

# Background on 9/11 Health and Compensation Issues and the need for H.R. 6594, the 9/11 Health and Compensation Act

*\*H.R. 6594 was introduced on July 24, 2008 as a replacement for H.R. 3543\**

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## **I. Executive Summary**

Thousands of people died on September 11, 2001 during the largest terrorist attacks our nation has seen. Yet thousands more – including first responders, area residents, workers, students, and others - are sick and getting sicker from exposure to the cocktail of toxins released from the collapse of the World Trade Center Towers. Numerous studies have documented the health effects of the WTC attacks which include lower and upper respiratory, gastrointestinal, and mental health conditions. These illnesses have caused major financial strains on many of those exposed who are subsequently no longer able to work and face the high price of health care without a federally-funded national program to incur the costs. The federal government has an obligation to help the heroes of 9/11 and all others exposed, and failure to do so may have long-lasting implications on future response efforts.

*H.R. 6594, the Maloney-Nadler-Fossella-King 9/11 Health and Compensation Act* is a bipartisan bill that would provide the heroes and heroines of 9/11 with the security and assistance they desperately need and deserve. It replaced H.R. 3543, the James Zadroga 9/11 Health and Compensation Act which was introduced by Reps. Maloney, Nadler, and Fossella on September 17, 2007. After conferring with Speaker Pelosi and the leadership of both committees of jurisdiction, the New York lawmakers decided that changes were needed to sharpen the scope of the proposal and make it more likely that the House could consider the bill by the 7th anniversary of 9/11.

Specifically, H.R. 6594 would ensure that every American at risk of illness from exposure to the Ground Zero toxins has a right to be medically monitored and all who are sick as a result have a right to treatment. The bill builds on the expertise of the Centers of Excellence, which are currently providing high-quality care to thousands of responders, residents, area workers, school children, and others, including the thousands of people from across the country who assisted with the recovery and clean-up effort. It would also ensure on-going data collection and analysis for all exposed populations.

The legislation would also ensure consistent funding for these vital programs. Currently, funding for 9/11 health programs are funded through the year-to-year appropriations process, not through mandatory spending. With NIOSH estimating \$218 million per year needed to continue the existing programs which are already overextended, expanding the program to meet growing numbers and needs is a challenge. Fortunately, the New York Delegation has been able to secure \$335 million in federal funding since 2002 to address 9/11 health concerns

In addition to addressing health care needs, the bill would reopen the Victim Compensation Fund (VCF). Congress created the VCF in the immediate aftermath of the September 11<sup>th</sup> terrorist attacks to provide aid to the families of 9/11 victims and to individuals who suffered personal injury. In return for accepting these funds, recipients relinquished rights to any future litigation. Close to 100% of the families who lost loved ones had filed with the fund at the December 22, 2003 application deadline. However, many of those who suffered personal injury had not, mainly due to lack of awareness of the fund or of their illness. There are

potentially thousands of individuals who are just now developing career-ending injuries but are not eligible to receive assistance because they developed their symptoms after the deadline. The *Maloney-Nadler-Fossella-King 9/11 Health and Compensation Act* would ensure fair compensation for those in need. Lastly H.R. 6594, would also provide indemnity for the City of New York and for the contractors at the site for pending and future claims and liability related to the rescue and recovery efforts in response to the WTC attacks.

## II. Introduction

Following the terrorist attacks of 9/11 and the subsequent collapse of the World Trade Center Towers, hundreds of thousands of people—including responders, area residents, workers, students, and others—were exposed to toxins, pulverized building materials, and other environmental contaminants.

Despite the well-documented release of Ground Zero toxins and a considerable body of peer-reviewed research on the negative health effects, access to proper medical monitoring and treatment among the exposed populations has been limited or uncoordinated, leaving many with unmet health needs. A number of compensation and liability issues are also closely related to the negative health effects.

This memo covers federal issues related to 9/11 health effects and compensation matters, including current federally funded monitoring and treatment programs for responders, Congressional actions, cost estimates, federal funding history, the September 11 Victim Compensation Fund, and the WTC Captive Insurance Company.

Almost 7 years after 9/11/01, Reps. Maloney and Nadler, along with the rest of the New York Delegation continue to advocate for medical monitoring for everyone who was exposed to the Ground Zero toxins, medical treatment for anyone who is sick as a direct result, and economic compensation for their losses. Comprehensive legislation to achieve this goal, H.R. 6594, the 9/11 Health and Compensation Act, was introduced by Reps. Maloney, Nadler, Fossella, and Peter King in July 2008.

Visit Congresswoman Maloney's website to access full text and summaries of H.R. 6594, the 9/11 Health and Compensation Act:

[http://maloney.house.gov/index.php?option=com\\_issues&task=view\\_issue\\_leg&issue=22&Itemid=35](http://maloney.house.gov/index.php?option=com_issues&task=view_issue_leg&issue=22&Itemid=35)

H.R. 3543, is strongly supported by:

- the AFL-CIO
- American Federation of State, County, and Municipal Employees (AFSCME)
- Community Board One
- City of New York Council of School Supervisors and Administrators of New York City
- District Council 37 of AFSCME
- International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers
- Laborers' International Union of North America (LIUNA)
- Mayor Michael Bloomberg of the City of New York
- Sergeants Benevolent Association of New York City
- Uniformed EMT's and Paramedic's of the New York City Fire Department
- World Trade Center Rescuers Foundation
- The entire bipartisan New York Congressional Delegation.

The recently introduced H.R.6594 is intended to better suit the needs of those made sick by the toxins of the WTC attacks and it is expected that these organizations will soon issue their support for the updated bill.

### **III. 9/11 Health Issues**

#### **A. Current Federally Funded Medical Monitoring and Treatment Programs**

Presently, there are two major federally funded National Institute for Occupational Safety and Health (NIOSH)-administered programs that provide medical monitoring and treatment to first-responders and others who participated in the WTC rescue, recovery and clean-up operations: The New York City Fire Department Bureau of Health Services World Trade Center Medical Monitoring and Treatment Program ("FDNY Monitoring and Treatment Program") and The World Trade Center Medical Monitoring and Treatment Program led by Mt. Sinai ("The Consortium").

According to planning documents from the Department of Health and Human Services, every month another 500-1,000 responders sign up for health monitoring, and many of those new registrants require treatment. As of December 31, 2007, 50,300 responders were enrolled in the WTC Medical Monitoring and Treatment Program, and more than 39,500 had an initial medical screening examination. 9,744 people are being treated for a combination of 9/11-health related illnesses such as asthma, interstitial lung disease, chronic cough, and gastroesophageal reflux disease ("GERD"), and more than 5,674 had been treated for mental health conditions, often for conditions like Post Traumatic Stress Disorder (PTSD). In general, the number of ailing 9/11 rescue and recovery workers is increasing, workers' illnesses are becoming more severe, the projected cost of treating these illnesses is surging. At the same time, current federal treatment funding levels are quickly depleting and HHS' recent cancellation of a mechanism that would coordinate the first national program to medically monitor and treat all those who were exposed to the toxins of 9/11 has threatened the continuation of these and other vital programs.

See HHS's planning document here:

[http://maloney.house.gov/documents/911recovery/20070615\\_WTC\\_Medical\\_Monitoringand Treatment\\_Program.pdf](http://maloney.house.gov/documents/911recovery/20070615_WTC_Medical_Monitoringand_Treatment_Program.pdf)

##### *i. The FDNY Monitoring and Treatment Program*

The FDNY Monitoring and Treatment Program monitors and treats firefighters, emergency medical technicians, paramedics, officers and FDNY retirees who responded to the WTC disaster and participated in rescue, recovery and clean-up operations. As of December 31, 2007, FDNY has conducted over 32,000 screenings, including 14,620 initial examinations and 17,569 follow-up examinations. Overall at least 16,200 individuals are active participants, and since this number accounts for about 94% of all eligible firefighters, the population is not expected to grow substantially. Because FDNY requires all members to undergo pre-employment medical evaluations and regularly scheduled annual visits, the program is a source of crucial pre-exposure baseline data to help develop a more complete understanding of the long-term health effects in responders. The program is supported by federal grants from National Institute for Occupational Safety and Health (NIOSH).

See <http://www.nyc.gov/html/fdny/html/units/bhs/wtcmm/index.shtml> and “World Trade Center Health Impacts on FDNY Responders: A Six Year Assessment September 2001-September 2007”: [http://www.nyc.gov/html/fdny/html/publications/wtc\\_assessments/2007/wtc\\_2007.shtml](http://www.nyc.gov/html/fdny/html/publications/wtc_assessments/2007/wtc_2007.shtml)

*ii. The WTC Medical Monitoring and Treatment Program at Mt. Sinai (“The Consortium”)*

The WTC Medical Monitoring and Treatment Program at Mt. Sinai Hospital is a consortium of five NYC-area clinical centers that provides standardized medical monitoring, referral, and treatment for workers and volunteers who provided rescue, recovery, demolition, debris removal and related support services in the aftermath of the attacks on the World Trade Center. Participating clinical centers are at Mt. Sinai, Queens College, SUNY Stony Brook, University of Medicine and Dentistry of New Jersey (UMDNJ), and Bellevue Hospital. As of December 31 2007, these clinics have conducted 22,748 initial examinations and 11,315 follow up examinations. These numbers however are expected to rise significantly as potential participants experience new or worsened health problems that may be related to 9/11, and as outreach efforts and press reports inform individuals of their eligibility. The Consortium is also currently supported by grants from NIOSH, as well as quickly dwindling American Red Cross funding.

See <http://www.wtcexams.org/> and <http://www.wtcexams.org/programinformation.html> for more information.

It is important to note that the FDNY Program and the Consortium use comparable data collection standards and treatment guidelines, allowing for comparison and data aggregation for research purposes.

*iii. WTC Community Medical Monitoring and Treatment Program*

In September 2006, the City of New York established the WTC Environmental Health Center at Bellevue Hospital to provide comprehensive physical and mental health treatment to all individuals with suspected WTC-related health problems. The program absorbed a pre-existing WTC-related program that was started in 2005 with a grant from the American Red Cross. In September 2007, the Center was expanded to two additional locations at Gouverneur Healthcare Services in Lower Manhattan and Elmhurst Hospital Center in Queens.

In 2007, the New York delegation successfully worked to secure \$158 million – including \$50 million in emergency funding- for FY2008 for 9/11 health care programs. \$108 million was made available to all exposed populations – including residents, area workers, students, and others who had previously been receiving care in programs funded solely by the City of New York. On July 24, 2008 HHS announced that they will finally release the funding designated to expand care to community members and have issued a request for proposals to provide medical monitoring and treatment to populations that have not yet received any federal funding.

*iv. WTC Federal Responder Medical Program*

Federal workers have explicitly been barred from obtaining services from the Consortium. Instead, the approximately 10,000 federal workers who were at Ground Zero have been eligible for a federally funded, HHS-administered WTC Responder Screening Program which provides a one-time screen, but not medical monitoring or treatment. The GAO has testified at hearings in the National Security Subcommittee of the House Oversight and Government Reform Committee about the WTC Federal Responder Medical Program, stating that it has “accomplished little” and lags behind other federally funded monitoring and treatment programs. Most recently, GAO has reported that HHS has not ensured the uninterrupted availability of screening services and is not designed to provide monitoring for federal worker 9/11 responders.

In the near future, however, federal workers and retirees will be allowed to participate in the new national program

Read a summary of the GAO report and access the full text here:

[http://maloney.house.gov/documents/911recovery/20070724\\_SummaryofGAOReport.pdf](http://maloney.house.gov/documents/911recovery/20070724_SummaryofGAOReport.pdf)

#### *v. National Program*

The thousands of people who came from *every state in the nation* and are from outside the NYC metropolitan area to assist with the rescue and recovery efforts of the WTC attacks are another cohort lacking a federally-funded program to coordinate medical treatment and monitoring needs. Three initial attempts to establish a national program have failed.

Notably, in October 2007, HHS issued Requests for Contracts to establish a World Trade Center Processing Center which would serve as the first national program to coordinate the medical treatment and monitoring as well as pharmaceutical needs for first responders from outside the NYC metropolitan area. However, in December 2007, right before the deadline for proposals, HHS halted the program citing insufficient funds and “bidder confusion.” Yet within days, Congress appropriated \$108 million dollars (in addition to \$50 million allocated earlier in the year) to 9/11 health care and one potential bidder has publicly stated that not only were they not confused, but they were ready and willing to submit a bid.

The Requests for Contracts was especially important as the two programs that were serving exposed populations outside of the New York metropolitan area—the Association of Occupation and Environmental Clinics (AOEC) 9/11 program and the Mt. Sinai School of Medicine contract program with QTC Management—were expected to run out of money in May 2008 and June 2008 respectively.

On January 22, 2008, the House Oversight Subcommittee on Government Management, Organization, and Procurement of the Oversight and Government Reform Committee held a field hearing in lower Manhattan to investigate the cancellation of the call for proposals for the national program. Neither Secretary of HHS Leavitt nor a representative from HHS attended the hearing despite requests from subcommittee chairman Edolphus Towns to testify.

On April 4, 2008, the Centers for Disease Control and Prevention issued a Request for Proposals to replace the AOEC and QTC Management programs with a new program aiming to serve the

estimated total 5,000 to 10,000 of WTC responders who live outside the metropolitan New York City area. Logistics Health, which is headed by Tommy Thompson, former HHS Secretary under the Bush Administration, was awarded the contract in June 2008.

*vi. World Trade Center Health Registry*

In 2003, the New York City Department of Health and Mental Hygiene created the WTC Health Registry with funding from the Centers for Disease Control and Prevention's Agency for Toxic Substances and Disease Registry - a division of HHS. The WTC Health Registry gathers information about the physical and mental health status of registrants who were exposed to environmental contaminants for up to 20 years through regular health surveys and detailed studies. Enrollees answered an initial 30-minute telephone survey about where they were on September 11, 2001, and they were asked to report the status of their health. This information allows health professionals to compare the health of enrollees with the health of the general population. There is no medical monitoring or treatment provided by the Registry.

Of the estimated 410,000 individuals who met the Registry's exposure criteria, more than 71,000 of people have enrolled.

Read more on the WTC Health Registry: <http://www.nyc.gov/html/doh/html/wtc/index.html>

*vii. Other Programs*

There are two federally funded programs that provide mental health services to police officers: Project COPE and POPPA (Police Organizations Providing Peer Assistance). These programs are significantly smaller in size and scope than the programs mentioned above.

*viii. Coordination (Department of Health and Human Services)*

In February 2006, Dr. John Howard, Director of the National Institute for Occupational Health of the Centers for Disease Control and Prevention subdivision of the Department of Health and Human Services was appointed to serve as the federal government's coordinator to oversee the response to Ground Zero health impacts. In September 2006, Secretary Leavitt announced the creation of a new high-level task force to advise on federal policies and funding issues related to responder WTC-associated health conditions based on scientific data and other relevant information. The WTC Task Force was chaired by Assistant Secretary of Health Dr. John Agwunobi. Dr. John Howard served as the lead scientific advisor on the task force and coordinated federal, state, local and private partners in their implementation of monitoring and treatment. The taskforce briefed Secretary Leavitt on their internal recommendations on April 3, 2007, which have yet to be made public.

Moreover, the leadership of the WTC Task Force has been shaken up in the past two years. First, on August 7, 2007, Dr. Agwunobi announced his resignation as Assistant Secretary of Health, effective September 4, 2007. He joined Wal-Mart as Senior Vice President and President for the Professional Services Division. To date, Secretary Leavitt has not appointed a

new Task Force chair. Additionally, on July 3, 2008 the Administration informed Dr. Howard that he would not be reappointed to a second term as Director of NIOSH. This comes despite universal praise regarding Dr. Howard's service protecting American workers and accolades for his outstanding work on behalf of the heroes of 9/11 in his capacity as 9/11 Health Coordinator. To date, HHS Secretary Michael Leavitt and CDC Director Julie Gerberding have not provided a reason for their decision to terminate Dr. Howard.

HHS maintains a website with World Trade Center Health Resources, <http://hhs.gov/wtc/>, including a section with Scientific Reports published about health effects of 9/11, <http://hhs.gov/wtc/reports/>.

## **B. Congressional Actions other than Appropriations**

### *i. Hearings*

Prior to September 2007, the House of Representatives had held six hearings on the issue, each in subcommittees of the Oversight and Government Reform Committee. The Senate Health, Education, Labor and Pensions Committee has held one hearing on the issue. GAO has testified at four of the House hearings and has recently released a fifth report. See all five GAO Reports on 9/11 Health (including abstracts):

[http://maloney.house.gov/index.php?option=com\\_content&task=view&id=1405](http://maloney.house.gov/index.php?option=com_content&task=view&id=1405)

In 2007, five hearings were held in five separate committees:

- 1) House Judiciary Subcommittee on the Constitution, Civil Rights and Civil Liberties (6/25) "Substantive Due Process Violations Arising From the Environmental Protection Agency's Handling of Air Quality Issues Following the Terrorist Attacks of September 11, 2001"
- 2) House Oversight and Government Reform Subcommittee on Government Management, Organization and Procurement (9/10) "9/11 Health Effects: The Screening and Monitoring of First Responders"
- 3) House Energy and Commerce Subcommittee on Health (9/11, 10:00am) "Answering the Call: Medical Monitoring and Treatment of 9/11 Health Effects"
- 4) House Committee on Education and Labor (9/12) "9/11 Hearing on Why Workers Weren't Protected"
- 5) House Committee on Homeland Security (9/14) "Protecting the Protectors: Ensuring the Health and Safety of our First Responders in the Wake of Catastrophic Disasters"

Four hearings have been held in 2008:

- 1) House Oversight and Government Reform Subcommittee on Government Management, Organization and Procurement (01/22) "9/11 Health: Why Did HHS Cancel Contracts to Manage Responder Health Care?"

- 2) House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Hearing (03/12) "World Trade Center 9/11 Health Monitoring and Treatment Program"
- 3) House Judiciary Subcommittees on the Constitution and Immigration Joint Hearing (4/1) "Paying with their Lives: The Status of Compensation for 9/11 Health Effects"
- 4) House Energy and Commerce Subcommittee on Health (7/31) "H.R. 6954, James Zadroga 9/11 Health and Compensation Act"

More information on all of the federal hearings, including testimony, are available in Appendix B of this document as well as on Rep. Maloney's website:

[http://maloney.house.gov/index.php?option=com\\_content&task=view&id=1189](http://maloney.house.gov/index.php?option=com_content&task=view&id=1189)

### *ii. Federal Legislation*

On July 24, 2008, Reps. Carolyn Maloney, Jerrold Nadler, Vito Fossella, Peter King, Charles Rangel, Eliot Engel, Edolphus Towns, and Anthony Weiner introduced new legislation in the House, the *9/11 Health and Compensation Act* (H.R. 6594) which is strongly supported by the AFL-CIO, the Laborers International Union of North America (LIUNA), the Mayor of the City of New York, the Governor of the State of New York, and others.

This bill replaced H.R. 3543, the James Zadroga 9/11 Health and Compensation Act which was introduced by Reps. Maloney, Nadler, and Fossella on September 17, 2007. After conferring with Speaker Pelosi and the leadership of both committees of jurisdiction, the New York lawmakers decided that changes were needed to sharpen the scope of the proposal and make it more likely that the House could consider the bill by the 7th anniversary of 9/11.

In general, the new legislation will:

- Establish a permanent program to provide medical monitoring/screening to eligible responders and community members who were exposed to WTC toxins, and medical treatment to those who are sick with WTC-related health conditions.
- Build upon the expertise of the Centers of Excellence, which are currently providing high-quality care to thousands of responders and ensuring ongoing data collection and analysis to evaluate health risks.
- Expand care to eligible members of the community who were exposed to World Trade Center toxins, who were included in federally funded monitoring and treatment programs for FY 08.
- Provide compensation for economic damages and loss by reopening the 9/11 Victim Compensation Fund.
- Provide Indemnity to Construction Contractors and the City of New York for pending and future claims and liability related to rescue and recovery efforts in response to the WTC attacks.

As drafted, funding for the bill will not be subject to yearly Congressional appropriations battles, but rather will be mandatory spending.

Read a more detailed summary of the bill as prepared by the Congressional Research Service:  
<http://maloney.house.gov/documents/911recovery/200710CRSSectionbySectionSummaryofHR3543.pdf>

For a summary of the new legislation with changes from original bill:  
<http://maloney.house.gov/documents/911recovery/20080724summaryof911HealthandCompensationActasrevised.pdf>

See bill status and current cosponsors:  
<http://thomas.loc.gov/cgi-bin/bdquery/z?d110:h.r.6594>:

On January 8, 2007, Sen. Clinton along with Sens. Schumer, Menendez, Lautenberg and Kennedy introduced S. 201, the *9/11 Heroes Health Improvement Act of 2007*, which would authorize \$1.9 billion for all populations whose health was affected by 9/11. On April 16, 2007, Senator Menendez also introduced S.1119, James Zadroga Act of 2007 which models the Victims Compensation Act component of the Maloney-Nadler-Fossella-King 9/11 Health and Compensation Act.

### **C. Cost Estimates**

It is difficult to estimate with certainty the long-term costs for health issues/care related to exposure to the toxins of 9/11. Since the current treatment program started only in late fall 2006, and was not yet at full participation, we continue to get better cost data. In addition, experts do not know enough about who may eventually need treatment and for what conditions. Of particular concern is the unknown cost of treating any late-emerging conditions like cancers.

To date, the best cost estimate we have available is a FY2008 Cost Estimates for the World Trade Center (WTC) Responder Medical Monitoring and Treatment Program dated October 15, 2007. See chart below.

Data for the estimate was provided by the Grantees (health providers) based on experience to that date. NIOSH found that the *current* programs cost about \$218 million annually. An earlier estimate dated June 15, 2007 also noted that it is *probable* that costs will increase to \$428 million in the next two years. In addition, that estimate said it was *possible* that costs could rise to as much as \$712 million per year in the next two years. The June 15 estimate can also be found on p.33 of NIOSH's internal planning document: [http://maloney.house.gov/documents/911recovery/20070615\\_WTC\\_Medical\\_Monitoring\\_and\\_Treatment\\_Program.pdf](http://maloney.house.gov/documents/911recovery/20070615_WTC_Medical_Monitoring_and_Treatment_Program.pdf). Also see coverage in *New York Times* (July 18, 2007, "Big Cost Increase Is Predicted to Treat Ground Zero Workers").

The Congressional Budget Office is currently working on a cost estimate for H.R. 6594, 9/11 Health and Compensation Act.

*i. FY2008 Cost Estimates for the World Trade Center (WTC) Responder Medical Monitoring and Treatment Program (October 15, 2007)*

The funding estimates outlined in this document and the attached tables are based on the most recent cost estimates from the WTC medical monitoring and treatment program including the current average treatment costs from the Centers of Excellence. The total estimated program cost for FY2008 is \$218,452,831. These cost estimates reflect the current experience and may change in the future depending on the number of patients being treated, the types of treatment required, and other factors.

Table 1 summarizes the status of FDNY Monitoring and Treatment Program, WTC Medical Monitoring and Treatment Program at Mt. Sinai (“Consortium”), and the cohort of responders who live outside the New York metropolitan area. With the exception of the FDNY program which accounted for most of its enrollees during rescue, recovery, and clean-up work, the number of new enrollees continues to increase as people who originally showed no signs of illness start to become sick and as awareness of the programs spread. The Consortium is the largest medical and monitoring program with 30,000 first responders seeking assistance.

The medical monitoring program has been in place for four years. The monitoring cost estimates (Table 2) are based upon data from the last reporting quarter (April through June 2007). The cost for each monitoring exam reflects the estimated average cost (\$1100) per exam over the entire network and includes administrative costs associated with the monitoring program. The overall cost estimate is based on the number of people currently registered in the program plus the expected increase in new registrations over the next year (500 per month based on average new registrations over the last several months). The estimate also assumes a higher rate of examinations for the fire fighters (90%) than for those being monitored at the other centers (who will only gradually be phased into an annual examination schedule). This results in an estimate of \$37,457,310 for the monitoring program for FY 2008.

The federally funded WTC health treatment program has only been in operation for about a year. The cost estimate for the treatment program (Table 2) is more complicated and is mainly based on the latest treatment cost data from April through June of this year. Based on actual cost data from that quarter, the average treatment cost for each patient in the program is \$8400 for one year. The cost estimate for FY2008 takes into account the rapid growth of the treatment program based on the experience in the last several months. It estimates that there will be 18,533 people in the treatment program at the midpoint of FY 2008. Taking into account the overlap in enrollment between the physical health and mental health treatment programs (approximately 12%) and the estimated annual treatment cost per patient, this leads to an estimate of \$138,995,521 for outpatient treatment costs and an additional \$10,000,000 for hospitalization costs (based on expected complications of current health conditions).

Table 3 outlines overall program cost estimates for FY 2008, including, in addition to monitoring and treatment costs, the estimated costs for claims processing (for a new third party administrator), data management, administration, and other general costs. These sum to a total cost estimate for FY2008 of \$218,452,831. The program currently has \$59,442,807 in monitoring and treatment program funding that has not been expended and can be carried over to FY 2008 (Table 4). In addition, there has been \$50,000,000 appropriated in the FY2007 Supplemental Appropriations. This leaves a projected shortfall of \$109,010,024 for FY 2008.

The pending House FY 2008 Labor-HHS funding measure has proposed \$50 million for this program, which if enacted will leave \$59 million in unfunded program costs.

**Table 1. Numbers of Responders**

<b>Cohort</b>	<b>Enrolled</b>	<b>Initial Exams</b>	<b>Follow-Up Exams</b>	<b>Physical Health Tx</b>	<b>Mental Health Tx</b>
FDNY	16,000	14,429	14,774	2,064	2,550
Mt Sinai Consortium	30,000	21,110	9,101	5,812	2,463
Outside NYC - Non-Federal	1,400	700	175	*70	*70
Outside NYC - Federal	1,600	1,331	0	?	?
<b>TOTAL</b>	<b>49,000</b>	<b>37,570</b>	<b>24,050</b>	<b>7,946</b>	<b>5,083</b>
				* Estimate	* Estimate

**Table 2. Funding for the Current Monitoring and Treatment Program**

Source of Funds	Allocations of Funds	Obligations to Date	Commitments for FY2008	Remaining Funds for Program Requirements
Monitoring (2004, total \$)	\$90,000,000	\$74,499,042	\$11,029,369	\$4,471,589
Centers (Clinic & Data)	\$82,540,000	\$70,885,866	\$11,029,369	\$624,765
CDC Indirect Costs (5%)	\$4,285,714	\$2,716,343	\$0	\$1,569,371
NIOSH Program Direction	\$3,174,286	\$896,833	\$0	\$2,277,453
Treatment (2006, total \$)	\$75,000,000	\$56,827,179	\$1,500,000	\$16,672,821
Centers (Clinic & Data)	\$58,200,000	\$44,411,327	\$0	\$13,788,673
EAPs for Mental Health *	\$4,500,000	\$3,000,000	\$1,500,000	\$0
ATSDR	\$9,000,000	\$9,000,000	\$0	\$0
NIOSH Program Direction	\$3,300,000	\$415,852	\$0	\$2,884,148
Iraq Supplement (2007)	\$50,000,000			\$50,000,000
<b>TOTAL</b>	<b>\$215,000,000</b>	<b>\$131,326,221</b>	<b>\$12,529,369</b>	<b>\$71,144,410</b>

\* Employee Assistance Programs through New York Police Organizations

**Table 3: WTC Responder Health Program Funding Needs for FY2008**

Amount	Item
\$37,457,310	Estimated Costs for Monitoring
\$148,995,521	Estimated Costs for Treatment
\$186,452,831	Subtotal – Direct Patient Services
\$3,000,000	a Health Care Claims Processing
\$2,000,000	a Member Services
\$1,000,000	a Health Care Network Coordination
\$10,000,000	b Coordinating Centers of Excellence for Data Management, Analysis
\$3,500,000	c Clinical Centers of Excellence
\$6,500,000	d Coordinating Clinical Center of Excellence
\$6,000,000	e Federal Program Direction & Coordination
\$32,000,000	Subtotal - Other Program Components
\$218,452,831	Total

## D. Federal Funding

To date, funding for the responder's health needs has come in five waves. An initial \$12 million for screening started the program in FY02, followed by \$90 million for monitoring which was appropriated in FY04. A FY06 \$75 million appropriation included the first money made available for treatment. \$50 million was included in an FY07 supplemental spending measure and federal FY2008 September 11, 2001 health funding totaled \$158 million including \$50 million allocated in the Emergency Supplemental Appropriations Bill and \$108 million designated in the Consolidated Appropriations Act (Omnibus bill).

Most recently, on July 19<sup>th</sup>, 2008 the subcommittee of jurisdiction reported out the Labor-HHS-ED Appropriations Bill for Fiscal Year 2009 which included a provision containing \$108 million in federal funding to provide health care to first responders, local residents, area workers, students, and others who were exposed to environmental hazards of the WTC attacks. The Senate Appropriations committee also reported out their Labor-HHS-ED appropriations bill which includes \$51,583,000 for 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 a result of the Committee's concern that residents, students, and other non-responders may not be receiving the treatment provided for in previous appropriations, the bill also directs the Secretary of HHS to provide a report to the Committee detailing the activities and services provided to non-responders within 90 days of the date of enactment of the proposed bill.

A timeline for funding issues follows:

September 18, 2001	Public Law (P.L.) 107-38 provides for a \$20 billion appropriation for 9/11 disaster relief
January 12, 2002	P.L. 107-117 provides a \$12 million allocation (as part of the \$20 billion appropriation) to the Centers for Disease Control for "disease control, research and training for baseline screening for the emergency service personnel and rescue and recovery personnel."
February 20, 2003	P.L. 108-7 provides \$90 million to "administer baseline and follow-up screening and clinical examinations and long-term health monitoring and analysis for emergency service personnel and rescue and recovery personnel." Of the \$90 million, no less than \$25 million was required to be made for current and retired firefighters.
February 7, 2005	President Bush's FY2006 Budget proposes a rescission of \$125 million in 9/11 funding originally directed at providing workers' compensation benefits as a result of 9/11.

December 30, 2005	P.L. Law 109-148 restored the \$125 million rescission and appropriated \$50 million to pay for workers compensation claims and \$75 million for continued monitoring and, for the first time, federally-funded treatment.
February 5, 2007	President Bush's FY2008 Budget proposed \$25 million for "expenses to provide screening and treatment for first response emergency services personnel related to the September 11, 2001, terrorist attacks on the World Trade Center"
May 24-25, 2007	The House and Senate passed the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, which included \$50 million to remain available until expended for health monitoring and treatment of rescue and recovery workers. The President signed the bill into Law.
July 20, 2007	The House passed the FY 2008 Departments of Labor, Health and Human Services and Education appropriations bill, which included \$50 million for federally-funded 9/11 health clinics. The House bill also included strong language requiring the Secretary of HHS to create a comprehensive, long-term plan to monitor and treat all exposed to Ground Zero toxins, including residents, area workers, students, and others . The plan must also address compensation and liability issues.
October 23, 2007	The Senate passed their LHHS appropriations bill with \$55 million and language explaining that residents, area workers, students and others were also to be eligible. The President threatened to veto the bill.
November 2, 2007	The Joint House and Senate Conference Committee approved \$52.5 million in the LHHS appropriations bill for federally funded medical monitoring and treatment for all those exposed to the toxins of September 11.
November 13, 2007	President Bush vetoed the LHHS appropriations bill including the \$52.5 million designated to health clinics for first responders, residents, students, and area workers exposed to the toxins of Ground Zero
November 15, 2007	The House failed to override the President's veto of the LHHS appropriations bill by a vote of 277 to 144.
December 17 -19, 2007	The House and Senate passed P.L. 110-161, Consolidated Appropriations Act for FY2008 (Omnibus bill) which included \$108 million to address the health needs of those exposed to the

environmental hazards of September 11, 2001. \$56.6 million of the sum was issued as emergency spending while \$51.5 million was provided under the Labor, Health and Human Services Appropriations Bill covered in the Omnibus package. Bringing total federal FY2008 September 11, 2001 health funding to \$158 million including \$50 million allocated in the Emergency Supplemental Appropriations Bill, President Bush signed the Consolidated Appropriations Act for FY2008 into law.

February 1, 2008

President Bush's FY2008 Budget proposed \$25 million for September 11 health programs cutting federal funding 77 % from FY2008. The National Institute for Occupational Safety and Health (NIOSH) estimated that the existing programs would need more than \$200 million to cover their operating costs for 2009.

June 19, 2008

The House Labor-HHS-ED Appropriations Subcommittee marked up its draft bill and approved it for consideration by the full committee including \$108 million in federal funding to provide health care to first responders, local residents, area workers, students, and others who were exposed to environmental hazards released as a result of the 9/11 attacks.

June 26, 2008

The Senate Appropriations committee reported out their Labor – HHS- ED appropriations bill which includes \$51,583,000 for 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 a result of the Committee's concern that residents, students, and other non-responders may not be receiving the treatment provided for in previous appropriations, it also directs the Secretary of HHS to provide a report to the Committee detailing the activities and services provided to non-responders within 90 days of the date of enactment of the proposed bill.

## **IV. 9/11 Compensation Issues**

### **A. September 11 Victim Compensation Fund (VCF)**

In the immediate aftermath of the September 11<sup>th</sup> terrorist attacks, Congress created the Victims Compensation Fund (VCF), a federal program to compensate victims of the September 11 attacks. The statute was introduced on September 21, 2001, as title IV of H.R. 2926, in the 107<sup>th</sup> Congress. The bill passed the House and Senate the same day, was signed by the President on September 22, 2001, and became Public Law 107-42. The fund provided aid to the families of 9/11 victims and to individuals who suffered personal injury. In return for accepting these funds, recipients relinquished rights to any future litigation. Specifically, a victim or (if he is deceased, his “personal representative”) may seek no-fault compensation from the program or may bring a tort action against an airline or any other party, but may not do both. The fund had a deadline for applicants of December 22, 2003.

At the deadline, close to 100% of the families who lost a loved one had filed with the fund, but many individuals who were injured as a direct result of 9/11 had not. After the filing, many of the injured were denied benefits, despite a clear need.

The main reasons for not filing applications included people who did not know they were eligible as well as others who were to become sick later. As discussed above, there are potentially thousands of individuals who are now just developing career-ending injuries – such as pulmonary and respiratory ailments – but are not eligible to receive assistance because they developed their symptoms after the deadline.

While there was some leeway, the rules required workers to have arrived at Ground Zero within 96 hours of the attack and would have needed to seek medical treatment within 72 hours. This is reasonable for rescue workers who suffered immediate injuries, but leaves no recourse for individuals with late-onset injuries or who arrived after September 15, 2001 to assist in the recovery effort and are now suffering from injuries. As noted above, new legislation would reopen the VCF to provide fair compensation for those people in need.

On April 1, 2008, the House Judiciary Subcommittees on the Constitution and Immigration held a joint hearing on the VCF entitled, “Paying with their Lives: The Status of Compensation for 9/11 Health Effects.”

Read hearing materials via the Judiciary Committee website:  
<http://judiciary.house.gov/oversight.aspx?ID=428>

Read volume 1 of the “Final Report of the Special Master of the Victims Compensation Fund of 2001”: [http://www.usdoj.gov/final\\_report.pdf](http://www.usdoj.gov/final_report.pdf)

Read volume 2 of the “Final Report of the Special Master of the Victims Compensation Fund of 2001”: [http://www.usdoj.gov/final\\_report\\_vol2.pdf](http://www.usdoj.gov/final_report_vol2.pdf)

## **B. Liability and the WTC Captive Insurance Company, Inc.**

The majority of rescue, recovery and clean up workers who labored in debris removal activities at the site of the World Trade Center did so under the direction of the City of New York and its contractors, who controlled all work at the site. It quickly became apparent at early stages of the debris removal efforts that no private insurer would take on the risks associated with the site.

In response, Congress passed legislation that would lead to the creation of the WTC Captive Insurance Company, Inc. Public Law 108-7 (117 Stat. 517) directed the Federal Emergency Management Agency (FEMA) "to provide, from funds appropriated to [it] for disaster relief for the terrorist attacks of September 11, 2001, in Public Law 107-117, up to \$1,000,000,000 to establish a captive insurance company or other appropriate insurance mechanism for claims arising from debris removal, which may include claims made by city employees." After the New York Legislature passed enabling legislation and the Insurance Department amended New York insurance law in 2003, the WTC Captive was formed by the City of New York and incorporated under Section 402 of the Not for Profit Corporation Law. Subsequently, on December 3, 2004, the WTC Captive was funded by FEMA and licensed by the New York State Insurance Department.

Since its formation, the WTC Captive has paid out many millions of dollars to defense attorneys fighting the Ground Zero workers in court, but has not paid a single claim by a worker made ill by his or her exposures to toxic substances at the WTC site. Media coverage and financial documents indicate that the WTC Captive has spent nearly \$75 million in salaries and benefits to those associated with the Captive, as well as overhead and fees to private law firms. Members of the New York Delegation, and Chairman Leahy and Ranking Member Specter of the Senate Judiciary Committee have raised concerns about these questionable uses of taxpayers' money when claims are not being paid. It has been alleged that the Captive is fighting each and every claim by each injured worker, regardless of its merit, refusing even to accept and analyze medical records and claim documents to properly value such claims.

Three sick 9/11 workers are suing the WTC Captive, alleging that the WTC Captive violated a congressional mandate to pay their injury claims and instead spent millions of dollars fighting those claims. The three workers—NYPD detective John Walcott, who has leukemia; another detective, Frank Maisano, who has lung disease; and Mary Bishop, a volunteer who has sarcoidosis and cancer—are also part of class action lawsuits of as many as 10,000 plaintiffs who are suing the City of New York and the contractors who oversaw the work at Ground Zero, among others. The lawyer representing these sick workers is David E. Worby. Reps. Nadler, Maloney, Hinchey, Ackerman and Clarke submitted an amicus brief to the Second Circuit Court of Appeals in re: World Trade Center Disaster Site Litigation expressing that Congress provided the billion dollar allocation of funds expressly because the City of New York faced liability for Ground Zero workers' injuries and stating their intent for the monies allocated and their concern about the WTC Captive's waste of those funds.

A variety of federal, state, and city officials are looking into various issues surrounding the Captive. One proposal that has been put forward would liquidate or partially liquidate the WTC Captive Insurance Company to pay for reopening the Victim Compensation Fund. At the same time the fund would be re-opened, Congress would eliminate the liability of the City and its contractors for claims arising out of the clean-up at the World Trade Center, by providing indemnity. Many questions remain about this approach, including whether or not such a new reopened VCF would be mandatory or voluntary, as it was originally created.

## **V. Appendix**

### **A. Summary of H.R. 6594, the Updated 9/11 Health and Compensation Act and comparison to H.R. 3543**

The 9/11 Health and Compensation Act (H.R. 6594) would establish a permanent program to provide medical monitoring/screening to eligible responders and community members (area workers, residents, and students) who were exposed to World Trade Center (WTC) toxins, and medical treatment to those who are sick with World Trade Center-related health conditions. The program would be delivered primarily through Centers of Excellence, building on their expertise with World Trade Center-related health conditions and ensuring ongoing data collection and analysis to evaluate health risks. The legislation would include eligible members of the community who were exposed to World Trade Center toxins, who were included in federally funded monitoring and treatment programs for FY 08.

The bill would also reopen the 9/11 Victim Compensation Fund (VCF) to provide compensation for economic losses and harm as an alternative to the current litigation system.

#### **The major changes from H.R. 3543 to H.R. 6594 are as follows:**

- A reduced geographic area and smaller potential population covered by the bill (i.e. to those who worked at the WTC site or who lived or worked in lower Manhattan, south of Houston Street or in Brooklyn within a 1.5 mile radius of the WTC site, for certain defined time periods).
- A higher standard of causation or association for determining that a health condition is World Trade Center-related.
- Increased specificity and uniformity in the process for assessing and determining whether a condition is related to World Trade Center exposures.
- Specifying in the legislation the conditions that have been identified as World Trade Center-related for residents and the community members.
- Setting a cap on the program participation at 35,000 additional responders and 35,000 additional community members.
- Establishing a capped contingency fund to pay the cost of WTC-related health claims that may arise in individuals who fall outside the more limited definition of the eligible population included in the revised bill.
- Requiring that applicable health insurance be the first payor for World Trade Center conditions that are not work-related, (in addition to the original requirement that any workers' compensation awards be offset or recouped) and providing assistance for filing for workers' compensation and other benefits to help offset program costs.
- Setting reimbursement rates for medical treatment costs based upon Medicare fee schedules.
- Requiring a 5 percent cost share by the City of New York for medical monitoring/screening and treatment costs for WTC-related conditions provided through Clinical Center of Excellence within the New York City Health and Hospitals Corporation.

- Eliminating claims for mental health only conditions under the VCF, as was the case with the original fund.
- Providing federal government indemnification for construction contractors and the City of New York for pending and future claims and liability related to the rescue and recovery efforts in response to the September 11, 2001 World Trade Center attacks. The indemnification for the City of New York would not apply unless the WTC Captive Insurance Company is dissolved and remaining funds returned to the United States Treasury.
- Providing for the federal government to seek recovery from any existing insurance coverage for any indemnity payments that are made.

**Specifically, the 9/11 Health and Compensation Act (H.R. 6594) would do the following:**

**Establish the World Trade Center Health Program**, within the National Institute for Occupational Safety and Health (NIOSH), to provide medical monitoring and treatment for WTC-related conditions to WTC responders and community members. The program will be administered by the Director of NIOSH or his designee. The bill would also establish the WTC Health Program Scientific/Technical Advisory Committee to review and make recommendations on scientific matters and the World Trade Center Health Program Steering Committees to facilitate the coordination of the medical monitoring and treatment programs for responders and the community.

The WTC Program Administrator is required to develop and implement a program to ensure the quality of medical monitoring and treatment and a program to detect fraud; to submit an annual report to Congress on the operation of the program; and to provide notification to the Congress if program participation has reached 80 percent of the program caps.

**Establish a medical monitoring and treatment program for WTC responders and a medical monitoring/screening and treatment program for the community** to be delivered through Clinical Centers of Excellence and coordinated by Coordinating Centers of Excellence. The bill identifies the Centers of Excellence with which the program administrator enters into contracts, and provides for additional clinical centers and providers to be added. The specified Clinical Centers of Excellence, which provide monitoring and treatment, are FDNY, all members of the Mt. Sinai coordinated consortium (currently Mt. Sinai, Queens College, Bellevue, SUNY Stony Brook, University of Medicine and Dentistry of New Jersey), the WTC Environmental Health Center at Bellevue Hospital, and other facilities identified by the program administrator in the future. All of these clinical centers participate in the responder program, and the Bellevue Hospital participates in the community program.

The Coordinating Centers of Excellence collect and analyze uniform data, coordinate outreach, develop the medical monitoring and treatment protocols, and oversee the steering committees for the responder and community health programs. The coordinating centers designated in the bill are FDNY and Mt. Sinai, which help coordinate the responder program, and the WTC Environmental Health Center at Bellevue Hospital which helps to coordinate the community program.

**Provide Monitoring and Treatment for WTC Responders in the NY area:** If a responder is determined to be eligible for monitoring based on the monitoring eligibility criteria provided for in the bill, then that responder has a right to medical monitoring that is paid for by the program. Once a responder is in monitoring, if the physician at a Clinical Center of Excellence diagnoses a condition that is on the list of identified WTC-related health conditions in the bill, and the physician determines that exposure to WTC toxins or hazards is substantially likely to be a significant factor in causing the condition, then that responder has a right to treatment for that condition that is paid for by the program, offset by any workers' compensation payments. NIOSH reviews these physician determinations, makes eligibility determinations and provides certification for ongoing treatment.

The WTC program administrator may add a condition to the list of identified WTC-related health conditions, taking into account published findings and recommendations of the Clinical Centers of Excellence, with the input of the WTC Health Program Scientific/Technical Advisory Committee, the WTC Health Program Steering Committees and the public. In addition, if the physician diagnoses a condition that is not on the current list of identified conditions and finds that the condition is substantially likely to be related to exposure at Ground Zero, then the program administrator, after review by an independent expert physician panel, can determine if the condition can be treated as a WTC-related condition.

The program pays for the costs for medical treatment for certified WTC-related health conditions at a payment rate based on Medicare rates. These costs are to be offset by any workers' compensation payments for medical treatment for work-related WTC-related health conditions.

The bill sets a cap of 35,000 additional participants in the responder medical monitoring and treatment program, over the number of current participants certified as eligible by the WTC program administrator.

**Provide Monitoring /Screening and Treatment for eligible community members:** The bill establishes a community program to provide monitoring or screening and medical treatment to eligible community members. It sets forth geographic and exposure criteria for defining the potential population who may be eligible for the program (i.e. those who lived, worked or were present in lower Manhattan, South of Houston Street or in Brooklyn within a 1.5 mile radius of the WTC site for certain defined time periods). It provides for the program administrator in consultation with the WTC Environmental Health Center at Bellevue Hospital to develop more defined eligibility criteria based on exposures and the best scientific evidence. The criteria and procedures for determinations of eligibility, diagnosing WTC-related health conditions and certification are the same as for those in the responder health program.

For those WTC-related health conditions certified for medical treatment that are not work-related, the WTC program is the secondary payor to any applicable public or private health insurance. For those costs not covered by other insurance, the program pays for the costs for medical treatment for certified WTC-related health conditions at a payment rate based on Medicare rates. The City of New York pays 5 percent of the cost for medical treatment for WTC-related health conditions delivered by a Clinical Center of Excellence within the New York City Health and Hospitals Corporation.

The bill sets a cap of 35,000 additional participants in the community medical monitoring and treatment program for residents and non-responders, over the number of current participants certified as eligible by the WTC program administrator.

There is a contingency fund of \$20 million per year established to pay the cost of WTC-related health claims that may arise in individuals who fall outside the more limited definition of the population eligible for the community program included in the revised bill.

**Provide Monitoring and Treatment for eligible individuals outside of the NY area:** The program administrator will establish a nationwide network of providers so that eligible individuals who live outside of the NY area can reasonably access monitoring and treatment benefits near where they live. These eligible individuals are included in the caps on the number of participants in the responder and community programs.

**Provide for Research into Conditions:** In consultation with the Program Steering Committee and under all applicable privacy protections, HHS will conduct or support research about conditions that may be WTC-related, and about diagnosing and treating WTC-related conditions.

**Extend support for NYC Department of Health and Mental Hygiene programs:** NIOSH would extend and expand support for the World Trade Center Health Registry and provide grants for the mental health needs of individuals who are not otherwise eligible for services under this bill.

**Reopen the September 11 Victim Compensation Fund (VCF):** The fund would be reopened to provide compensation for economic damages and loss for individuals who did not file before or became ill after the original December 22, 2003 deadline. The bill would allow for adjustment of previous awards if the Special Master of the fund determines the medical conditions of the claimant warrants an adjustment and amend eligibility rules so that responders to the 9/11 attacks who arrived later than the first 96 hours could be eligible if they experienced illness or injury from their work at the site.

**Provide Indemnity to Construction Contractors and the City of New York:** The bill would provide indemnity for pending and future claims and liability related to the rescue and recovery efforts in response to the September 11, 2001 World Trade Center attacks. The federal government is authorized to seek recovery from any existing insurance coverage for any indemnity payments that are made.

The indemnification for the City of New York would not apply unless the WTC Captive Insurance Company established in 2003 with \$1 billion in federal funds, is dissolved and remaining funds are returned to the United States Treasury.

## **B. Government Accountability Office (GAO) Products on 9/11 Health**

05/08 – September 11: HHS Needs to Develop a Plan That Incorporates Lessons Learned from the Responder Health Program

- Full GAO Testimony (pdf): Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d08610.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-08-610&accno=A82223>

03/11/08 – September 11: Fiscal Year 2008 Cost Estimation Process for World Trade Center Health Programs

- Full GAO Testimony (pdf): <http://maloney.house.gov/documents/911recovery/20080311GAO08-537R.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-08-537R&accno=A81285>

01/22/08 - September 11: Improvements Still Needed in Availability of Health Screening and Monitoring Services for Responders outside the New York City Area

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d08429t.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-08-429T&accno=A79971>

09/20/07 - September 11: Problems Remain in Planning for and Providing Health Screening and Monitoring Services for Responders

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d071253t.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-07-1253T&accno=A76509>

09/18/07 - September 11: Improvements Needed in Availability of Health Screening and Monitoring Services for Responders

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d071228t.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-07-1228T&accno=A76388>

09/10/07 - September 11: Improvements Needed in Availability of Health Screening and Monitoring Services for Responders

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d071229t.pdf>

- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-07-1229T&accno=A75933>

07/24/07 - September 11: HHS Needs to Ensure Availability of Health Screening and Monitoring for all Responders

- Full GAO Report (pdf): <http://www.gao.gov/new.items/d07892.pdf>
- Summary prepared by the office of Rep. Maloney (pdf): [http://maloney.house.gov/documents/911recovery/20070724\\_SummaryofGAOReport.pdf](http://maloney.house.gov/documents/911recovery/20070724_SummaryofGAOReport.pdf)

09/08/06 - September 11: HHS Has Screened Additional Federal Responders for World Trade Center Health Effects, but Plans for Awarding Funds for Treatment Are Incomplete

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d061092t.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-06-1092T&accno=A60492>

02/28/06 - September 11: Monitoring of World Trade Center Health Effects Has Progressed, but Program for Federal Responders Lags Behind

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d06481t.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-06-481T&accno=A47937>

09/10/05 - September 11: Monitoring of World Trade Center Health Effects Has Progressed, but Not for Federal Responders

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d051020t.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-05-1020T&accno=A36360>

09/08/04 - September 11: Health Effects in the Aftermath of the World Trade Center Attack

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d041068t.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-04-1068T&accno=A12271>

09/08/04 - September 11: Federal Assistance for New York Workers' Compensation Costs

- Full GAO Testimony (pdf): <http://www.gao.gov/new.items/d041013t.pdf>
- Abstract: <http://www.gao.gov/docdblite/summary.php?rptno=GAO-04-1013T&accno=A12275>

### **C. Federal Hearings on 9/11 Health**

07/31/08 – House Appropriations Subcommittee on Health on “H.R. 6594, James Zadroga 9/11 Health and Compensation Act

04/01/08 – House Judiciary Subcommittees on the Constitution and Immigration Joint Hearing on “Paying with their Lives: The Status of Compensation for 9/11 Health Effects”

- Hearing Materials via Judiciary Committee website:  
<http://judiciary.house.gov/oversight.aspx?ID=428>

03/12/08—House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Hearing on "World Trade Center 9/11 Health Monitoring and Treatment Program"

- Hearing Information via Appropriations Committee website:  
[http://appropriations.house.gov/Subcommittees/sub\\_lhse.shtml](http://appropriations.house.gov/Subcommittees/sub_lhse.shtml)

01/22/08 – House Oversight and Government Reform Subcommittee on Government Management, Organization and Procurement Hearing on “9/11 Health: Why did HHS Cancel Contracts to Manage Responder Health Care?”

- Hearing Materials via Oversight and Government Reform website:  
<http://governmentmanagement.oversight.house.gov/story.asp?ID=1687>

09/20/07 – House Homeland Security Full Committee Hearing on “Protecting the Protectors: Ensuring the Health and Safety of our First Responders in the Wake of Catastrophic Disasters”

- Hearing Materials via Homeland Security Committee website:  
<http://homeland.house.gov/hearings/index.asp?ID=87>

09/18/07 – House Energy and Commerce Subcommittee on Health Hearing on “Answering the Call: Medical Monitoring and Treatment of 9/11 Health Effects”

- Hearing Materials via Energy and Commerce Committee website:  
[http://energycommerce.house.gov/cmte\\_mtgs/110-he-hrg.091807.911effects.shtml](http://energycommerce.house.gov/cmte_mtgs/110-he-hrg.091807.911effects.shtml)

09/12/07 – House Education and Labor Full Committee Hearing on "Why Weren't 9/11 Recovery Workers Protected at the World Trade Center?"

- Hearing Materials via Education and Labor Committee website:  
<http://edworkforce.house.gov/hearings/fc091207.shtml>

09/10/07 – House Oversight and Government Reform Subcommittee on Government Management Field Hearing in Brooklyn on “9/11 Health Effects: The Screening and Monitoring of First Responders”

- Hearing Materials via Oversight and Government Reform Committee website: <http://governmentmanagement.oversight.house.gov/story.asp?ID=1477>

06/25/07 - Subcommittee on the Constitution, Civil Rights, and Civil Liberties of the House Judiciary Committee oversight hearing on "the U.S. Environmental Protection Agency's Response to Air Quality Issues Arising from the Terrorist Attacks of September 11, 2001: Were There Substantive Due Process Violations?"

- Hearing Materials via Judiciary Committee website: <http://judiciary.house.gov/Oversight.aspx?ID=341>

06/20/07 - Subcommittee on Superfund and Environmental Health of the Senate Environment and Public Works Committee hearing on the “EPA's Response to 9-11 and Lessons Learned for Future Emergency Preparedness.”

- Hearing Materials via Senate Environment and Public Works Committee website: [http://epw.senate.gov/public/index.cfm?FuseAction=Hearings.Hearing&Hearing\\_ID=2acd0554-802a-23ad-4488-6423daa414dc](http://epw.senate.gov/public/index.cfm?FuseAction=Hearings.Hearing&Hearing_ID=2acd0554-802a-23ad-4488-6423daa414dc)

04/23/07 – House Oversight and Government Reform Subcommittee on Government Management, Organization and Procurement holds 9/11 Health Effects Field Hearing in Brooklyn

- Hearing Materials via Oversight and Government Reform Committee website: <http://governmentmanagement.oversight.house.gov/story.asp?ID=1384>

03/21/07 - Senate Full Committee on Health, Education, Labor, and Pensions hearing on "the Long-Term Health Impacts from September 11: A Review of Treatment, Diagnosis, and Monitoring Efforts"

- Hearing Materials via the Senate Health, Education, Labor, and Pensions Committee website: [http://help.senate.gov/Hearings/2007\\_03\\_21/2007\\_03\\_21.html](http://help.senate.gov/Hearings/2007_03_21/2007_03_21.html)

02/28/07 – House Oversight and Government Reform Subcommittee on Government Management, Organization and Procurement Hearing on “9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders”

- Hearing Materials via GPO Access: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110\\_house\\_hearings&docid=f:34912.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_house_hearings&docid=f:34912.wais)

09/08/06 – House Government Reform Subcommittee on National Security Field Hearing in NYC on “9/11 Health of Responders and Residents “Progress Since September 11th: Protecting Public Health and Safety of the Responders and Residents”

- Hearing Materials via GPO Access: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109\\_house\\_hearings&docid=f:36998.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_house_hearings&docid=f:36998.wais)

02/28/06 – House Government Reform Subcommittee on National Security Hearing on “Progress Since 9/11: Protecting Public Health and Safety Against Terrorist Attacks”

- Hearing Materials via GPO Access: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109\\_house\\_hearings&docid=f:28531.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_house_hearings&docid=f:28531.wais)

09/08/04 – House Government Reform Subcommittee on National Security Hearing on “Assessing September 11th Health Effects”

- Hearing Materials via GPO Access: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108\\_house\\_hearings&docid=f:98999.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_house_hearings&docid=f:98999.wais)

10/28/03 – House Government Reform Subcommittee on National Security Hearing on “Assessing September 11th Health Effects: What Should Be Done?”

- Hearing Materials via GPO Access: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108\\_house\\_hearings&docid=f:92728.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_house_hearings&docid=f:92728.wais)

02/11/02 – Senate Committee on Environment and Public Works Subcommittee on Clean Air Field Hearing in NYC on "Air Quality in New York City After the September 11, 2001 Attacks"

- Hearing Materials via GPO Access - Part I: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107\\_senate\\_hearings&docid=f:80397.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_senate_hearings&docid=f:80397.wais)
- Hearing Materials via GPO Access - Part II: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107\\_senate\\_hearings&docid=f:82894.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_senate_hearings&docid=f:82894.wais)

#### D. Studies on the Health Impacts of 9/11

	Author	Year	Peer Reviewed Journal	Findings:
1	Rom, W	2002	American Journal of Respiratory and Critical Care Medicine	38 year old firefighter with eosinophilic pneumonia. Washings of his airways showed fly ash, degraded glass, metal, and asbestos fibers
2	Prezant, D	2002	New England Journal of Medicine	90% of FDNY firefighters working at the WTC site had a cough, nasal congestion, chest tightness and chest burning; 87% had new onset GERD (gastroesophageal reflux disease). Increased bronchial reactivity was present and worsened over time in many firefighters.
3	Trout, D	2002	Journal of Occupational and Environmental Medicine	Federal workers working near the WTC site were far more likely to have symptoms to shortness of breath, chest tightness and eye irritation, compared to workers in Dallas. Rates of depression and PTSD symptoms were also significantly higher.
4	Galea, S	2002	New England Journal of Medicine	Rescue workers at the site were far more likely to have PTSD and depression than NYC residents who did not do this type of work.
5	CDC	2002	Morbidity and Mortality Weekly Report	82% of the adult population surveyed in neighborhoods surrounding the WTC two months after the event had persistent respiratory symptoms that developed or worsened after the WTC attack, and 39% had symptoms suggestive of PTSD.
6	Das, D	2003	Journal of Urban Health	Individuals within two miles of the WTC site were significantly more likely to visit an Emergency Department for smoke inhalation, trauma, asthma or anxiety compared to those outside a two-mile radius
7	CDC	2003	Morbidity and Mortality Weekly Report	High school and college staff present near the WTC at the time of the collapse had increased rates of eye, nose and throat irritation, cough, and shortness of breath compared to similar workers five miles away.
8	Berkowitz, GS	2003	The Journal of the American Medical Association	Women pregnant and present in lower Manhattan on 9/11/01 and in the three weeks after 9/11 were more likely to have babies with intrauterine growth retardation (smaller babies at birth).
9	Fireman, EM	2004	Environmental Health Perspectives	Sputum (phlegm) induced in firefighters (FDNY) showed WTC dust and particles with a high pH

				more than eight months after the attack, as well as signs of inflammation
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	Author	Year	Peer Reviewed Journal	Findings:
10	Salzman, SH	2004	Journal of Occupational and Environmental Medicine	78% of police officers at the WTC site developed respiratory symptoms, and 29% of participants had abnormal breathing tests. The study was conducted in December 2001.
11	Skloot, G	2004	Chest	A study of ironworkers working at the site from September 11-15, 2001 had one or more respiratory symptom five months after the attack. Fifty-three percent had evidence of lung function abnormalities.
12	Lederman, S	2004	Environmental Health Perspectives	Birth outcomes for women living within two miles of the WTC had smaller babies than those living farther away, after controlling for other factors.
13	Lin, S	2005	American Journal of Epidemiology	Residents living near the WTC site were significantly more likely to have new-onset respiratory symptoms, compared to residents 6 miles away
14	Tapp, LC	2005	American Journal of Industrial Medicine	Transit workers evaluated seven months after 9/11/01 with dust cloud exposure had more symptoms of PTSD and depression compared to those without these exposures.
15	Mann, JM	2005	American Journal of Industrial Medicine	A 42 year old highway patrol officer who arrived on September 11 <sup>th</sup> and was in the dust cloud developed severe respiratory symptoms and was found to have interstitial lung disease on open lung biopsy.
16	Reibman, J	2005	Environmental Health Perspectives	56% of residents surveyed in lower Manhattan had new onset lower respiratory symptoms. 26% of the residents had persistent new-onset respiratory symptoms.
17	Banauch, G	2006	American Journal of Respiratory and Critical Care Medicine	Pulmonary function was compared before and after September 11 <sup>th</sup> . A significant decline in pulmonary function was noted in FDNY personnel who were present at the WTC from September 11-13, 2001, about 12 times more than would be expected from normal aging.
18	Herbert, R.	2006	Environmental Health Perspectives	Over 9000 WTC responders were examined over 2.5 year period from July 2002 to April 2004. 69% reported new or worsened respiratory upper and lower symptoms while performing WTC work. Symptoms persisted to the time of examination in 59% of these workers. 28% of responders had abnormal breathing tests.

	Author	Year	Peer Reviewed Journal	Findings:
19	Mauer, MP	2007	Journal of Occupational and Environmental Medicine	Nearly half of NY State personnel (1,400) responding to the WTC had lower and upper respiratory symptoms, and one third reported psychological symptoms. Participants were evaluated from May 2002 – November 2003.
20	Buyantseva, LV	2007	Journal of Occupational and Environmental Medicine	44% of police officers surveyed at one month and 19 months after September 11 <sup>th</sup> had persistent cough, and other respiratory symptoms. Rates of lower respiratory symptoms increased significantly from 2001 to 2003.
21	Izbicki, G	2007	Chest	26 firefighters (FDNY) developed sarcoidosis in the five years after September 11, 2001. The incidence of sarcoidosis was significantly (nearly 8 times) increased when compared to the years before September 11 <sup>th</sup> .
22	Mendelson, D.	2007	Journal of Occupational and Environmental Medicine	25 World Trade Center workers with lower respiratory symptoms had chest imaging revealing air trapping. Air trapping in these workers may be a result of disease of the small airways in the lungs.
23	Wheeler K	2007	Environmental Health Perspectives	WTC rescue, recovery and clean-up workers were surveyed in the WTC Health Registry and found elevated rates of newly diagnosed asthma.
24	De la Hoz, RE	2008	International Archives of Occupational and Environmental Health	In a cohort of World Trade Center workers, five categories of disease were predominant: upper airway disease (78%), gastroesophageal reflux disease (58%), lower airway disease (49%), psychological (42%) and chronic musculoskeletal illness (18%).
25	De La Hoz, RE	2008	American Journal of Industrial Medicine	In addition to upper and lower airway disorders, vocal cord dysfunction has been found in World Trade Center workers.

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