

September 5, 2006

To: Chairman Christopher Shays
Subcommittee on National Security, Emerging Threats and International
Relations

From: Steven M. Centore, 9/11 First Responder, Team Leader – DOE Radiological
Assistance Program Team

Re: Congressional Testimony

Date: September 5, 2006

Chairman Shays, distinguished members of Congress, thank you for giving me the opportunity to testify at this hearing today.

BACKGROUND

My name is Steve Centore. Since December 1992, I was employed by the U. S. Department of Energy (DOE) as the Regional Response Coordinator (RRC) for DOE's Radiological Assistance Program, Region 1. In contrast, since September 2005, I have been re-assigned duties in an entry level position as a database manager for DOE.

In your invitation there were two specific issues you asked me to address. I will provide as much information as possible about these two issues in this letter, followed by a personal statement about my health to date. I will limit my comments to the federal responder aspect. The two issues are;

1. How effective are the medical screening and monitoring programs for individuals that responded to the World Trade Center disaster?
2. What improvements need to be put in place to address the deficiencies in the various programs, as well as the steps needed to fully care for all the individuals who responded or were near the WTC site?

DISCUSSION

Let me start by addressing the two issues identified in your letter and as stated previously:

- 1. How effective are the medical screening and monitoring programs for individuals that responded to the World Trade Center disaster?**

I only have experience with two programs, one run by the Federal Occupational Health program and the second run by Stony Brook University. The first concern with these programs is that they started too late. We first received notification to sign-up on the "responders" list during the November – December 2005

timeframe. When I finally did get a chance to participate with the two different organizations, I was well into obtaining my own care through my local doctors. I was also informed at the time that I would not be receiving treatment or reimbursement for my health problems. I realized at that point I was just a data point to the government and upon my death would become just another data point. I have received no help or aide from the government with my health. My health insurance carrier and I have paid all my expenses, my portion of which was significant. I had to use my own sick and annual leave time to seek help from doctors that were able to help me. This has not only depleted all available leave time but I had to borrow against my account and now am overdrawn on leave time.

So, in summing up issue one, I would say the programs are effective at doing what they were designed to do, gather historical data. However, they completely lacked any type of care or financial assistance for the truly injured federal responders.

2. What improvements need to be put in place to address the deficiencies in the various programs, as well as the steps needed to fully care for all the individuals who responded or were near the WTC site?

There are two different points to be noted here, one that should have been done on 9/11/01 and secondly, what should be done now.

During the Ground Zero response, the federal agencies should have had someone such as a psychologist present to allow responders coming off the pile an entity with which they could share their feelings and decompress.

Concerning present day improvements, there are two improvements that could be made, one realistic and one is ideal. Realistically, the federal government needs to make every avenue of treatment available to its employees that have answered the call as requested by their government leaders. Idealistically, the federal government should provide training to the medical community concerning exposure to conditions that existed at ground zero. The local medical community, having little to no experience with situations and the conditions that existed at ground zero, are prone to shrug off non-traditional disease symptoms which makes them susceptible to mis-diagnosing a patient.

While the second improvement would require significant amounts of time to put together and implement, the government could start by acknowledging that there are pertinent health effects due to exposure at ground zero.

CONCLUSION

I am a devout American patriot and a decorated veteran of the U. S. Armed Forces. I did what I did out of a sense of duty and pride. I currently suffer from a host of ailments, both physically and mentally, such as severe Post Traumatic Stress Disorder, Anxiety

Disorder, as well as respiratory, gastrointestinal, and circulatory problems that make clear diagnoses and treatment difficult and often contradictory between different doctors. At best, it makes daily living a challenge.

Additionally, when requesting federal assistance such as Workman's Compensation or Disability Retirement, employees who are responsible for processing the claims seem to demonstrate a lack of training for dealing with individuals with severe PTSD or a multitude of as-not-yet properly diagnosed illnesses and the injured employee is made to feel guilty for filing a claim. After having been diagnosed with severe PTSD symptoms over a year ago, and a flood of physical ailments soon afterwards, I still have not received any federal financial assistance for uncovered medical expenses or reimbursement of loss of all my leave time from work. I have had to take care of my own health and welfare issues instead of being backed by the federal government as promised. Immediate fair treatment is all that I am seeking for processing my claims for compensation and disability retirement.