

Testimony

Statement by

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on

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

before

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

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

On September 11, 2001, within moments of the attacks, HHS activated the National Disaster Medical System, placing medical teams nationwide on alert to be deployed to assist local areas in responding to the medical emergencies associated with the attacks. Within hours, HHS dispatched the first group of emergency medical and mortuary teams, including more than 300 medical and mortuary personnel to the New York City and Washington, D.C. areas to assist local emergency personnel and health providers in caring for victims of the terrorist attacks on the World Trade Center and the Pentagon. Veterinary disaster teams were also dispatched to New York City to provide care and treatment for rescue dogs. This was the first time the federally coordinated response system had been activated on a nationwide basis. HHS also authorized the first emergency use of the National Pharmaceutical Stockpile, delivering substantial supplies to support medical personnel caring for victims of the airplane attack on the World Trade Center.

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

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

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

- \$10 million was granted through the Health Resources and Services Administration (HRSA) to 33 Health Centers in New York City and Northern New Jersey to support immediate costs of response as well as longer-term health care services as a result of the attacks;
- \$35 million was granted through HRSA to St. Vincent's Hospital-Manhattan and New York University Downtown Hospital, two nearby hospitals in Manhattan that were dramatically impacted by the attacks, for mobilization of staff to respond to seriously injured patients;

- \$22 million was provided through the Substance Abuse and Mental Health Services Administration (SAMHSA) to support mental health treatment for long-term disorders and to expand substance abuse treatment services to address the needs of individuals and families impacted by the attacks; and
- \$5 million was provided to the Agency for Toxic Substances and Disease Registry to provide environmental health monitoring.
- \$10.5 million was provided to the National Institute of Environmental Health Sciences (NIEHS) at NIH to support both a research program involving workers and community members who were heavily exposed to WTC dust and to fund the health and safety training provided to workers cleaning up the WTC site and to policemen and firemen who must respond to future accidents/disasters involving toxic substances in New York City.

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

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

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

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

Also in 2002, \$3.7 million was provided to the Office of Public Health and Emergency Preparedness [now, the Office of the Assistant Secretary for Preparedness and Response] to perform baseline medical screenings for Federal responders. Current Federal workers, who choose to register for tracking, are screened through Federal Occupational Health (FOH) clinics and other clinics that have contracts with FOH throughout the country. Retired Federal workers and intermittent Federal employees hired during the post-9/11 period to work in Manhattan have access to screening through the NIOSH Medical Monitoring program. Because these programs are voluntary, the epidemiological data provided has some limitations, but the programs ensure that Federal employees have a safety net to assure their needs are addressed.

In 2004, NIOSH established the national WTC Worker and Volunteer Medical Monitoring Program to continue baseline screening (established in 2002) and to provide long-term medical monitoring for the WTC rescue and recovery workers and volunteers, including current and retired New York City

firefighters. NIOSH received \$90 million from the FY 2003 Consolidated Appropriations Resolution (P.L. 108-7) to fund monitoring through a series of grants until approximately FY 2009. This program consists of a consortium of clinical centers[1] and data coordination centers that provide patient tracking, standardized clinical and mental health baseline screenings, long-term health monitoring and analysis for responders, rescue and recovery workers, patient data management and clinical referral services. While it has been challenging to implement a national program for responders who do not live in the New York City metro area monitoring has been achieved through a national network of clinics that has a subcontract with Mount Sinai. The Medical Monitoring program has conducted 33,251 initial examinations and 17,453 follow up examinations since its inception in 2002.

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

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

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

On September 11, 2006, Secretary Leavitt announced that scientific research suggesting adverse health effects among WTC responders necessitated a thorough review of available health care resources and scientific understanding. The Secretary then formed an internal Task Force, which I Chair as Assistant Secretary for Health. Dr. John Howard, Director of NIOSH and HHS WTC Programs Coordinator, is the Task Force Vice-Chair. We have been tasked with providing the Secretary with an analysis of data, options on Federal policies, and financing related to WTC-associated health conditions and WTC responder health care needs. The WTC Task Force is comprised of top science and health policy experts throughout the Department and began meeting in October 2006.

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

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

continuation of treatment for WTC responders. The Administration intends to review the grantee data that has been submitted for the Task Force's analysis.

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

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