

Fact Sheet on HR. 1786/ S.928
Q. and A. on Cancer and the WTC Health Program

Q. Why are cancers covered as conditions that should be medically treated under the WTC Medical Program and compensated under the September 11th Victim Compensation Fund?

A. NIOSH could have waited until 25 or more years had passed and then studied the records of 9/11 responders and survivors in order to document increases in cancer and other chronic diseases related to their WTC exposures. Even then, they would not know for certain due to the difficulties of doing those studies on a limited population, and many of the cancer that could be caused by WTC exposures would not have occurred yet. This approach would have meant that people exposed from the WTC would have had to wait for many years until they would be eligible for treatment and compensation under this program. This delayed recognition would lead to great hardship for these responders and survivors.

Instead NIOSH relied on two types of information. There were the initial cancer studies underway or just published that demonstrated some increases in cancer among WTC responders even within the first few years after 9/11. More importantly, there were records documenting the types of exposures that WTC responders and survivors experienced. While these exposure records were not comprehensive, they were scientifically sound in documenting many of the specific toxins in the dust and smoke, and these exposures were high enough to cause respiratory and other illnesses among those exposed. Based on what was known about these exposures, NIOSH then relied on expert scientific reviews done by national and international health organizations that summarized the level of scientific proof that exposure to these specific materials was linked to an increased risk of specific cancers among populations exposed to these materials. These same exposures would be expected to increase the occurrence of these same cancers among people exposed at the WTC. This review by NIOSH provided the list of WTC-related cancers used to determine eligibility for treatment and compensation in the WTC programs.

Each individual cancer case is also reviewed to determine that enough time has passed since the exposure for the cancer to occur due to their 9-11 exposures (so-called latency) and that their personal exposures were sufficiently severe (depending on when, how long and where they were exposed).

Q. Did the decision made by Dr. Howard the administrator of the World Trade Center Health Program undergo scientific review?

A. Yes. There were two scientific reviews in addition to the opportunity for public comment.

First, the Scientific and Technical Advisory Committee established by the Zadroga legislation participated in the development of the approach used by NIOSH. This Committee included several scientific experts who were not affiliated with the WTC program. They reviewed

different possible approaches to address eligibility for cancer treatment and recommended the general approach utilized by NIOSH (described above).

After the list of WTC-related cancers was published by NIOSH, the General Accountability Office was asked by then Senator Tom Coburn to review the decision made by Dr Howard to include cancers under the covered conditions under the Program. After an extensive review of the process and the scientific evidence, the GAO found that Dr. Howard's decision was "reasonable", although he could have communicated his approach better. The GAO review included input from an ad hoc scientific panel organized by the Institute of Medicine (IOM). The key points of the GAO review were:

[GAO-14-606, World Trade Center Health Program: Approach Used to Add Cancers to List of Covered Conditions Was Reasonable, but Could Be Improved, 291133](#)

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What GAO Found

The Administrator of the World Trade Center Health Program (WTCHP)—a program of the Department of Health and Human Services (HHS)—used a hazard-based, multiple-method approach to determine whether to add cancers to the WTCHP list of covered conditions for which treatment may be provided at no cost to an enrollee. Experts who participated in a meeting held by GAO indicated that the Administrator's approach was reasonable but could be improved.

- *According to these experts, a hazard-based approach focuses on identifying whether particular "hazards"—sources of potential harm—are associated with certain health conditions, and does not attempt to quantify the risks of developing those health conditions. The Administrator's approach used four methods to determine whether there was an association between a September 11 exposure and a specific cancer, and thus, whether to add that cancer to the list.*
- *The experts considered the approach reasonable given the WTCHP certification process for enrollees to obtain coverage for treatment for a condition on the list, the lack of data related to exposure levels and risks, and the use of similar approaches by previous federal compensation programs.*

Q. Dr. Howard had initially decided to not allow covering cancers by the program what changed his mind?

A. Under the legislation that created the World Trade Center Health Program there were specific mechanisms set up by the law to allow for a process to review adding conditions to the list of covered illnesses. While Dr. Howard did initially decide to not cover cancers, he was still assembling the scientific evidence needed to support that decision process and also needed time to consult the Scientific and Technical Advisory Committee created by the law. Once he had done this, he felt secure in making recommendation on which cancers to include.