

A Summary of Government Accountability Office Findings: “September 11: Health Effects in the Aftermath of the World Trade Center Attack”

September 8, 2004

(Compiled by the Office of Congresswoman Carolyn B. Maloney)

OVERALL IMPACT

The GAO identifies high levels of injury and illness emerging as a result of the attacks:

A) “Unpublished data collected by the Greater New York Hospital Association from September 11 through September 28, 2001, showed 6,232 emergency room visits and 477 hospitalizations related to the attack in 103 hospitals in New York State and 1,018 emergency room visits and 84 hospitalizations related to the attack in nearby New Jersey hospitals” (Page 7).

B) “Within 48 hours of the attack, FDNY found that about 90 percent of its 10,116 firefighters and EMS workers who were evaluated at the WTC site reported an acute cough” (Page 9).

“Almost all of the FDNY firefighters [9,914] who had responded to the attack developed respiratory effects, and hundreds [about 380 firefighters] had to end their firefighting careers due to WTC-related respiratory illness” (Page 9).

C) “Studies and screenings conducted among other responders – carpenters, cleanup workers, federal civilian employees, heavy equipment operators, ironworkers, mechanics, National Guard members, police officers, telecommunications technicians, truck drivers, and U.S. Army military personnel – have found respiratory health effects similar to those seen in FDNY firefighters” (Page 10).

Among non-firefighter WTC site workers, a Johns Hopkins December 2001 study found, “among those who reported no previous history of lower respiratory symptoms, 34 percent reported developing a cough and 19 percent reported wheezing” (Page 11).

D) “A NIOSH survey of federal employees working near the WTC site found that 56 percent of respondents reported having a cough” (Page 11).

E) “Using data from the five Disaster Medical Assistance Teams (DMAT) facilities and the four hospitals closest to the WTC site, researchers documented 5,222 visits by rescue workers at DMAT facilities and emergency rooms in the first month of the cleanup period” (Page 8).

FEDERAL RESPONSE

A) Uneven Nature of Programs

“The monitoring programs vary in their methods for identifying those who may require treatment, and although none of these programs are funded to provide treatment, they provide varying options for treatment referral” (Page 21).

“Unlike most of the other monitoring programs, the WTC Health Registry and the Johns Hopkins registry do not include a medical evaluation, and neither effort is affiliated with a treatment facility or program” (Page 22).

“The questionnaires for both [the Federal Occupational Health and New York State] programs are more limited than the FDNY or Mount Sinai questionnaires; for example, they have fewer mental health questions” (Page 22).

B) Limited Levels of Coordination

“Programs Established to Monitor and Understand Health Effects Vary in Eligibility Requirement, Methods, Treatment Referrals and Duration” (Page 16).

“These programs are not centrally coordinated, but some of them are collaborating with each other” (Page 16).

“Under FOH and NYS programs, workers who require care have been told to follow up with their primary care physicians under their own insurance” (Page 22) without providing information to these physicians of how to reach experts on 9/11 health impacts at Mount Sinai.

C) Gaps in Services Provided

“none of these programs are funded to provide treatment” (Page 21)

“community and labor representatives have been unsuccessful in their attempts to expand the eligibility criteria of the WTC Health Registry” (Page 21).

“Together the FDNY program and the Mount Sinai program cover more than half of the estimated 40,000 WTC responders” (Page 19).

“Concerns have been raised by community and labor representatives regarding the eligibility requirements for some of these programs, and while changes have been made to accommodate some of these concerns, others remain unresolved” (Page 20).

D) Inadequate Duration of Programs to Achieve Goals

“The duration of the monitoring programs may not be long enough to fully capture critical information on health effects” (Page 23).

“None of the programs is funded to last longer than 2009” (Page 23).

“the full health impact of the attack is unknown” (Page 25).

“The monitoring programs may not be in operation long enough to capture information about new conditions, chronic conditions, and diseases whose onset may occur decades after exposure to a harmful agent, such as many cancers” (Page 25).

GAO Table: “Efforts to Monitor Health Effects on Individuals in the Aftermath of the World Trade Center (WTC) Attack”

A) WTC Health Registry

- Approximately one fifth to one seventh of eligible population participates.
- Out of an eligible population of between 250,000 and 400,000, only 55,226 were enrolled as of August 2004.

NOTE: The GAO report states, “community and labor representatives have been unsuccessful in their attempts to expand the eligibility criteria of the WTC Health Registry” (Page 21).

B) FDNY WTC Medical Monitoring Program

- 11,770 firefighters and EMS workers enrolled out of approximately 14,500 eligible.
- Funded through June of 2009

C) WTC Worker and Volunteer Medical Monitoring Program

- Approximately 12,000 people enrolled out of an approximate eligible population of 12,000 responders.
- Funded through July, 2009

D) Medical Monitoring Program for New York State Workers

- 1,677 employees received medical evaluations out of about 9,800 New York State employees and National Guard personnel.
- This program will provide a follow-up medical examination and questionnaire to only 300 employees.
- Funded through 2003.
- All New York State employees are now eligible to participate in the Mount Sinai program.

E) WTC Cleanup and Recovery Worker Registry

- 1,337 workers responded to a mailed questionnaire out of about 12,000 members from three unions and the NYC Department of Sanitation.
- Funded through Fiscal Year 2003.

F) WTC Responder Screening Program for Federal Workers

- 412 exams completed and reviewed out of an eligible population of about 10,000 federal workers responding to WTC.
- Funded through Fiscal Year 2003

ADDITIONAL HEALTH EFFECTS

A) Reproductive Health Effects

“8.2 percent of infants born to women who were in or near the WTC on September 11 were born with a birth weight below the tenth percentile for gestational age, compared to 3.8 percent of infants born to women in the study’s control group. This difference was statistically significant after variables such as maternal age, race/ethnicity, sex of the infant, and maternal smoking history were taken into account” (Page 12).

B) Symptoms Associated with PTSD

“Initial findings from the Mount Sinai program show that about 22 percent of a sample of 250 WTC responders reported symptoms consistent with PTSD” (Page 13).

“A nationwide survey comparing reactions in NYC to those across the country using a

nationally representative sample of U.S. adults found that the prevalence of symptoms associated with PTSD 1 to 2 months after the attack was significantly higher in the NYC metropolitan area (11.2 percent) than in other major metropolitan areas (3.6 percent) and the rest of the country (4 percent)” (Page 14).

C) Symptoms Associated with Depression, Stress, and Anxiety

“in NYC, researchers found that about 9.7 percent of Manhattan residents surveyed 5 to 8 weeks after the attack reported symptoms consistent with depression” (Page 14).

D) Behavioral Effects

“New York University School of Medicine’s Child Study Center’s bereavement program found ... widowed mothers, who are experiencing sustained distress at twice the level typically found in the general population and are having difficulty coping with their daily responsibilities, such as single parenthood, almost 3 years later” (Page 15).