

Statement of

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Oversight: An Update on the Status of Access to Medical Care for Uniformed Municipal  
Workers Involved in the 9/11 Recovery Effort

March 30, 2007

Before the  
New York City Council Committee on Civil Service and Labor

Thank you Chairman Addabbo and distinguished members of the Committee on Civil Service and Labor for holding this hearing on 9/11 health concerns, and for inviting me to testify. I want to recognize that you and your colleagues on the Committee have had a sustained interest in addressing 9/11 health issues, especially for municipal employees, and I am pleased to be able to share with you what the City has learned and the commitments it has made since you held your last hearing on this issue in September 2006.

Deputy Mayor Ed Skyler and I co-chaired a Panel of City agencies that Mayor Bloomberg convened in September 2006 to explore what we know about the health impacts of 9/11, and to develop recommendations to ensure that affected individuals get the first-rate care they deserve for any current or emerging health care needs. I am here today with Cas Holloway, Deputy Mayor Skyler's Chief of Staff. Cas Holloway and Rima Cohen on my staff were executive directors of the Panel.

The 14 City agencies represented on the Panel had personnel who participated directly in WTC rescue, recovery, and clean up operations, and/or are responsible for maintaining the public's health. These agencies included the Fire and Police Departments, the Office of Emergency Management, the Department of Health and Mental Hygiene, the Health and Hospital's Corporation, the Department of Sanitation, and the Office of the Chief Medical Examiner. The Report's Appendix contains a list of all 14 agencies.

Over the course of five months, the Panel immersed itself in WTC health issues. We reviewed the science; surveyed every City agency; and conducted 60 interviews with union representatives, area residents, medical experts, local businesses, day laborers, policymakers, and 9/11 health program administrators. We also traveled to Washington DC to meet with members of the Bush administration and with members of the New York Congressional delegation who continue to work on behalf of the responders, residents, and others who helped the City to recover after the terrorist attacks. And

from September through mid February, the full Panel met regularly to consider a wide range of medical and policy questions.

We distributed to every City agency a detailed written survey—which is included in the Appendix of the Panel Report—requesting information about a range of matters relevant to the health of, and information available to, City employees, contractors, and other constituencies. Based on initial meetings and survey responses, Panel staff conducted follow-up interviews with more than a dozen City agencies and the Municipal Labor committee, and with union representatives from all City uniformed agencies, DC 37, and non-City unions. We cast a very wide net, and carefully considered all of the comments we received.

The result of these efforts was the most exhaustive examination of the health impacts of 9/11 to date, laid out in an 83-page report that includes 15 recommendations to expand and ensure the long-term sufficiency of 9/11 health resources. The Mayor accepted the recommendations in their entirety, and in the six weeks since the report was released, we have moved forward to implement the recommendations.

My testimony today will summarize the highlights of our inquiry, and I will submit a copy of the full report for the hearing record. Cas Holloway will provide more detail on issues specifically related to City agencies and employees and the cost analyses that the Panel undertook as part of its work.

### **Panel Findings**

The dust cloud, debris, fires, and other destruction caused by the collapse of the World Trade Center produced an urban environmental disaster unprecedented on U.S. soil. Over the past five years, medical researchers and clinicians have reported in peer-reviewed studies and have learned from their own treatment experiences that thousands of people experienced physical and mental health conditions that were caused or exacerbated by exposure to this disaster. While many have recovered, others continue to face a range of ailments. The most common are respiratory illnesses, such

as asthma, and mental health conditions such as Post-Traumatic Stress Disorder (PTSD) and depression. We do not yet know the extent to which these conditions will remain or can be successfully resolved with treatment.

We also do not yet know whether late-emerging and potentially fatal conditions, such as cancer and pulmonary fibrosis, will arise in the future; but concern about these illnesses developing was raised time and again in discussions with responders and residents alike. We know that we must build the capacity to detect and respond to any conditions that may reveal themselves in the future.

We also know that rescue and recovery workers—including firefighters, police, volunteers, and contractors—are those most likely to experience ill health related to 9/11 exposure. For example, more than 2,000 of the Fire Department's 14,000 first responders—15%—have sought treatment for respiratory conditions since September 11. Among a sample of 9,400 rescue and recovery workers examined at a WTC health program coordinated by Mount Sinai Medical Center between 2002 and 2004, 32% self-reported lower respiratory symptoms and 50% self-reported upper-respiratory symptoms near the time of their initial medical evaluation.

Psychological effects are also pronounced, as many of the rescue, recovery and cleanup workers witnessed deeply traumatic events or suffered the personal loss of friends, family or co-workers in the attack. Data collected by the World Trade Center Health Registry (described below) between two and three years after the attacks indicates that the prevalence of PTSD among WTC rescue and recovery workers is 12.4%, ranging from 7.2% for police to 21.2% for unaffiliated volunteers, many of whom were not formally trained or experienced in disaster response and were therefore more vulnerable to the emotional anguish that this type of work can inflict. FDNY responders reported nearly 1,300 stress-related incidents in the first 11 months after 9/11, compared with 75 such incidents during the 11 months before the attacks. By early 2006, the FDNY's mental health Counseling Services Unit was still receiving an average of 260 intakes each month, compared with a rate of 50 cases per month prior to 9/11.

But health concerns are not confined to our first responders. Area residents, school children, commercial workers and others also reported a variety of illnesses in the aftermath of 9/11, including acute breathing problems, worsening of asthma, nausea, headaches, and stress-related illnesses. Data from the New York City Department of Health's World Trade Center Health Registry, the largest public health surveillance effort of its kind, has been documenting the physical and mental health conditions reported by 70,000 residents, responders, commercial workers and others in the vicinity of the World Trade Center site on and after 9/11. Within weeks of closing enrollment, Registry data showed that two-thirds (66%) of adult enrollees self-reported new or worsened sinus or nasal problems after their exposure on 9/11. Enrollees also reported higher levels of psychological distress than the citywide average between two and three years after the attacks. More detailed data from the Registry is now being published that document the persistence of high rates of PTSD reported by residents, workers, and tower evacuees.

### **Support for 9/11-related Conditions**

Fortunately, help is available for many of those in need. Among the dozens of health and mental health programs that developed over the years since the attack, three have emerged as centers of excellence in diagnosing and treating WTC-related health conditions:

1. The New York City Fire Department's program, which provides free monitoring and comprehensive physical and mental health treatment for firefighters and EMS workers who responded on 9/11 and took part in rescue and recovery;
2. A free monitoring and treatment program for other first responders, including nearly 6,000 NYPD employees, coordinated by Mt. Sinai Medical Center, which has affiliated centers across the nation; and
3. The WTC Environmental Health Center at Bellevue Hospital, a City-funded program that is open to anyone with possible 9/11-related symptoms, including local residents and office workers, regardless of their insurance or immigration status.

These programs have provided a virtual lifeline to thousands of individuals, from across the nation.

Equally important, the data generated by these programs and research efforts by the Registry and the New York City Police Department, which collects and analyzes data from a WTC-related medical and psychological screening and referral program it instituted shortly after 9/11, have led to important scientific studies examining 9/11's physical and mental health effects. They have also informed the development of clinical guidelines for diagnosing and treating 9/11-related health problems, which is important for ensuring a consistent standard of care for those who seek treatment outside of the centers of excellence. In 2003, DOHMH released its first set of clinical guidelines on how to treat individuals with depression, PTSD, and substance abuse disorders that may be related to 9/11. Last year, DOHMH led an initiative to update and disseminate these guidelines, as well as a revision of the guidelines initially developed by Mt. Sinai and FDNY physicians on the diagnosis and treatment of respiratory, gastrointestinal, and sinus diseases.

Clearly, each of the centers of excellence, the Registry, and NYPD's efforts, have been critical to confronting the array of 9/11 health challenges we face.

That is the good news. But the panel found that these efforts and the important research they generate are in jeopardy, and that there are troublesome gaps in information about WTC-related health effects and the availability of treatment for those who need it. We also determined that the City's WTC health policies and practices vary and could be better coordinated. The Panel's recommendations seek to address those issues.

### **Panel Recommendations**

You can find a list of all 15 recommendations in the Report's Executive Summary, and further detail's about each in the body of the Report. I will outline for the committee the

highlights of the Panel's recommendations, and Cas Holloway will provide further detail about the recommendations specific to our City's employees.

The Panel found that, despite the considerable data about 9/11-related health issues generated from our centers of excellence, the NYPD, the Registry, and other sources, there is currently no comprehensive repository of information about WTC health and mental health treatment, policy, and research. For this reason, the Panel called for the appointment of a Citywide WTC Health Coordinator who will promote consistency and coordination of WTC health policies, oversee a new "one-stop" web site that will provide a central source of WTC health information, and ensure effective communication with potentially affected populations, including City workers, community groups, and businesses.

We also called for the establishment of a Medical Working Group of environmental health, and medical and mental health clinicians and researchers from within and outside City government that can review the scientific data on the health effects of WTC exposure and communicate the results throughout our city's public and private health systems. That group will meet regularly and report its findings directly to the Mayor.

Largely in response to feedback from resident and community groups, the panel recommended that the City enhance coordination and outreach with respect to construction and deconstruction projects in Lower Manhattan—particularly the deconstruction of Deutsche bank. In addition, the panel recommended that OEM lead an effort to review the environmental and health-safety aspects of the City's disaster response plans to prepare for future emergencies.

The Mayor's Panel also recommended that New York City vigorously pursue federal funding to support the programs that form the cornerstone of our response to 9/11 health concerns. These programs include the three clinical centers of excellence; research efforts of the Registry and the NYPD; mental health treatment, through the extension of an expiring Red Cross-funded program that supports community-based

mental health services; and aggressive outreach to let people who may be affected know about the services available to them, and the science that informs their treatment options. We estimated that the cost of these programs exceeded \$150 million per year.

Unfortunately, the FDNY and Mt Sinai Centers of Excellence and the Registry have had to rely on a combination of City funding and a patchwork of non-recurring philanthropic and federal grants, including President Bush's recent, and welcome, \$25 million pledge. These grants certainly help – but the current funding commitments will not keep these programs open beyond the end of this year.

And Bellevue's program—which is open to anyone—is also a critical component of our health network, but not enough people know about it, and the City has funded that program on its own, with no federal support. Along with securing federal funding for Bellevue—including for strong language translation services so that the program remains accessible to residents of Chinatown and other immigrant communities—the report recommends stepping up promotion of the program to double its capacity from 6,000 potential patients to 12,000, and providing funding for enhanced monitoring and research by the NYPD.

The Mayor has already been to Washington DC to testify in support of federal funding for these initiatives, and he has met with federal elected leaders from New York and other States, as well as Bush Administration officials, to press our case.

As Mayor Bloomberg said when he accepted our report, individuals now experiencing 9/11 health effects were responding to an act of war against this nation. The government is responsible for assisting them, but New York City cannot bear the responsibility on its own, especially for those who aided New York in its time of need, but now live in other states. We are asking the federal government to step up to the plate, and stand shoulder-to-shoulder with us to support these brave men and women.

But I can assure you that we will not wait for the federal government to move forward on our commitment to ensuring that those who may suffer ill health get the very best information, treatment and support available. The Report and its recommendations lay the groundwork for realizing this commitment to the men, women, and children who endured the worst terrorist attack in our nation's history.

Thank you again for this opportunity to testify. I look forward to working with you, Chairman Addabbo, and your colleagues to ensure that everyone who is suffering gets the health care they need going forward. Let me now turn to Cas Holloway, who will discuss other important Panel findings.