

**TESTIMONY**  
**Before**  
**The United States Congress**  
**House of Representatives**  
**Committee on Government Relations**  
**Subcommittee on National Security, Emerging Threats, and International**  
**Relations**

**Assessing September 11<sup>th</sup> Health Effects: What Should Be Done?**

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Thank you for asking me to testify today. My name is Dr. Robin Herbert. I am a board-certified internist and a graduate of the SUNY Stony Brook School of Medicine. I completed an Occupational Medicine Residency in the Department of Community and Preventive Medicine at the Mount Sinai School of Medicine in New York and I have been the Medical Co-Director of the Mount Sinai Center for Occupational and Environmental Medicine at the Mount Sinai School of Medicine since 1990. I am also the Co-Director of the World Trade Center Worker and Volunteer Medical Screening Program and the World Trade Center Health Effects Treatment Program at Mount Sinai. I am an Associate Professor in the Department of Community and Preventive Medicine in the Mount Sinai School of Medicine.

The September 11 terrorist attacks on the World Trade Center towers resulted in horrific loss of life. Amid the shock and grief we all experienced immediately after the attacks, some failed to recognize that the attacks also created one of the worst acute environmental disasters in an urban setting ever to occur in the history of United States. Exposures created by the disaster included pulverized glass, pulverized cement, asbestos, silica, heavy metals, acid mists and organic products of combustion including polycyclic aromatic hydrocarbons. Ultimately, an estimated 40,000 workers and volunteers were involved in rescue, recovery, and restoration of essential services at the site; an estimated 10,000 workers were evacuated from the towers or the immediate vicinity on September

11; approximately 100,000 workers worked in the vicinity of the attacks; and approximately 25,000 people lived in the immediate area of the attacks. Unfortunately, many of them have developed serious, persistent health problems as a result of the attacks.

In the months after September 11, 2001, various New York area health care providers, including those at our center, began seeing workers and others with a range of upper airway, lung, gastrointestinal, and mental health consequences developed as a result of exposures incurred as a result of the disaster. Many of us participated in an ad-hoc group assembled by NIOSH to develop common approaches to the diagnosis and treatment of WTC-related health effects and to write a guideline for clinicians on the diagnosis and treatment of WTC health effects. Unfortunately, with the exception of screening of New York firefighters and assembly of the ad-hoc working group by NIOSH, many months passed with no comprehensive plan put in place by the federal government to provide diagnostic evaluation or treatment for WTC-related health conditions among workers and volunteers involved in rescue and recovery efforts at the WTC disaster, and still no plan has been developed for community residents or other workers from the WTC area.

However, in June 2002, Mount Sinai received \$11.8 million in federal funding to design and coordinate a consortium of health care centers in the New York metropolitan area and nationwide to provide free medical screening exams for WTC responders who were involved in various rescue and recovery efforts, the removal of debris, the restoration of

vital services, and clean-up of the surrounding buildings in the WTC area and Staten Island landfill.

In January, 2003, we released some preliminary findings from an analysis of 250 of the first 500 people who came through the program. To summarize, well over 50% of those evaluated had persistent World Trade Center-related effects close to one year after the event. This is a finding that, unfortunately, holds true today. Specifically,

- 78% of participating emergency responders reported at least one WTC-related pulmonary symptom that first developed or worsened as a result of their WTC-related efforts; 46% of the sample still experienced at least one pulmonary symptom in the month before the screening examination.
- 88% reported at least one WTC-related ear, nose or throat (ENT) symptom; 52% of the sample still experienced at least one ENT symptom in the month before the screening examination.
- 52% reported mental health symptoms requiring further mental health evaluation; approximately 1 in 5 of the sample reported symptoms consistent with post-traumatic stress disorder (PTSD).

Most striking is the fact that a large proportion of this sample showed evidence (either symptoms or abnormal test results) suggestive of respiratory disease 10 months to one year after September 11, 2001. Seventy-three percent of the sample had either ENT symptoms or abnormal physical examination findings or both. Similarly, 57% of the sample had either pulmonary symptoms or

an abnormal pulmonary function test or both. Unfortunately, however, many of those who've come to our screenings reporting persistent WTC related symptoms have received either no clinical care or inadequate clinical care at the time of their first evaluation with us.

We've now seen over 8000 men and women in our screening program, and the rates of persistent upper and lower respiratory symptoms remain very high, more than 2 years after the terrible events of 9/11 and the exposures that followed.

However, even before the release of our official preliminary findings, it had become apparent that because of the high prevalence of WTC-related symptoms we were seeing, there would be a need for longer term medical monitoring of WTC responders as well as a need for appropriate medical care for those who had developed WTC-related illnesses. For these reasons, we joined with fellow occupational health experts, labor leaders and members, and concerned federal legislators in an intensive year-long lobby for federal resources for long-term medical monitoring. Last February it was announced that this money had been appropriated and would be allocated to an appropriate federal agency for release. Although we still await the final awards of that funding, which will be used to implement a much-needed long term medical monitoring program for those screened through the World Trade Center Worker and Volunteer Medical Screening Program and for New York firefighters, we join with thousands of ill and injured workers and volunteers in our appreciation of your efforts to secure those resources. Of the \$90 million allocated in the early winter of 2003, \$4 million has been provided to allow us to expand the baseline medical screening program so that 3000 additional workers and volunteers will receive free comprehensive examinations. Another \$25 million is allocated specifically for

examinations of New York City firefighters. The remaining funding, approximately \$56 million, will be used to establish, coordinate and conduct a program for long-term medical monitoring of World Trade Center responders seen in the World Trade Center Worker and Volunteer Medical Screening Program. However, these funds will not cover a full comprehensive program to medically monitor even the initially screened group of 12,000 workers and volunteers for the 20 years we would advocate. We estimate that current funding will support a program to conduct medical screening examinations of 12,000 WTC responders every year and a half for five years only. We hope to have the opportunity to do that soon but have not yet been funded to begin the long-term medical monitoring program. We urge that the funding process be hastened as 16 months have passed since our first screening patients received baseline examinations. However, we are more concerned that the current funding is not adequate to permit the long-term monitoring vital to ensuring that diseases that develop only after years have passed might be detected when they're really treatable. This is particularly important because the WTC responders are a group which sustained exposures without precedent and for which there may be new, unexpected health consequences, including, possibly, diseases with long latency, such as cancers (which wouldn't be expected to show up until 15 years after exposures).

Equally pressing at this time, however, is the critical need for treatment resources. The World Trade Center Worker and Volunteer Medical Screening Program is identifying a substantial number of people who need ongoing treatment for World Trade Center-related physical and mental health problems. Unfortunately, there is still not an adequately funded treatment program for workers and volunteers who need ongoing medical care for their World Trade Center related health problems.

At Mount Sinai, we've sought and received funding from private philanthropic sources to establish a program to provide further testing and treatment for a limited number of WTC responders. However, philanthropic funding simply cannot provide all the resources necessary to provide care to all who need it. Currently, for example, there is a two to three-month waiting period for new patients to be scheduled into our treatment program for a first visit with a doctor. The dearth of resources for treatment is particularly troubling because the people we are seeing are sick and in great need. Among the first 350 patients seen in the World Trade Center Health Effects Treatment Program:

- 1) Fully 40% do not have health insurance
- 2) 39% do not speak English
- 3) 75% have persistent World Trade Center related upper respiratory problems
- 4) 44% have persistent World Trade Center related lung problems
- 5) 40% have persistent mental health consequences related to the World Trade Center disaster, and
- 6) Approximately one third are now unemployed.

The impact of World Trade Center related health effects on the lives of our patients is tremendous. Many of our patients are disabled by chronic pulmonary problems, and often their lives become significantly altered by breathing difficulties and psychological consequences of their response efforts. Many of our patients have also suffered substantial economic disruption because of WTC-related health problems. While we are able to help the WTC responders who make it to our programs, I am certain that there are many others who

are just as ill and disabled but who still are not yet receiving treatment for their World Trade Center-related health problems. It is urgent that funding be made available to provide access to medical and mental health care for all who sustained health consequences from the World Trade Center disaster - workers and volunteers involved in rescue recovery efforts, workers from the immediate area, and area residents as well as their children. Specific problems that should be addressed include:

- 1) Although Workers Compensation should pay for medical care for affected workers, many of our patients are facing intolerable delays due to their Workers Compensation claims being fought by insurers;
- 2) Uninsured workers lack access to needed care while they await resolution of their Workers compensation claims;
- 3) Even insured workers may not be able to afford needed medication because of the high costs and co-payments for medications;
- 4) Too few health care providers are knowledgeable about how to recognize and treat WTC-related illness;
- 5) Workers who have become disabled as a result of WTC-related health problems are experiencing financial devastation. Many of our patients have become disabled as a result of their WTC-related health problems and have lost their medical insurance along with their jobs;
- 6) No program exists to provide care to residents, including children, with WTC-related health problems nor to care for workers from the area surrounding the WTC disaster area who may have developed health effects but were not involved directly in rescue and recovery efforts.

WTC responders sustained exposures without precedent and for which there may be new, unexpected health consequences. While there is presently some funding for long term medical monitoring of WTC responders to provide an adequate response to the medical needs of those who responded so heroically to the disaster, funding is vitally needed to:

- 1) Supplement the current appropriation of \$90 million in order to extend the duration of the long-term medical monitoring program for a minimum of 20 years;
- 2) Ensure access to all diagnostic testing necessary to confirm or rule out possible WTC-related health problems identified in the screening examinations and to provide treatment for all WTC related health problems identified;
- 3) Ensure that those who develop future health problems related to the WTC exposures are able to receive treatment for those conditions;
- 4) Support clinical research to better understand the human health consequences of World Trade Center exposures and identify treatment modalities for those conditions.

Much of the suffering we are seeing among World Trade Center responders could have been prevented or been made less severe had adequate information about the potential health effects of WTC exposures been disseminated promptly and if early diagnosis and treatment of WTC-related health problems had been more readily available. Local and federal agencies need to work together with occupational health experts and others to establish a critically needed infrastructure to monitor and provide treatment for the health effects of this disaster, as well as be ready in the event of future disasters.

Finally, unfortunately, we know that it is possible that future terrorist attacks will occur in the

United States. Should this happen, I hope that there will be an adequate public health infrastructure in place and a rapid flow of funding to permit prompt evaluation of exposures and dissemination of information about how to prevent potential health effects of those exposures, along with dissemination of information to treating physicians, and rapid development of programs to provide early diagnosis and treatment.

Thank you.