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Statement of Rep. Christopher Shays October 28, 2003

Congresswoman Carolyn Maloney invited the National Security Subcommittee to New York City today because she understands the threat posed to the health and welfare of all Americans by terrorism and its lingering aftermath. She has been a thoughtful, hard-working partner in our bi-partisan oversight of terrorism issues, and we are grateful for the opportunity to be here.

In place of the fallen towers of the World Trade Center, these two hard realities cast long shadows over our discussion today: Many first responders are the second wave of victims in a terrorism incident. And, public health and disability compensation systems are not fully prepared to acknowledge the unique wounds inflicted by this all too modern war.

Firefighters, police, emergency medical personnel, transit workers, construction crews and other first responders came to Ground Zero knowing there would be risks, but confident their equipment, training and community would sustain them. But as we will hear today, better equipment and training standards are needed to match the first responder mission to the new threats posed by catastrophic terrorism. And the dissonant patchwork of federal, state and local health support is in many cases not providing the care and comfort they rightfully expect.

After the 1991 war in the Persian Gulf, veterans suffering a variety of unfamiliar syndromes faced daunting official resistance to evidence linking multiple, low-level toxic exposures to subsequent, chronic ill-health. In part due to work by this Subcommittee, long term health registries were improved, an aggressive research agenda pursued and sick veterans now have the benefit, in law, of a rebuttable presumption that wartime exposures cause certain illnesses.

When the front line is not Baghdad but Broadway, occupational medicine and public health practitioners may have much to learn from that distant Middle East battlefield. Proper diagnosis, effective treatment and fair compensation for the delayed casualties of a toxic attack require vigilance, patience and a willingness to admit what we don't yet know, and might never know, about toxic synergies and syndromes. Health surveillance has to be focused and sustained. New treatment approaches have to be tried now, in time to restore damaged lives.

In this effort to heal the wounds of September 11th 2001, and strengthen public health capacity against future attacks, the federal government has a central role to play. The Centers for Disease Control and Prevention (CDC), and its National Institute of Occupational Health, are charged to develop and implement health protocols against new workplace dangers like anthrax and novel particulates from the fiery destruction of a building. On our second panel of witnesses today, we will hear about the work of CDC, and other federal public health agencies, in treating the walking wounded of September 11th.

But first, appropriately, we will hear from first responders and local officials on the near and long term health effects of the World Trade Center attack. We appreciate our federal witnesses foregoing the usual protocol of going first so they could listen to all the testimony today. All our witnesses bring impressive expertise and unquestioned dedication to our discussion, and we are grateful they could join us. We look forward to a constructive dialogue on how to mend the wounds of this, and other, terrorist attacks.