



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony
Of

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before the

New York City Council Committees on Civil Service & Labor and Health

Regarding

**An Update on Access to Medical Care and Benefits for Uniformed Municipal Workers
Involved in the 9-11 Recovery Effort**

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City Hall
New York, NY

Good morning Chairmen Addabbo and Rivera and members of the Committee on Civil Service & Labor and the Committee on Health. My name is Lorna Thorpe, Deputy Commissioner of Epidemiology of the New York City Department of Health and Mental Hygiene. On behalf of the Department, thank you for the opportunity to testify on this important issue.

Today I will review recent findings from the World Trade Center Medical Working Group's *2008 Annual Report on 9/11 Health*, describe the New York City 9/11 Benefit Program for Mental Health and Substance Use Services, and discuss the report's policy recommendations.

WTC Medical Working Group Annual Report

In response to one of the 9/11 Health Panel's recommendations, last year Mayor Bloomberg convened a World Trade Center Medical Working group, co-chaired by the Deputy Mayor for Health and Human Services and the Health Commissioner. The group includes 16 academic experts, government leaders and representatives from the WTC Centers of Excellence at FDNY, Mount Sinai, and HHC/Bellevue. The Group also has medical leadership representation from NYPD and the Department of Corrections.

This Medical Working Group met regularly over the past year to review existing and emerging scientific literature on 9/11 health published in the seven years since the attacks. The first annual report on 9/11 health includes key findings from more than 100 articles published in peer-reviewed journals, identifies gaps in research and service, and concludes with a series of recommendations for policymakers, researchers and other stakeholders who share the Mayor's concern about 9/11 health.

The consensus of the group, reflected in the report, is that findings on physical and mental health ramifications from 9/11 are remarkably similar across studies and potentially exposed groups, including uniformed responders, other rescue, recovery and clean-up workers and volunteers, lower Manhattan residents and area workers.

While the full extent of the health impacts resulting from the WTC attack is unknown, medical evidence has documented a variety of short-to medium-term health consequences. Some of the key conclusions regarding physical and mental health impacts include:

- In the first weeks and months after 9/11, respiratory symptoms were common among people who breathed in the dust, smoke and fumes caused by the WTC collapse.
- Clinical studies of exposed rescue and recovery workers show that respiratory symptoms subsided over time for many workers, but they have persisted for others. While nearly all responding NYC firefighters experienced respiratory symptoms on the day of the WTC attacks, symptoms reportedly have persisted for approximately 25% of firefighters two to four years later. Prior to 9/11, fewer than 5% of NYC firefighters had chronic respiratory symptoms.

- In surveys conducted two to three years after 9/11, rescue and recovery workers, and other exposed groups reported new diagnoses of asthma that were two-to- three times higher than national estimates.
- For several worker groups, pulmonary function tests have documented either decline in lung function or high prevalence of abnormal lung function after 9/11.
- Compared to pre-9/11 levels, new diagnoses of sarcoidosis (an inflammatory condition of lung and often other organs) or sarcoid-like lung disease were elevated among NYC firefighters in the first year after the disaster. Since then, rates have subsided to pre-9/11 levels.
- Studies have been initiated to examine the possibility of WTC-related cancers and to measure overall patterns of mortality among people with exposure to the WTC collapse, but results are not yet available. These and other late-emerging effects, if any, are not expected to be clearly evident for at least a decade after exposure.
- Posttraumatic stress symptoms and disorders were common in the first six months after 9/11 among people both directly and indirectly exposed to the WTC disaster.
- Early symptoms of posttraumatic stress resolved quickly for most people, particularly those who were not directly exposed.
- Among directly exposed populations, however, rates of PTSD were elevated two to three years after 9/11; among rescue and recovery workers, 12% reported symptoms of PTSD, which is three times higher than would be expected if the WTC attacks had never occurred.
- Rates of PTSD among rescue workers ranged from 6% among police to 21% among volunteers. Workers in occupations with less training in disaster rescue or recovery operations—such as DSNY employees whose rate of PTSD was almost 11%—or who worked outside of their areas of training were at increased risk for PTSD.

NYC 9/11 Benefit Program for Mental Health and Substance Use

Last year the Health Department received City funding for a financial reimbursement program to increase access to mental health and substance use treatment for any New Yorker who continues to experience psychological distress related to the terrorist attacks. As the World Trade Center Medical Working Group's annual report makes clear, the burden of PTSD, which can be a chronic illness if not properly treated, remains very great among New Yorkers who were directly affected by the attacks. The Health Department also took special care in considering the needs of responders in the developing of this program.

Through the NYC 9/11 Benefit Program for Mental Health and Substance Use Services, many NYC residents, including City employees who live in New York City or six surrounding counties, can seek help through a licensed provider in New York State. The program is

retroactive to January 2007 to ensure continuity of coverage with a similar program that the American Red Cross ended in 2006. It offers an alternative to the WTC Centers of Excellence for responders and other City employees who already have established a therapeutic relationship with a licensed provider or who want to access care at a time and location more convenient to them than hospital-based services. Three hundred uniform and non-uniform responders have enrolled in the program to date.

There is no cap on the benefit for responders, and while other groups of New York City residents and employees eligible for the program must exhaust their private insurance coverage before seeking reimbursement, this requirement has been waived for FDNY and NYPD personnel who chose not to seek services through their employer or through a WTC Center of Excellence. The program is also open to family members of responders, who are not eligible for free treatment at the federally funded Centers of Excellence.

To increase awareness of the NYC 9/11 Benefit Program, the Health Department produced and distributed 150,000 wallet cards, and the World Trade Center Health Registry recently sent a special mailing to all enrollees residing in the New York City area, including more than 9,000 members of FDNY, NYPD and DSNY, informing them of the NYC 9/11 Benefit Program and other specialized World Trade Center treatment programs. Information about the program is also featured in detail on our one-stop shopping 9/11 health information website. Finally, next month we will also provide Registrants with copies of a recently updated *9/11 Resource Guide* which includes information on the benefit program as well as details regarding filing deadlines for WTC-related Workers Compensation and disability.

WTC Medical Working Group Recommendations

Thanks to the Mayor's expansion of the WTC Environmental Health Center and the launch of the Health Department's new 9/11 Benefit Program, 9/11-related mental and physical health treatment and medication are accessible to more New Yorkers than ever before. As part of its report, the WTC Medical Working Group made a number of recommendations to ensure continued access to these important programs and services.

In particular, there is a need for continued advocacy for long-term federal support to fund the continuation of critical activities such as treatment for WTC-exposed populations. This is especially crucial as the City better understands the potential long term effects of the 9/11 disaster through the Centers of Excellence and the Health Department's own World Trade Center Health Registry. The Mayor continues to urge Congress to pass legislation that would establish a permanent funding stream for 9/11 health, and we welcome the Council's advocacy on this critical issue.

The Medical Working Group also recommended continued support for research and evaluation on the prevalence and persistence of conditions potentially related to 9/11 and associated treatment needs. There are still many unanswered questions regarding the extent of the health impacts resulting from WTC attacks, and it will be important to determine whether cancer, chronic illnesses and other late emerging diseases are elevated among WTC-exposed populations.

In closing, sustaining 9/11 health programs and research is vital. While existing programs may appear to be meeting current needs in the New York City area, treatment and research cannot be sustained over the long-term without a long-term commitment from the federal government. We appreciate the Council's continued interest in this issue, and ask for your support to ensure that the 9/11-related health needs of uniformed responders continue to be met.

Thank you again for this opportunity to testify.

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