

Statement of

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9/11 Health Effects:

Federal Monitoring and Treatment of Residents and Responders

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Introduction

Good morning Chairman Obey, Ranking Member Walsh and Committee members. My name is Dr. David Prezant, and I am the Chief Medical Officer, Office of Medical Affairs, for the New York City Fire Department (FDNY). I am also a Professor of Medicine in Pulmonary Diseases at the Albert Einstein College of Medicine. Along with Dr. Kerry Kelly, who could not be here today, I am the co-director of the FDNY's World Trade Center Medical Monitoring and Treatment Program. Today I will update this committee about the health of our FDNY World Trade Center (WTC) rescue workers and about the monitoring and treatment program we have developed to meet the critical health needs of this population.

I would first like to thank this Committee and the Members of Congress who have shown their extraordinary support for our members and the FDNY's WTC Monitoring and Treatment Program. Federal support has been critical to our monitoring and treatment program, and I want to thank the committee for the support you have shown by providing funding for those suffering from the health impacts of 9/11.

We anticipate that current funding could last until June 2009, but the need for this funding—and a long-term solution that will end the uncertain cycle of annual appropriations—remains strong, six-and-a-half years after 9/11. We need long-term funding to ensure that we have the staff, treatments and infrastructure for our members into the future.

As you know, the FDNY lost 343 members on September 11, 2001. The fall of the twin towers, and the collapse of the Seven World Trade building later that day, created a dust cloud composed of large and small particulate matter coated with combustion by-products. For three days, Ground Zero was enveloped in that dust cloud. The fires that continued to

burn at the site until mid-December created additional exposures and resulted in repeated dust aerosolization.

Nearly 2,000 FDNY rescue workers responded on the morning of 9/11, as did nearly 10,000 during the next 36 hours. And in the weeks and months following 9/11, virtually all of our FDNY first responders worked at the WTC site – amid the debris and dust resulting from the towers' collapse. In total, more than 11,500 firefighters and fire officers, 3,000 EMTs and Paramedics, and 1,000 FDNY retirees took part in the rescue, recovery and fire suppression efforts. As a group, FDNY rescue workers experienced more exposure to the physical and emotional hazards at the disaster site than any other group of workers.

FDNY Medical Monitoring and Treatment Program:

The FDNY WTC Medical Monitoring and Treatment Program is one of three Centers of Excellence for WTC Health. Because of the unique aspects of our program such as pre-9/11 health data for comparison and a 95 percent participation rate, FDNY has been able to analyze and publish data providing critical and unique insights about WTC health effects. On the anniversary of 9/11 last year, FDNY published an extensive report on these health effects which can be found on-line. See:

http://www.nyc.gov/html/om/pdf/2007/wtc_health_impacts_on_fdnny_rescue_workers_sept_2007.pdf

Physical Health Issues

Because respiratory issues surfaced quickly for those working at the site, the FDNY initiated the WTC Medical Screening and Treatment Program in October of 2001, just four weeks after 9/11. Using federal funding appropriated by this committee, we evaluated more than 10,000 of our first responders from October 2001 through February 2002. Since that

time, we have continued to screen both our active and retired members. As of the end of February this year, we have examined 14,671 FDNY WTC rescue workers (95 percent of the cohort); 11,679 (75 percent of the cohort) have been examined at least twice; and 6,585 (42 percent) have received three monitoring exams.

Because the FDNY had extensive medical information on all of our members before 9/11, our Medical Monitoring and Treatment program can compare pre- and post-9/11 medical data. This enables us to observe patterns and changes among our members. For example, we have found a significantly higher number of firefighters suffering from pulmonary disorders during the year after 9/11 than in the five years prior to 9/11. On average, for symptomatic and asymptomatic FDNY-WTC responders, we found a 375 ml decline in pulmonary function for all of the FDNY-WTC responders and an additional 75 ml decline if the member was present when the towers collapsed. This pulmonary function decline was 12 times greater than the average annual decline noted five years pre-9/11. Over the past six years, pulmonary functions of many of our members have leveled off, improved or, unfortunately for a few, declined. More than 25 percent of those we tested with the highest exposure to WTC irritants showed persistent airway hyperactivity consistent with asthma or Reactive Airway Dysfunction (RADS). In addition, more than 25 percent of our full-duty members participating in their follow-up medical monitoring evaluation continue to report respiratory symptoms.

Disease Surveillance

In the first year after 9/11, the Fire Department identified 13 cases of Sarcoidosis, compared to only two to three cases per year before 9/11. While the numbers have leveled off -- we now see about four cases a year -- these Sarcoidosis cases continue to have more

serious clinical presentation than we were typically seeing prior to 9/11. This auto-immune disease can affect every organ system in the body, but is primarily a pulmonary disease. For most, it is stable disease with little impact on job or lifestyle but, for a few, it can be devastating with severe impairment, disability and, in rare cases, the need for lifesaving lung transplantation. Our preliminary analysis has shown no clear increase in cancers among our members since 9/11. Pre- and post-9/11, we do continue to see occasional unusual cancers that require continued careful monitoring. Monitoring for future illnesses that may develop, and treatment for existing conditions, is imperative. Federal assistance is needed to continue these programs.

Mental Health Issues

The need for mental health treatment for our members was apparent in the initial days after 9/11, as virtually our entire workforce faced the loss of colleagues, friends and family. Past disasters have taught us that first responders are often reluctant to seek out counseling, frequently putting others' needs ahead of their own. Many times, recognizing the need for help may not happen for years after an event. Our goals have been to reduce barriers to treatment so that members could easily be evaluated and treated in the communities where they live and work, and to develop enhanced educational programs to help identify early symptoms of stress, depression and substance abuse and address coping strategies.

Treatment

Because we started our medical monitoring program immediately after 9/11, we recognized right away the urgent need for early diagnosis and treatment. In the first ten months following 9/11, we treated 2,791 patients for WTC cough-related illnesses (sinusitis, asthma, bronchitis, and GERD) and 1,499 for mental health issues (PTSD, prolonged grief

and depression). Annually, over the next three fiscal years, we averaged 1,137 members for respiratory treatment and 2,354 for mental health treatment with very little year-to-year variation. However, in the following fiscal year (Fiscal 2006), the number of patients receiving respiratory treatment decreased to 793, while mental health treatment remained fairly stable at 1,970. We learned that the decline in respiratory cases was not due to a reduction in need. Rather, many patients decided to stop participating because they were having difficulty affording medications. In November 2006, this committee once again came through for us and appropriated federal funding, through NIOSH, for a treatment program that did include free WTC-related medications. With the ability to provide medications, respiratory patient treatment numbers have climbed monthly. We project that by the end of New York City's fiscal year on June 30, 2008, we will have seen 1,500 patients for respiratory treatment and 2,100 for mental health treatment. We also provide mental health counseling to affected family members (especially those related to the deceased), treating 645 family members last fiscal year.

With treatment, most of our members have been able to return to work, but more than 750 have developed permanent, disabling respiratory illnesses that have led to earlier-than-anticipated retirements among members of an otherwise generally healthy workforce. In the first five years after 9/11, we experienced a three- to five-fold increase in the number of members retiring with lung problems annually.

Funding

As you can see, the need for our monitoring and treatment programs and services remains strong. Current federal funding could last until June 2009 based on current projections, but a commitment to long-term funding is needed to ensure that we can continue

necessary treatment, monitoring and research into the future. As we know in environmental-occupational medicine, there is often a significant lag time between exposures and emerging diseases. The medical effects of asbestos, for example, may not be detected for 20 to 30 years after exposure. The actual effect of the dust and debris that rained down on our workforce on 9/11 may not be evident for years to come. Our current annual budget is \$6 million for the clinical monitoring center and \$3million for the data monitoring center. However, our clinical center has increased the number of exams it administers, and our data center now processes monitoring data and treatment data. We therefore anticipate that these costs will increase by \$0.5 million to \$1.5 million per year for the next five years.

We also need additional funding to continue enhanced diagnostic testing and focused treatment of FDNY first responders, addressing both physical and mental health problems related to World Trade Center exposures. Both our active members and our retirees face gaps in their medical coverage. Early diagnosis and aggressive treatment improves outcomes. This is only possible if burdensome, out-of-pocket costs (co-payments, deductibles, caps, etc.) for treatment and medications are eliminated. In January 2007, we spent nearly \$120,000 on pharmaceuticals; last month we spent nearly \$425,000 – a 3.5-fold increase. This growth is due solely to increased patient load. By 2009, we believe that our monthly pharmaceutical costs may be close to \$750,000.

This fiscal year, our treatment budget is approximately \$9 million. We expect that cost to rise by \$1 million to \$2 million per year over the next five years due to increased utilization and healthcare inflation. Long-term medication needs for respiratory disease and mental health illnesses require significant co-payments, taxing the resources of our members. In addition, most insurance plans do not adequately cover mental health treatment.

Thus, we expect that the cost for monitoring and treatment through the FDNY program will be on the order of \$75 million to \$80 million over the next 5 years.

Conclusion

The commitment to long-term funding, for both monitoring and treatment, must be made now to allow the FDNY WTC Health Center of Excellence to plan for the future in order to protect and improve the health of our workforce (both active and retired) and to inform lesser exposed groups (and their healthcare providers) of the illnesses seen and the treatments that are most effective.

Thank you for your past efforts, and your continued support of our members, patients and Department.

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