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Sergeant-At-Arms Haz Mat 1



OF GREATER NEW YORK
Local 94 I.A.F.F. AFL-CIO
204 EAST 23rd STREET, NEW YORK, N.Y. 10010
(212) 683-4832

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Testimony of Philip H. McArdle

Subcommittee on National Security, Emerging Threats and International Relations
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New York, New York

Good Morning, I am Philip McArdle Health and Safety Officer for the Uniformed Firefighters Association. I would like to thank this committee for inviting me to present this information to you on behalf of the 8500 firefighters serving New York City.

It has now been over two years since the 9/11 attacks and almost one year since the UFA lobbying before the US Congress for 9/11 medical monitoring money. Many of the many of the long-term health issues that I will discuss here today have been reported many times to committees, in Congressional Hearings and to the Department of Homeland Security. Unfortunately, even after countless task forces, and testimonies, circumstances have not changed for the members of the Uniformed Firefighters Association. In fact, in the opinion of our executive board and our membership, the situation has gotten worse.

In the days following 9/11 many firefighters were not given the proper respiratory protection devices, even though complaints about this issue had been made for years. The department did not have and still does not have a respiratory protection program as required by federal regulations for air purifying respirators for well over 10 years. This is clearly in violation of the Code of Federal Regulation 1910.134, which state the standards for respiratory equipment supervision and use. The results of improper respiratory protection are clearly stated in a study conducted by Mt. Sinai one year ago with the support of the National Institute for Occupational Health and Safety found that 78% of participating first responders reported at least one WTC related pulmonary symptoms. The same study reported that 52% of 9/11 workers are also suffering from some form of posttraumatic stress syndrome. That was within the first year and these numbers have increased. Unfortunately, we cannot provide you with specific data about the increase in health problems because funds allocated for long term medical have yet to be distributed to the FDNY Bureau of Health Services monitoring program.

The hold up in the distribution of funds coupled with the reality that no money has been allocated for treatment of WTC related illnesses has resulted in the health needs of our membership being neglected because of partisan politics and bureaucratic red tape.

As of October 2003 the FDNY has retired approximately 1800 firefighters due to WTC related illnesses. Both the union and the fire department agree that this unprecedented retirement rate will continue as more firefighters are examined and diagnosed with 9/11 related illnesses. All 1800 of these firefighters were healthy before 9/11 and would have most likely worked for the Fire Department for an average of 20 years or longer which had been the trend prior to 9/11. Instead, we have members who in some cases are as young as 30 years old who will be disabled for the rest of their lives. As the retirement age

decreases it will cost more for long-term health care than ever before; prescription drugs is one of our biggest concerns.

The NYC Firefighter WTC Medical Monitoring/Treatment Program that will be run by the FDNY Bureau of Health Services with the joint sponsorship of the UFA, UFOA and EMS/Paramedic Unions has found that in the first month 4 firefighters required life support (mechanical ventilation) of chest surgery for severe respiratory distress following WTC exposure during the collapse. 95% of NYC Firefighters complained of new-onset respiratory symptoms (mostly cough) during that first week. In the first 6 months following the collapse 343 FDNY firefighters required more than 1 month of medical leave for new on-set respiratory illnesses such as asthma. And nearly 2 years later over 1800 FDNY firefighters have or are in the process of receiving permanent disability for new onset post-WTC asthma and respiratory injury. Random voluntary testing of the highest exposed group of NYC Firefighters present during the first day of the collapse has found that 25% have new onset, post-WTC airway hyper reactivity/asthma on objective medical testing (methacholinechallenge testing. This has persisted on serial testings. Firefighters who were not present during the collapse but there doing intense rescue/recovery efforts over the next 48 hours nearly 7% have new-onset, post-WTC, and persistent airway hyper-reactivity.

This is not a New York City issue this is a national issues because of how the United States government is handling this situation. It is, and will be looked at as the template for what could happen in the future. Long-term health problems, increased disability claims and the rise in the cost of prescription drugs needed to treat these problems will financially impact everyone.

We strongly believes that the 25 million dollars that was appropriated specifically for firefighter/EMS long-term health monitoring needs to be distributed to the FDNY Bureau of Health Services as soon as possible. This program is already in operation and is carefully monitored by an expert adversary board that includes many notable experts in this and related fields. This program is in danger of ending without the funding that has already been appropriated but not yet provided. Furthermore, our initial findings clearly indicate that additional services will be needed. We strongly urge that every dollar go for its original intention, the medical care of our rescue workers. 25 million should immediately be transferred to this program.

These dedicated firefighters and EMS workers rightfully deserve long term health monitoring funding immediately. They deserve to be treated with the dignity and dedication that they rightfully earned when risked their lives and health while participating in the largest rescue and recovery effort in history.

Thank you very much for your time. It would be my pleasure to answer any questions you have regarding this issue.