



**Testimony before the
Committee on Health, Education, Labor and
Pensions
United States Senate**

**Examining the Continuing Needs of
Communities Affected by 9/11**

John Howard, M.D.

**Director, National Institute for Occupational Safety and
Health**

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

For Release upon Delivery

Expected at 2:30 p.m.

June 29, 2010

Good afternoon, Mr. Chairman, Ranking Member Enzi, and other distinguished members of the committee. Thank you for inviting me to testify today. I am Dr. John Howard, Director of the National Institute for Occupational Safety and Health (NIOSH), which is part of the Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services (HHS). CDC's mission is to promote health and quality of life by preventing and controlling disease, injury and disability. NIOSH is a research institute within CDC that is responsible for conducting research and making recommendations to identify and prevent work-related illness and injury.

Mr. Chairman, I would like to express my appreciation to you and to the Members of the Committee for holding this hearing and for your support of our efforts to assist those who are at risk or have experienced adverse health outcomes from their 9/11 exposures. I am pleased to appear before you today to report on the progress HHS has made in addressing the health needs of those who served in the response effort after the World Trade Center (WTC) attack on 9/11, and those in the affected communities and HHS efforts to improve the existing program.

In September 2009, I began my second term serving as the HHS WTC Programs Coordinator. Health and Human Services Secretary Kathleen Sebelius and CDC Director Dr. Thomas Frieden emphasized the "critical need to ensure that programs addressing the health of WTC responders and nearby residents are well-coordinated," and charged me with this important task.

This Administration is committed to ensuring that rescue and recovery workers, residents, students and others suffering the health consequences related to the World Trade Center attack

have access to the monitoring and treatment they need. The President's 2011 Budget will more than double the funding for the medical care and monitoring of these 9/11 heroes.

Significant activities have been implemented and continue to evolve through key partnerships with academic and clinical centers of excellence in occupational and environmental health.

WTC Responder Health Program – Monitoring and Treatment

Since 2002, agencies and offices within HHS have been dedicated to tracking and screening WTC rescue, recovery and clean up workers and volunteers (responders). HHS has allocated more than \$1 billion for recovery-related efforts since September 11, 2001.

In 2010, Congress appropriated \$70.7 million to CDC to further support existing HHS WTC programs and provide screening, monitoring and medical treatment for responders and others in affected communities. Since FY 2002, Congress has provided approximately \$475.8 million for WTC screening, monitoring, and treatment activities, and grantees have spent approximately \$263 million. Since these funds were appropriated, NIOSH has established a coordinated WTC Responder Health Program to provide periodic screenings, as well as diagnosis and treatment for WTC-related conditions (e.g., aerodigestive, musculoskeletal, and mental health) identified during monitoring exams. Current spending rates indicate that there are sufficient resources to provide health care treatment and monitoring for World Trade Center responders and non-responders through FY 2010. The FY 2011 President's Budget requests \$150 million for the WTC program. Based on current spending rates, the FY 2011 Budget request is expected to provide sufficient funds to fully continue and manage the WTC program.

The WTC Responder Health Program consists of a consortium of clinical centers and data coordination centers that provide patient tracking, standardized clinical and mental health screening, treatment, and patient data management.

As of March 31, 2010, more than 52,667 responders from across the country and 4,583 non-responders have met the eligibility criteria and have enrolled in the WTC Health Programs.

Most of the enrolled responders reside within the greater New York City-New Jersey (NY/NJ) Metropolitan area; however, 4,054 enrolled responders reside across the United States, including Federal responders who were integrated into the NIOSH program in FY 2008. Of responders and non-responders, 50,662 have received an initial health examination, and responders are offered follow-up monitoring examinations annually. Over the past year, 25,280 monitoring examinations were conducted, and 15,889 enrollees received treatment for WTC-related health conditions.

The New York-New Jersey consortium -five clinical centers of excellence- (non-FDNY Responders) provided data on its program as of March 31, 2010. According to the data provided, these clinics have conducted 27,682 initial examinations and 12,071 monitoring examinations during the past year. During the same year, there were 7,578 patients in treatment.

According to data provided by the FDNY program, they have conducted 15,307 initial exams and 9,934 monitoring exams in the past year. FDNY provided health care for 4,993 treatment patients.

In conjunction with these activities, CDC/NIOSH has funded the NYC Police Foundation's Project COPE and the Police Organization Providing Peer Assistance (POPPA) to continue providing mental health services to the police responder population. The availability of treatment for both physical and mental WTC-related health conditions has encouraged more responders to enroll and continue participating in the WTC Responder Health Program, which will enable us to better understand and treat the long-term effects of their WTC exposures.

Nationwide Scope

Many rescue and recovery workers traveled from other states to New York City to participate in the response efforts and following their service, have returned to their states of residency. Initially, these responders were offered monitoring exams through facilities that were subcontracted by Mount Sinai Medical Center.

Responders referred for treatment from these monitoring exams were referred to the philanthropically funded Association of Occupational and Environmental Clinics (AOEC). AOEC was funded by the American Red Cross to ensure the delivery of needed treatment services for the WTC responders located outside the catchment area of the FDNY and NY/NJ Consortium. As the philanthropic funds for treatment were expended, monitoring and treatment services were combined into a national services contract that included the Federal responders. An \$11 million contract was awarded to Logistics Health Incorporated (LHI) on May 31, 2008 to ensure that monitoring and treatment services would continue without interruption. HHS is working to award a new responder contract in early September and will continue to work with its

partners to ensure that the benefits of all federally-funded programs are available to eligible responders across the nation by ensuring that responders do not face an interruption of services and can easily transition between funded programs. As of March 31, 2010, of the 4,054 responders residing outside the NYC-NJ metropolitan area that have enrolled in the WTC Responder Health Program, 2,067 had completed monitoring exams. These responders, including current and former Federal employees, receive monitoring and treatment services via a national network of clinics.

Community Program

From September 11, 2001 until 2008, HHS/CDC provided health care services solely to WTC responders. However, in the Consolidated Appropriations Act, 2008, Congress appropriated funding “to provide screening and treatment for first response emergency services personnel, residents, students, and others related to the September 11, 2001, terrorist attacks on the World Trade Center.” As of March 2010, 4,583 non-responders were enrolled in the program; 1,208 received monitoring exams and 2,629 received treatment for WTC-related health conditions.

WTC Health Registry

In addition to the WTC Responder Health Program, CDC/NIOSH maintains the World Trade Center Health Registry (WTCHR). It is the largest post-disaster exposure health registry in U.S. history and follows a diverse cohort of 71,437 directly affected people who performed 9/11-related rescue/recovery work or lived, worked or attended school in the vicinity of lower Manhattan on 9/11/01.

The goals of the WTC Health Registry are to identify the long-term physical and mental health effects of the 9/11 WTC disaster; disseminate findings and recommendations to enrollees and others exposed, the public, and the scientific community; share information about 9/11-related resources and services; and inform health care policy and disaster response planning. Specific aims are to: 1) Expand knowledge about the long-term health effects of 9/11 by continuing the WTCHR research program; 2) Conduct community activities to respond to the physical and mental health concerns and specific healthcare needs of enrollees; and 3) Maintain the Registry as a valuable public health resource for future research.

CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) have supported the WTCHR for six years, and over \$20 million have been invested to date. In addition, Registry data are used to identify trends in physical or mental health resulting from the exposure of nearby residents, school children and workers to WTC dust, smoke and debris. Two journal articles published findings on 9/11-related asthma and post-traumatic stress disorder (PTSD) among rescue and recovery workers (*Environmental Health Perspectives*, 8/27/2007; and *American Journal of Psychiatry*, 2007; 164:1385-1394). Newly diagnosed asthma after 9/11 was reported by 926 (3.6%) workers, a rate that is 12 times the norm among adults. Similarly, the overall prevalence of PTSD among rescue and recovery workers enrolled on the WTC Health Registry was 12.4%, a rate four times that of the general U.S. population. By spotting such trends among participants, CDC/NIOSH can provide valuable guidance to alert Registry participants and caregivers on the potential health effects that might be associated with their exposures.

The WTC Health Registry also serves as a resource for future investigations, including epidemiological, population specific, and other research studies, concerning the health

consequences of exposed persons. These studies will permit us to develop and disseminate important prevention and public policy information for use in the unfortunate event of future disasters. The findings can assist those working in disaster planning who are proposing monitoring and treatment programs by focusing their attention on the adverse health effects of airborne exposures and the short- and long-term needs of those who are exposed.

Conclusion

Since 9/11, HHS has worked diligently with our partners to best serve those who served their country, as well as those in nearby communities affected by the tragic attack. HHS will continue to provide medical monitoring and treatment services to responders, regardless of their location, as well as to residents, students and others most directly affected by the WTC attack. This commitment is reflected in the FY 2011 Budget request of \$150 million for the World Trade Center Program, which is a doubling of the FY 2010 levels. Likewise, the WTC Health Registry continues to paint a picture of the overall health consequences of 9/11, including the effects experienced by the residents, school children and office workers located in the vicinity of the WTC. HHS is also working to increase program accountability and fiscal management in FY 2011 through improved data collection and analysis. Thank you for this opportunity to update you on our progress. I am happy to answer any questions you may have.