TOM DAVIS, VIRGINIA,
CHAIRMAN

DAN BURTON, INDIANA
CHRISTOPHER SHAYS, CONNECTICUT
ILEANA ROS-LEHTINEN, FLORIDA
JOHN M. McHUGH, NEW YORK
JOHN L. MICA, FLORIDA
MARK E. SOUDER, INDIANA
STEVEN C. LaTOURETTE, OHIO
DOUG OSE, CALIFORNIA
RON LEWIS, KENTUCKY
JO ANN DAVIS, VIRGINIA
TODD RUSSELL PLATTS, PENNSYLVANIA
CHRIS CANNON, UTAH
ADAM H. PUTNAM, FLORIDA
EDWARD L. SCHROCK, VIRGINIA
JOHN J. DUNCAN, JR., TENNESSEE
NATHAN DEAL, GEORGIA
CANDICE MILLER, MICHIGAN
TIM MURPHY, PENNSYLVANIA
MICHAEL R. TURNER, OHIO
JOHN R. CARTER, TEXAS
MARSHA BLACKBURN, TENNESSEE
PATRICK J. TIBERI, OHIO
KATHERINE HARRIS, FLORIDA

ONE HUNDRED EIGHTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515–6143

MAJORITY (202) 225–5074
FACSIMILE (202) 225–3974
MINORITY (202) 225–5051
TTY (202) 225–6852

www.house.gov/reform

HENRY A. WAXMAN, CALIFORNIA,
RANKING MINORITY MEMBER

TOM LANTOS, CALIFORNIA
MAJOR R. OWENS, NEW YORK
EDOLPHUS TOWNS, NEW YORK
PAUL E. KANJORSKI, PENNSYLVANIA
CAROLYN B. MALONEY, NEW YORK
ELIJAH E. CUMMINGS, MARYLAND
DENNIS J. KUCINICH, OHIO
DANNY K. DAVIS, ILLINOIS
JOHN F. TIERNEY, MASSACHUSETTS
WM. LACY CLAY, MISSOURI
DIANE E. WATSON, CALIFORNIA
STEPHEN F. LYNCH, MASSACHUSETTS
CHRIS VAN HOLLEN, MARYLAND
LINDA T. SANCHEZ, CALIFORNIA
C.A. DUTCH RUPPERSBERGER, MARYLAND
ELEANOR HOLMES NORTON, DISTRICT OF COLUMBIA
JIM COOPER, TENNESSEE

BERNARD SANDERS, VERMONT,
INDEPENDENT

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS,
AND INTERNATIONAL RELATIONS
Christopher Shays, Connecticut
Chairman
Room B-372 Rayburn Building
Washington, D.C. 20515
Tel: 202 225-2548
Fax: 202 225-2382

Statement of Rep. Christopher Shays
September 8, 2004

Three years after the cataclysmic attacks on the World Trade Center, shock waves still emanate from Ground Zero. Diverse and delayed health problems continue to emerge in those exposed to the contaminants and psychological stressors unleashed on September 11, 2001. An effective response to that attack, and future terrorist assaults, requires a coordinated, sustained program to monitor, diagnose, research and treat those wounds.

Last October, this Subcommittee convened in New York City to discuss the rigor and reach of federal, state and local efforts to assess the public health impacts of September 11th. We heard hopeful descriptions of outreach networks and monitoring protocols. We heard criticisms of slow funding and arbitrary deadlines. And we heard concerns about a patchwork of short-term solutions to an admittedly long-term set of needs.

Today we revisit those issues, asking what more has been learned about the health effects of September 11th, and what yet needs to be done to understand, and repair, the physical and mental toll of catastrophic terrorism.

It is a complex challenge. As we will hear in testimony from the Department of Health and Human Services (HHS) and the Government Accountability Office (GAO), federal leadership and resources continue to play a critical role in helping public health and disability compensation systems adapt to the demands of an urban battlefield.

Make no mistake, the firefighters, police, emergency medical personnel, transit workers, construction crews and other first responders did not just go to work on September 11th, they went to war. In the days and weeks that followed, those who labored and lived near Ground Zero fought to survive against a subtle, prolonged assault on their bodies and minds. Many are still fighting. For them, and for future casualties in this all too modern war, the national public health response has to be as vigilant and implacable as the enemy we face.

Our second panel of witnesses brings first-hand knowledge of the medical shadow still cast by the fallen towers of the World Trade Center. We appreciate their time and their insights, and we look forward to the testimony of all our witnesses.