an approach designed to reduce body burdens of fat-soluble compounds should lead to a similar reduction in neurotoxic effects. Transcutaneous current perception thresholds were measured using the Neurometer device in 48 patients exhibiting neurotoxic effects both before and after detoxification. Following detoxification, marked improvements were noted in both peripheral neuropathy and self-reported patient profiles.

Reduction of Drug Residues: Applications in Drug Rehabilitation. ***Presentation at the 123rd Annual Meeting of the American Public Health Association*****, 1995.** Summary: Drug residues and their lipophilic metabolites are associated with persistent symptoms; their mobilization into blood correlates with drug cravings. The concentration of drug metabolites in both sweat and urine was measured in eight individuals who had been actively using drugs prior to detoxification. Cocaine, opiate, and benzodiazepan metabolites were detected by fluorescent immunoassay in both sweat and urine. Low levels (not indicative of use) continued to be eliminated for several weeks. In two cases, drug levels were below detection prior to treatment but became detectable during detoxification. A separate series of 249 clients with a history of drug abuse rated the severity of their symptoms before and after detoxification. Chief symptomatic complaints prior to detoxification included fatigue, irritability, depression, intolerance of stress, reduced attention span and decreased mental acuity. (These same symptoms were dominant in those who had ceased active drug abuse over a year prior to treatment.) Following detoxification, both past and current users reported marked improvements in symptoms, with most returning to normal range. The Hubbard detoxification program represents a vital innovation in drug rehabilitation: an approach aimed at a long term reduction of the predisposition for drug abuse.

Treatment of Children with the Detoxification Method Developed by Hubbard. ***Presentation at the 123rd Annual Meeting of the American Public Health Association*****, 1995.** Summary: Eighteen children from ten families were referred for detoxification. Their chief complaints included environmental sensitivity, headaches, chronic fatigue, allergies, respiratory problems and recurrent infections. In each case, the entire family had become ill following a known change (e.g., application of pesticides, installation of improperly cured carpet) in their environment. The ages of the children ranged from neonatal to 15 at the time of exposure, with treatment ages ranging from 4 to 21. Treatment resulted in improvements in symptom profiles, with at least 89% of the children reporting long-term improvements in their symptoms. Where children have become ill following chemical contamination, treatment with the detoxification method developed by Hubbard is a viable approach.

Precipitation of Cocaine Metabolites in Sweat and Urine of Addicts Undergoing Sauna Bath Treatment. College on Problems of Drug Dependence, ***Fifty-Seventh Annual Scientific Meeting, National Institute on Drug Abuse, College on Problems of Drug Dependency*****, 1995.** Summary: Four subjects (three males and one female) admitted to a residential treatment program were selected for study. All met DSM-III-R criteria for cocaine dependence and ingested cocaine by smoking. The duration of their use of the drug ranged from eight months to 18 years, and they reported cocaine use on over 75% of days in the month just prior to treatment. Three reported last use of cocaine within 48 hours of admission; one reported last use 25 days prior to program entry. Urine and sweat samples were collected from subjects every two to three days during detoxification and analyzed by fluorescent immunoassay. Cocaine metabolites were detectable in both sweat and urine of all subjects. Three of the four subjects showed a measurable increase in sweat or urine cocaine metabolite concentrations at the beginning of detoxification. Two subjects demonstrated negative urine samples prior to detoxification, but demonstrated the presence of metabolites when detoxification commenced.

Reduction of the Radioisotope Cs-137 Using the Detoxification Method Developed by Hubbard. ***Presentation at the 124th Annual Meeting of the American Public Health Association*****, 1996.** Summary: Fourteen children living in the plume path of the destroyed Chernobyl reactor underwent detoxification. Each was periodically measured using a portable radiation detection system capable of measuring the characteristic gamma ray emitted during the radioactive decay of Cs-137. (Five such measures over the course of approximately four weeks.) Elimination rates were compared to expected rates of elimination from published studies. Children generally eliminated Cs-137 more rapidly than expected, with the exception of two cases in which children were eating contaminated treats from home. (Rapid elimination of Cs-137 resumed when these items were eliminated from their diets.)

Rehabilitation of a Chernobyl Affected Population Using a Detoxification Method. ***U.S. EPA: Proceedings of the International Post-Emergency Response Issues Conference,*** **1998.** Summary: In a cooperative effort between the Medical Radiological Research Center of the Russian Academy of Medical Sciences and Human Detoxification

Services International of Great Britain, a group of 24 males aged 20 to 40 years old underwent detoxification using the Hubbard protocol. Findings included improved immune response. A year after the completion of detoxification, the level of antioxidant activity was found to have increased 2-3 fold over the pre-detoxification levels, suggesting that detoxification may have rehabilitated the immune system. Follow up examinations at one and nine months after completion found that chronic diseases present at the start of detoxification were in lengthy remission, and an improvement in resistance to respiratory diseases was noted in a number of patients.

Effect of detoxification treatment on the psycho-physiological state of patients: Analysis of individual and group parameters. Presentation at the 2nd International Conference on The Effects Of Low And Very Low Doses Of Ionizing Radiation On Human Health; June 27-29, 2001; Dublin Institute of Technology, Ireland. Summary: After the Chernobyl accident, several methods aimed at improving the health status of persons permanently living in radioactively contaminated territories, and for removing radionuclides from the human body, were tested and evaluated. Of these, the most promising appeared to be a complex detoxification protocol developed by Hubbard. During the project, careful medical examinations of the patients were carried out before, in the course of, and after the treatment. Detoxification markedly improved the general physical and psychological conditions of the participants. There was an absence of negative health effects. A wide range of physical and psychological responses were monitored. In all, around 370 parameters per patient were quantitatively evaluated. Results of the monitoring showed, in most of the patients, that positive changes occurred not only in the objective characteristics of physiological adaptation, but also in the subjective self-estimation of the individuals. No decompensated disorders of major regulatory and life maintaining systems were revealed.

Testimony of
Randi Weingarten
President

United Federation of Teachers

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

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

at
Mount Sinai Medical Center
October 28, 2003

Thank you for the opportunity to submit written testimony before the Congressional Subcommittee on National Security, Emerging Threats and International Relations. Your mission is to examine government actions after the September 11th tragedy and investigate its short and long-term health effects on those working or living near Ground Zero. That is a worthy goal, and I am happy to offer testimony based on my members and schoolchildren's experiences.

The World Trade Center (WTC) attack was unimaginable and unprecedented. As stated in the press release on Oct. 21, 2003, Congresswoman Maloney convened the panel to scrutinize the health effects of those who work or live near Ground Zero and to assist in evaluating what the government has been doing right and where it needs to improve.

I would like to frame this testimony primarily in terms of the role that my union, the United Federation of Teachers played in the response to the 9/11 disaster and the lessons learned. My primary focus will be on emergency preparedness and utilizing a team approach to assess and remediate possible contamination.
While the UFT was actively involved in the assessments, inspections, cleanup and monitoring activities of all the schools below Canal Street, my testimony will deal largely with the seven schools located within the immediate vicinity of Ground Zero. The UFT represents the staff in these seven schools, which together educate more than 5,000 students.

Re-evaluation and Redefining of Emergency Preparedness/Emergency Evacuations

On the morning of September 11, 2001, thousands of students in lower Manhattan were released from their schools under emergency conditions that were beyond anyone's imagination or experience. Not one student was lost or physically injured, thanks to the staff of each school who took on roles they never before had to perform. Existing safety plans and routinely practiced fire drills could not quite take into account the challenges posed that morning. Confusion about the actual attack, the potentially toxic smoke cloud and how to respond were part of the challenge.

The WTC schools located within Ground Zero included pre-school children, Kindergarten through twelfth grade students and limited-mobility students. The safe evacuation of all these students was accomplished by our members with little guidance and in spite of conflicting instructions . One special population of limited mobility students represented the most challenging problems. Two paraprofessionals at the High School of Public Service and Leadership at 90 Trinity Place found they could not push the two wheelchair-bound students to safety. Reaching a low exterior wall as ash and debris fell around them, they had to seek

help from a passerby to lift the students over the wall. Each para carried her student in her arms the rest of the way out of danger. The other schools in the vicinity also had limited mobility students. However they did not face the same challenge as the one identified above.

In several nearby schools, fire alarms announcing rapid dismissal did not sound, public address systems either did not work or were not employed, school buses that had left following their morning arrivals could not return to the schools, and many floor wardens fled for their lives

None of the confusion of 9/11 can be blamed on an absence of school safety plans. Although all schools must have such plans in place, staff are often unaware of duties assigned to them as outlined in the plan. Other than fire drills, evacuation plans had not been practiced. As the above example demonstrated, paraprofessionals who were assigned to students in wheel chairs realized in the process of fleeing that one person was not strong enough to lift and carry their charges when the wheel chairs couldn't wheel through the debris. Elevators were not working and wheelchair students had to be carried down flights of stairs. Not every limited mobility student or hearing-impaired student had an assigned staff member. Safe corridors were no longer usable. School command center locations could not be used. Prescribed "safe havens" were no longer safe. Telephone service was disrupted. Subways were closed and public buses overloaded. The primary concern of the police and fire departments was, understandably, the terrorist attack.

Lessons Learned

Even now, school safety plans **have not** been reassessed and changed in light of these events. The New York City Department of Education (DOE), New York City Fire Department (FDNY), and New York City Police Department (NYPD) have yet to develop adequate emergency response and evacuation plans for school buildings. Some of our schools have more than 100 limited mobility students in wheelchairs. Last year there was a bomb threat at a high school near City Hall. Following the procedures in their School Safety Plan, the limited mobility students in wheelchairs and their assigned staff did not evacuate because the elevator was not to be used in a bomb threat. Instead, they went to the designated "holding" room on an upper floor to await evacuation by FDNY firefighters, as the plans stipulate. Precious minutes went by as they waited inside to be rescued while everyone else was outside. But FDNY personnel do not respond to bomb threats; NYPD officers do. And the NYPD has no way to evacuate students and staff from an upper floor.

What does the UFT conclude: that the government agencies that deal with disaster preparedness need to develop worst-case contingency plans for evacuation, rescue

and triage. They need to think the unthinkable. Meanwhile, the city's Department of Education needs the assistance and expertise of the appropriate government agencies to develop and implement a model emergency preparedness program.

Environmental Contaminants

Soon after the 9/11 attack, the Environmental Protection Agency and other agencies gave assurances that the air was safe. Those pronouncements, based on insufficient data, were premature and misleading. As the cleanup progressed and more information was obtained, the various agencies were frequently forced to backtrack on their initial pronouncements. The focus on airborne hazards and the inadequate attention to the presence of surface contamination (settled dust) was also problematic. Although it is important to keep the public from panicking, it is equally important to maintain public trust. When the risks were acknowledged later, the public lost confidence in the risk assessments.

The residential, working and school communities were frequently skeptical of the environmental assessments and conflicting information resulted in undue stress, even anguish for those who had been through so much already. Just prior to the re-occupancy of Stuyvesant High School on October 9, 2001, staff and students returned amid press reports that there was a new and better method for detecting airborne asbestos than the EPA Transmission Electron Microscopy method used at the schools. The alleged new and better method has not been scientifically validated. During the summer of 2002 our members in some of the WTC schools were again misinformed about the interpretation or risk assessment of a testing methodology for carpet contamination and believed the carpeting posed a health risk.

Lessons Learned and Practiced

With a history of working on health and safety issues in our school buildings, the United Federation of Teachers did not have to rely on EPA assessments. Over the years we have developed contacts with experts, the employer's facilities department and local governmental agencies. The union immediately called for a collaborative team to assess, inspect, cleanup and monitor activities in the schools to make the buildings safe for re-occupancy. The team also included union industrial hygiene consultants, occupational physicians, parents associations and third-party environmental consultants.

The UFT was involved in walkthrough inspections, the assessment of bulk, wipe and air sample results for asbestos and a number of other environmental contaminants. We also demanded the cleaning of the exterior and interior of each building, including the buildings' entire contents. Prior to re-occupancy and then throughout the school year, until its end on June 26, 2002, environmental monitoring was

conducted for asbestos and a number of contaminants. Open communication through newsletters and meetings among all parties proved to be key to an effective collaboration.

NIOSH/UMDNJ Study

For your information, the union is currently participating in a National Institute for Occupational Safety and Health (NIOSH) study addressing 9/11 post-trauma symptoms. Randomly selected staff members at three schools near the WTC and at three comparison schools were asked to participate in a survey. The University of Medicine and Dentistry in New Jersey is conducting the study. We were also involved with the health hazard evaluation (HHE) studies conducted by NIOSH or research studies conducted by medical schools. Nevertheless, today's testimony focuses on recommendations for government agencies.

Concluding Remarks

The September 11th disaster was unimaginable and overwhelming, requiring responses no one was prepared to make. We personally know how hard local, state and federal employees in a number of agencies worked to protect the health of our school communities and we want to thank them again.

In summary, emergency preparation and response, whether for everyday events or for the singular and unthinkable, require an emphasis on collaboration and communication. Preparing for future events must not proceed without them.

And if an initial conclusion is wrong or premature - as was the EPA's initial call that the air was safe in the weeks after 9/11 - these conclusions must be revisited regardless of the ramifications or embarrassment. Maintaining public trust is more important than being right.

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Statement of
Jeffrey J Smith
Public Hearing on 9-11 Health Effects
October 28, 2003

Mr Chairman and members of the panel:

Thank you for this opportunity to air concerns on the serious matter of the health effects of the 9-11Disaster on WTC area workers and residents.

In the time since the WTC disaster, much has been written on the subject of long and short term health effects of the 9-11. A number of public hearings have been held, efforts at intial aid to those with health problems has been begun and a number of studies on longer term heath effects have been launched.

But many long term observer of what has so far occurred in this matter have come to the unsettling realization that while the disaster has generated tons of documentation, many calls to action and well funded studies have been launched, there are a number of the most basic efforts needed to address such an event in human health terms have not been done orare not pubically available. In viewing the response of the research and health care community to the WTC Disaster event you notice the following:

1) There is no full spectrum analysis of what in total was released.

2) there are no full spectrum analysis of what was absorbed by area workers and residents.

3) There is no therapy being offered the public to remove the toxins absorbed.

4) there are no protocols in place for the prevention of disease typically result

First of all there is no reliable database for the event. There is no reliable basic study openly available in the public record as to what the total chemical product of the event and its long aftermath was. We have no reliable guide for what the public was exposed to. While a chorus of funded researchers may deny or discount or attempt to distract from this basic fact, we have no openly available studies which provide a true complete overview of what occurred in terms of chemical release. Without a true, full spectrum, analysis of what was in total was released any future studies will lack a proper starting point and by necessity remain less than complete in their overview. The research going forward with very restricted access to such basic information cannot and should not gain the public regard which is needed in this field.

Mr Chairmen, what studies of the chemical release connected to the WTC Disaster event have, in fact been done but remain unreleased to the public. In the time since the disaster a number of usually reliable sources both in government and the research community have reported that a far wider range studies exist in the area of WTC related chemical releases but remain unreleased. What studies have been done. What studies remain partially or wholly unreleased?

Also, of immediate importance, What efforts can now be made to mount the kind of studies using technology sensitive enough to provide a true, fully accurate database as to what, in total full spectrum terms chemically remains in the area. What the true, full spectrum of chemical residue in the area and what is the level of that residue.

Second, Why has there not been a program of seeking a reliable database on what has been absorbed by area workers and residents. Since the time of the incident there has been very notable lack of enthusiasm in the research community for any program which would yield a total, full spectrum analysis what has been absorbed and remain unremoved in the systems of those most present in the area;. Workers and residents.

Here it is important to observe that for reasons of their own the strong emphasis of the both the research community and various governmental and private funding agencies has been studies carefully shaped to include only, or strongly center on, WTC disaster responders.

This, Mr Chairman, should be strongly questioned. First, centering solely or largely on responders deprives both the research and health therapies community and thereby the public of basic information most applicable to the vast majority of those likely to be effected long term. The responder groups are a far different group with what is likely to be a very different index of response to the insults of the kind of chemical exposure present at the WTC site. Area workers and residents will have the greatest long term exposure. It does not follow that responders have the greatest most valuable to study patterns of exposure. Certainly no children... one of the most critical areas of WTC exposure concerns, were among the responders.

Mr Chairman, it is very important here to observe that in the WTC related needed research, the the demand and shaping of the research effort must not be left to the research community. A research program driven by the research community is very unlikely to probe areas or reach conclusions which conflict with the general federal agencies interest in least disclosure and, as we have already seen, maintaining general public calm. Researchers all well know that there are two main sources for research funding; government agencies and the (tax exempt) foundation system.

Any research program must be driven as much as possible by two elements: a strong public demand for full, honest, disclosure, which is Mr chairman, after all the American way, and a general sense that those exposed deserve an honest effort to help their condition. Why?

The third area of concern I have is in all the many efforts to treat WTC victims and study the effects nowhere is there any effort to explore effective modalities which can remove the toxins absorbed in the aftermath of the event. The clinical therapy and the research communities attracted to WTC related areas of studies have no apparent plans to address the general subject of stored toxins let alone methods for removing toxin from the system. Outside of issuing general assurances, when pressed on the subject, that the systems of those exposed will naturally eliminate toxic levels, the research community, as above is not offering any therapy beyond simple suppression of short term symptoms.

Mr chairman, the most important concern I have is that the direction of funding should be oriented towards causing to be developed proper effective testing of the existing environment an the full honest analysis of what the individual area worker and resident has absorbed . Thus a personal database can be assembled to guide any health care provider of therapy. The other priority is to **cause to be assembled an effective program of disease prevention for those exposed**. The hard medical literature alone contains many very promising protocols for the significant reduction in the incidence in the occurence of many disorders in the chemically exposed. Many modalities which are standardly utilized in Europe for the removal of stored toxins should be the subject of serious research performed here by or supervised by clearly disinterested parties.

In closing, Mr Chairman, what we have at present is the research and applied therapy community retreating into the position that they will treat immediate symptoms and otherwise, be left to conduct a classic long term classic morbidity and mortality study of the exposed community.

Such a state of affairs is a national disgrace. We can do better.

The Precautionary Principle or Junk Science?
What should public health and environmental agencies be ethically bound to do?
October 20, 2003

www.whywasteNYC.org → Links → WTC

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As a scientist, I'm ethically bound to refrain from making pronouncements about my research until I've collected enough data, tested my hypotheses, had my work reviewed by other scientists, and verified in their laboratories. EPA has repeatedly given the media reassuring statements without enough data or peer review.

Clearly, in the case of the World Trade Center, there was a need for a speedy answer to the question: Is the Air safe to breathe? What is the correct answer, if there is potential for harm, but not enough data? We Don't Know, but in the meantime, we are collecting data and we recommend precautions to minimize exposure.

How does one resolve the need for an answer when you don't have enough data, and when the consequences of doing nothing or making a wrong answer are so great that peoples' lives and health are possibly at serious risk?

As medical doctors must uphold the oath: "First, Do No Harm", environmental and health scientists should be ethically bound to uphold the Precautionary Principle: "When in doubt and there is potential for harm, err on the side of caution."

When there is an environmental disaster, and there is potential for illness, death or damage to the environment, all the science agencies (USEPA, NYSDEC, NYSDOH, NYCDEP, NYCDOH) who are responsible for protecting public health and the environment, should have upheld the Precautionary Principle, choosing protective measures until thorough investigations Proved that the risk to public health was less than EPA's benchmark, one in one million cancers. Emergency response agencies should also uphold this principle.

The Precautionary Principle is not only the best course of action from an ethical point-of-view, but it is also more effective and cheaper to Prevent harm than to try to Undo damage to peoples' health and their environment. Remediation of a contaminated environment, and cure of those suffering environmental illnesses, is not always possible. Studies continue to show that the benefits to public health from regulating industrial emissions far outweigh costs of controls.

These health and environmental agencies should Not have seen it as their business to reassure to public when they had not collected data on many of the air pollutants, had not collected data indoors, and had not collected data in Brooklyn or Chinatown.. Pronouncing environmental safety without definitive supporting data, as everyone downtown could smell the toxic fumes and while thousands of indoor environments were contaminated with dust containing dozens of toxic and carcinogenic pollutants, exposing a large population to serious respiratory diseases and possibly cancer, is tantamount to espousing Junk Science. This is a serious policy flaw in our public health and environmental agencies, and Must change.

The agencies should have IMMEDIATELY mobilized resources from around the country to thoroughly assess concentration, extent, and health impacts of the toxic air and dust. Scientists and laboratories would have gladly responded to the call. Instead, EPA Region II rejected offers of trained personnel and air sampling equipment!

Once the full extent of the environmental disaster was characterized, the agencies should have publicized the nature of the dangers, argued for funds to evacuate contaminated areas and to thoroughly remediate and test every part of every building as quickly as possible.

That the agencies left it to residents and janitors to clean toxic waste from indoor environments, this needlessly exposed thousands of people to the toxic dust. The policy of these agencies not taking responsibility for protecting the health and environment in times of environmental disaster Must change.

Even at this late date, the Precautionary Principle can still be used to protect the health of those living and working in contaminated areas. Toxic dust is still present in indoor environments and ventilation systems, potentially exposing people for decades. Children, the elderly, and those with compromised immune systems are particularly at risk. The health and environmental agencies still have the opportunity to reduce health impacts from the WTC disaster. It's Time for them to do their job.

Jo Polett, resident 105 Duane Street
Testimony a resident could provide:

Health effects: A significant percentage of downtown residents have been diagnosed with WTC-related respiratory illnesses such as RADS, bronchitis, and new onset asthma. Any one of us could provide testimony to that fact. A proportion of these health effects could have been prevented with proper communication from the EPA to the public about health risks.

Residual contamination: EPA pre-cleaning wipe samples taken in the spring of 2003 at 105 Duane Street, a new building with no internal source of lead contamination, show that there is the potential for widespread WTC-related lead contamination within the building, given that less than 25% of the 480 apartments in the building were cleaned. A resident of the building has EPA documentation of that fact and could so testify.

EPA testing and cleanup program: Residents familiar with the EPA testing protocol found that inept sampling technicians who either had not been adequately instructed as to what the protocol was, or who had been but violated it anyway, were left to operate without EPA supervision or oversight. For example, one resident we know of who chose Aggressive Testing, which required a leaf blower and fans, found that no fans were used during the testing of her apartment. Another resident we know of insisted on entering her residence after air testing had been completed and found that a requisite fan in the bedroom had not been turned on. The protocol violations guaranteed that the sampling results would not be scientifically valid.

Similarly, residents who observed the EPA cleanup of their apartments observed that EPA cleaning protocols were often violated. Often the cleanup was haphazard to a degree that put residents at additional risk. We can provide specific examples.

I attached the NY Academy of Medicine Respiratory Health Survey from Oct 2002, at an East 9th Street daycare.(they studied Daycares below 14th Street)
They STILL wont give me a final report because they are doing a year later follow-up. and as the DR tells me, epidemiologists are like that (not wanting to conclude till reports are done)

He says **these statistics we have from Children's Liberation are dramatic because the combined figures (mutually exclusive) show over** 40 % reporting asthmatic symptoms, in an area that statistically is way lower than wash heights, Harlem and Central? Bklyn. and this is on east 9th street, bet 1st and A, where my daughter attended 2001-2002, and was a part of the survey

Regarding the WTC registry survey, he suggests that w/ all the $$$ they at least anticipate some of the questions that will obviously be raised in the future by asking questions re: quality of care, treatment/medications being prescribed, has the doctor given a an asthma action plan, and are they just giving them short term relief stuff instead of controllers.

In the attached survey they don't basically ask the questions of new or increased allergies and address any issue of diminished lung capacity. (Let alone any other synergistic FX . Mr. Bonner tells me there are not good biological markers in asthma and that lung function doesn't tell much (barometry done in hosp? and peak flow..w/calibration questions) blah blah...anyway their new survey 2003 is showing a marked decrease in 1 year slanting toward not permanent airway damage...but they haven't contacted me and my child was a part of the 1st survey, so what's "follow-up survey" mean...not that my child has a serious condition, she has demonstrated severe symptoms for months after the attack, continuing for 1 ½ years, plus exacerbated by stress, exercise and when uncleaned air-conditioners are being used each spring & summer. This has shown up in Stuyvesant Town as well but has not been studied or tied to the event. Especially since they were so "zoned-out" and reassured by the EPA that the air stayed below Canal St.

Barbara Caporale
212-714-7148

THE NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE TEL 212 82[illegible]
NEW YORK, NEW YORK
10029-5202

October 11, 2002

Dear Parent/Guardian/Staff member:

Recently, 48 parents or guardians of 3-5 year old children at Children's Liberation Daycare Center filled out a Respiratory Health Survey. (This is about 66.7% of the enrolled 3-5 year olds.) Families at 32 preschool centers in lower Manhattan filled out this survey. We want to thank the families and staff at Children's Liberation Daycare Center for your cooperation. **We are sending this update to all families and staff, including those who did not participate or did not report any breathing problems.**

This survey is part of a study by The New York Academy of Medicine. One goal of this study is to find out how many children have asthma and other breathing problems at each agency. Here is a brief summary of what we have found at Children's Liberation Daycare Center so far.

__5__ (11.4 %) of children had ever been diagnosed with asthma.

__9__ (20.9%) of children were never diagnosed with asthma, but had symptoms of wheezing, a persistent cough, or other breathing problems 3 or more times in the past 12 months.

Frequent wheezing, cough or other breathing problems may be signs of asthma or other conditions. If your child often has these symptoms, she or he should see a doctor for a checkup. A doctor can make a diagnosis and prescribe treatment if needed. If a child has asthma, regular checkups and the right treatment will help control symptoms.

Different communities have different rates of asthma. Asthma rates may depend on how surveys are conducted. One study (the 1997 National Health Interview Survey) found that about 7% of children in the United States 4 years old or younger had ever been diagnosed with asthma.[1] For 5-17 year olds, the rate is 13%. Rates of asthma are much higher in some communities and lower in others. National rates of the other symptoms in our survey have not been published, but such symptoms are not uncommon among young children. Surveys like ours have not been done in your community before. Therefore, we cannot be sure if there are more symptoms now than in prior years.

In the coming weeks we will interview some parents or guardians of children with asthma or frequent breathing problems. We will collect more information about their condition, when it started and how it is managed. We will provide a report on the study to Children's Liberation Daycare Center around late fall of this year.

If you have any questions, please contact Karen Derr, Project Coordinator at 212 419-3584.

Sincerely,

Sebastian Bonner

Sebastian Bonner, PhD
Principal Investigator
New York Academy of Medicine,
Center for Urban Epidemiologic Studies

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[1] Bloom B, and Tonthat L. Summary Health Statistics for U.S. Children: National Health Interview Survey, 1997. Vital Health Stat. 10(203). 2002.

Testimony of Jenna Orkin, Ground Zero Parent
Stuyvesant High Sschool, Toxic Site

I am the mother of a 17-year-old boy who was a student at Stuyvesant High School four blocks north of Ground Zero on September 11. The experience of Stuyvesant may serve as a microcosm for that of Lower Manhattan as a whole.

In a statement that will undoubtedly resonate for years to come, on September 13, Christy Todd Whitman declared the air downtown to be safe. Thus on October 9, four weeks after the WTC attack and after government agencies assured us the building had had a thorough cleanup, Stuyvesant reopened to cries of, "Get back to normal!" and, "Show the terrorists!" Wall Street was up and running again so all was right with the world.

Unbeknownst to us at the time, the week that Stuyvesant returned to its building was the week that Dr. Thomas Cahill of U.C. Davis conducted studies a mile north of Ground Zero which revealed levels of very- and ultra-fine particulates that were higher than at the Kuwaiti oil fields.

For the next eight months, Stuyvesant got a double whammy of toxic waste: Not only did they have the WTC site to the south, they also had it on their north doorstep where the waste transfer barge stayed while being loaded with the debris that was to be carted away to Staten Island. This placement was in violation of state and federal laws, but in the so-called "emergency" that prevailed for the eight months of the cleanup (and what sort of emergency was it, exactly, after the first few weeks when it was clear no one else would have survived? A real estate emergency? An economic emergency?) environmental laws were thrown to the four toxin-laden winds. The barge operation was host to diesel cranes and idling diesel trucks that worked 'round the clock seven days a week. Only now are the carcinogenic and toxic properties of diesel being more fully recognized.

How was Stuyvesant equipped to handle this onslaught? The school's filtration system was about 10% effective until the end of January when, at the insistence of the 6000 member Parents' Association, it was upgraded to 40% effectiveness. Although we had been told the school's cleanup had included the ventilation system, we later learned that in fact the ventilation system had not been cleaned.

For half the days until February, Particulate Matter 2.5 - dust that is small enough to penetrate deep into the lungs and not come out again - was above EPA regulatory levels. Often it was higher at Stuyvesant than at Ground Zero. Because of its relatively large surface area to volume ratio, P.M. 2.5 also adsorbed onto its surface whatever toxic chemicals were in the debris.

Isocyanates and tetrachloroethane also exceeded EPA limits when they were measured but, after the troubling results, they weren't measured again. High levels of lead were found in the gym where the lead could be inhaled deeply and in the cafeteria where it could settle on students' food. In response to these findings a representative from the Board of Education which, due to EPA's being missing in action, was in charge of cleaning up the schools wrote, "While lead can cause several adverse health effects, these are usually from prolonged exposure to the dust from the metal or when children consume lead-based paint." Apparently he didn't realize that lead sprinkled on pizza will be consumed.

The synergistic effect of all these contaminants is only imperfectly understood. However Dr. Steven Levin of Mt. Sinai has pointed out that if you're an asbestos worker and a smoker, for instance, the effect is not simply twice as bad as being one or the other: it's eighty or ninety times as bad. To our knowledge, other synergies have not been so thoroughly studied.

In spite of the fact that FEMA had allocated 20 million dollars to clean the Ground Zero schools, the Board of Education refused to clean the ventilation system of Stuyvesant or even to do wipe tests. Finally parents, using the pro bono services of attorney Richard Ben-Veniste of Watergate fame, threatened to sue. The BOE capitulated and performed the wipe tests but held onto the results for six weeks. We threatened to sue again. They released the results which showed thirty times the level of lead which one might expect to find on the floor. (There are no standards for lead in ventilation systems.) After more threats of lawsuits the BOE agreed to clean the ventilation system over the summer.

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Resident Remove Tons Of Toxic Debris From Apartments

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Armed with this advice, residents such as Michael Cook threw out furniture and over 150 twenty gallon bags of contaminated debris. Not surprisingly, many residents soon suffered rashes and respiratory symptoms such as chronic and/or the newly coined "chemical" bronchitis. Those who could afford to moved out of New York. Others moved to hotels temporarily.

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The Deputy Chancellor of Schools complained that parents' reports of illnesses were "anecdotal." This is true. In the absence of a scientific study, all we had to go on was anecdotal reports. He also said, "we believe the events of September 11 and its emotional aftermath have contributed to a number of these incidents." In other words, the illnesses were at least partly psychosomatic. The Deputy Chancellor did not elaborate on whom he meant by "we."

HEARINGS ARE HELD

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EPA Agrees To Clean Apartments

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Over the next seven and a half months it rang about six thousand times, for approximately one out of five residences. The problem was EPA's outreach. They sent out only one flier that we know of and many residents didn't receive it. In addition, EPA's ads never mentioned cancer or the other ills that might ensue from living in contaminated apartments. Indeed, EPA said they did not expect serious long-term effects from the toxic substances that remained in people's apartments. Instead, they maintained that the cleanup was merely to 'assuage residents' concerns.' And since the EPA was telling them they had no reason to be concerned, most people didn't bother to call. Besides, about a quarter of the residents in Lower Manhattan are new to the area, having been lured by liberty bonds worth up to $14,000 and have no idea they could have moved into a toxic zone.

Cleanup Plan Is A Farce

The cleanup itself was also flawed although most people did not realize that. Common areas and ventilation systems were largely ignored. This meant that apartments which were cleaned might be recontaminated as soon as residents turned on the air conditioning or even opened the door. And because cleanup was voluntary, apartments could also be recontaminated by neighboring apartments that opted not to get cleaned. Finally, because small businesses were not included in the plan, they could recontaminate apartments that shared their buildings. Contrary to what certain government agencies have said, dust does not stay put.

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While the response to the cleanup was lackadaisical, an even smaller number of people opted for the testing only option. Of those, about two percent were found to have apartments contaminated with asbestos. Extrapolating from this, City Councilman Alan Gerson has pointed out there may well be six hundred apartments downtown that are contaminated with asbestos, most of which have not been tested, let alone cleaned. And this does not take into account the hundreds of other contaminants that were released from the collapse of the towers and subsequent fires. EPA's testing plan omitted them all.

The testing only option was troubling for other reasons as well. In its hunt for asbestos the EPA performed only air tests. However, at the Toxicological Excellence in Risk Assessment conference in October several scientists agreed that testing of hard and porous surfaces should be investigated and used more extensively.

And there were problems with the way the air tests were conducted. In its counting of asbestos fibers, EPA omitted fibers smaller than five microns on the theory that they would be handled by the body's immune system. However, scientists do not agree that this is so. At the Agency for Toxic Substances and Disease Registry conference which also took place in October there was discussion about the likelihood that length of fiber might not be so important as an aspect ratio of greater than 3:1.

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I question these results because I live in downtown Brooklyn and out of curiosity I had ultrasonication performed on my carpet. The reading came back 79,333 structures of asbestos per sq cm, a level of concern. I had an asbestos abatement which involved four contractors working twenty hours on a two-room apartment. The phase-contrast microscopy test that was subsequently performed showed that my apartment passed its Ahera test but still contained asbestos which might pose a one in three hundred cancer risk. This is much higher than the results EPA has reported for Lower Manhattan.

This year the travails of Lower Manhattan continue. We hear of new-onset asthma in Chinatown as well as a case in a girl who has homeroom in the Stuyvesant auditorium; a girl developing pressure in her spinal fluid requiring a spinal tap, possibly, her doctors say, the first of many; a high number of flus and a particularly virulent stomach virus; the return of respiratory symptoms which had diminished over the summer; a teacher and a student with pneumonia.

CONCLUSION

When Christy Todd Whitman declared the air in Lower Manhattan to be safe to breathe she set in motion a chain of events that many of us believe will prove the undoing of thousands. Already Ground Zero workers are suing the city for their exposure to toxic substances during the recovery operation. Many rescue dogs are sick and at least one, "Bear," has died. We fear that their fate is a harbinger of that of residents, workers, our children and ourselves.

Ms. McElroy,

Joe McGowan suggested that I contact you and forward information on a program that I happened to be a part of. I was desperately ill and conventional medicine could not restore my alarmingly diminished respiratory capacity. It is the only treatment program of it's kind, currently being offered to the respiratory victims downtown. It not only provides relief from symptoms, it restores some of the quality of life issues that many of us have from the loss of our health.

I enclose the statement of Dr. James Dahlgren within the text of this email. If you should have any questions or wish to contact me, I enclose my information below.

I thank you for your time.

Respectfully,

Anne Marie Principe
Community Outreach
The New York Detox Project
phone 212-219-1896

Dear Anne Marie -

At the end of this note, you'll find a statement that you can pass on from Dr. Dahlgren. I'm sure you'll pass along that nearly 150 people have now completed the detoxification program.

You can tell your contact that it happens that Dr. Dahlgren will be in New York on Tuesday, and would make time to speak to the committee.

Thanks for your help,
Carl

Dear Ms. Principe:

Over the last three decades, I have examined thousands of individuals suffering from illnesses secondary to chemical exposures, including hundreds of firefighters. Few physicians in this country have had comparable hands-on experience with these types of illnesses.

The exposures resulting from the WTC disaster are unprecedented. The toxic dust, fume and vapor that arose from the collapsing World Trade Center and subsequent fire contained hundreds of different toxic chemicals including dioxins, PCBs, asbestos, silica, benzene, polybrominated diphenyl ethers, manganese, chromium, lead, mercury, nickel, oxides of nitrogen and sulfur.

This is a very short list of the toxins that were present. The combustion products from the fire created a host of toxic substances that have not been well characterized but are known to be important factors in fire toxicology.

In addition, the force generated by the collapse of the towers was so great

that it created ultra fine particles of these toxins—smaller than have ever been seen before. The "dust" that was created was in many ways more like a gas, rendering the body mechanisms intended to protect the lungs useless.

It is not surprising, therefore, that serious respiratory problems have resulted from the WTC exposures. But these symptoms are only the first that can be anticipated.

The future is not bright for the firemen, policemen and others who were at the fire and cleanup. They face a multitude of diseases and degenerative conditions including cancer, autoimmune disease, dementia, respiratory failure, and many other slowly progressive illnesses.

Some of these effects are already manifesting. For example, it is likely that firemen diagnosed as having "Post Traumatic Stress Syndrome" are in fact suffering from neurological injury caused by the numerous neurotoxins that were present at the event.

The public health stance in the face of the current situation is to "wait and see," to collect data regarding the progression of various syndromes over time. This is not enough.

The Hubbard program is the only method that exists that offers the possibility of reducing the body burdens of toxins that can cause disease. Let me repeat that: it is the only method that has shown promise in this regard.

Ideally, broad-scale detoxification would have begun within days of the exposures. It has now been more than a year. The longer toxins remain in the body, the more damage they do. At some point, the damage could become irreversible.

I believe that it is urgent that detoxification clinics be opened throughout the city, and that a large-scale effort be launched to put individuals through this program. Based on the results that I have seen in the cases completed to date and the studies of this program that have been conducted over the last two decades, I am confident that detoxification should be one of the top priorities of the post-9/11 response.

I will be in New York on Tuesday, and would welcome the opportunity to make a brief statement. I will be bring information with me that I feel is vital for the committee.

James G. Dahlgren, M.D.
Assistant Clinical Professor of Medicine, UCLA

Subject: testimony on wtc envirodisaster/health consequences

Thank you, Kristine, for accepting this testimony and for holding Tuesday's hearing. We look forward to a hearing on issues pertaining to residents, students and office workers et al.

In addition to submitting my own testimony below, I'd first like to comment on the testimony of Dr. Paul Gilman of EPA:

Gilman's testimony says on p 17 "One of the first steps was to prepare a document identifying the Contaminants of Potential Concern in the World Trade Center collapse and fires. It was submitted for external peer review and was revised based on the peer review comments. The document was used in developing the Residential Cleanup Program."
He doesn't say, "The document was THEN used in developing the residential cleanup program" but he hopes you won't notice. In fact, the document was used in developing the cleanup program BEFORE it was peer reviewed
p 18 "Bilingual operators were available to assist Spanish and Chinese-language speakers and information about the program was availabe in both languages."
Where was it available? In the closet? There was virtually no outreach in Chinese.

Testimony of Jenna Orkin, Ground Zero Parent
Stuyvesant High Sschool, Toxic Site

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