

Congress of the United States

Washington, DC 20515

February 03, 2005

The Honorable Michael O. Leavitt
Secretary
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Leavitt,

As you assume your duties as the new Secretary of the U.S. Department of Health and Human Services (HHS), we wanted to ensure that you are fully aware of what we believe is an inadequate federal response to a health emergency arising from the terrorist attacks of September 11, 2001. As the former Administrator of the Environmental Protection Agency, we are confident you are aware of the release of toxins from the World Trade Center Buildings during their collapse.

As the findings of the enclosed recent medical studies verify, serious health impacts from the September 11th terrorist attacks continue to persist among rescue and recovery workers, as well as in local residents and those employed at or near the World Trade Center (WTC) site. Despite these findings, the federal government is still only monitoring a fraction of exposed individuals and has yet to provide any funding for treatment.

We seek your full attention to this health crisis. We ask that you immediately start monitoring those who are currently not eligible, including residents in the disaster and Ground Zero area workers and provide treatment to those who need it. The thousands who have fallen ill out of the 40,000 9/11 responders and hundreds of thousands of residents and area workers deserve nothing less than a thorough and immediate response from the federal government.

RECENT MEDICAL FINDINGS OF ONGOING 9/11 HEALTH IMPACTS

Four medical reports published in late 2004 substantiate the widely accepted understanding that 9/11 and its aftermath has caused severe and lasting illness among Ground Zero responders, as well as in residents and workers in the WTC region.

A September 2004 report summarizing data from the WTC Worker and Volunteer Medical Screening Program found that a substantial portion of Ground Zero responders exposed to air hazards during the rescue and recovery effort have experienced an onset of upper and lower respiratory conditions or exacerbated pre-9/11 upper and lower respiratory conditions.¹ The study analyzed a 1,138 person subset of data collected from the Program's initial 11,768 participants involved in the September 11th response.

The results indicate a substantial onset of lower respiratory (57.5%) and upper respiratory

¹ Levin, S.M., et. al. "Physical Health Status of World Trade Center Rescue and Recovery Workers and Volunteers – New York City, July 2002 – August 2004." MMWR. Centers for Disease Control and Prevention. Sept. 10, 2004. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5335a1.htm>

(69.8%) problems. Major symptoms included dry cough, shortness of breath, stuffy nose, congestion, throat irritation, and sneezing. Of those with a previous respiratory condition, 60.9 percent reported that the condition worsened while working or volunteering on the recovery efforts. A second medical report, published in November 2004, has found that New York firefighters who had been highly exposed to WTC dust continued to show significantly higher levels of inflammation and particulate matter deposition in their throats and lungs ten months after the disaster, compared to a control group of firefighters not involved in the WTC response.²

In addition to the ongoing health impacts suffered by 9/11 rescue and recovery workers, several studies have shown significant and lasting health impacts among residents and those working near the World Trade Center in lower-Manhattan. On December 20, 2004, a study on the respiratory health of residents around Ground Zero found, “the data demonstrated an increased rate of new onset and persistent respiratory health effects in residents near the former WTC compared to the control population.”³ Specifically, new-onset respiratory symptoms were described by 55.8% of residents in the “exposed-area” compared to 20.1% in the “control area” after the disaster. In addition, “persistent new-onset symptoms” were identified in 26.4 percent vs. 7.5 percent in residents in the exposed area vs residents in the control area respectively.

In November of 2004, New York City health officials released the results of a two-year study measuring the effects of air pollution on those in the vicinity of the WTC site.⁴ After interviewing 61,087 victims, officials compiled the data into the WTC Health Registry, the largest health registry ever attempted in the United States. Even though some workers and residents who may have been most heavily affected by the disaster did not participate in the Registry as a result of legitimate concern among labor organizations that it was designed and implemented without proper coordination with affected populations, the study still confirms high levels of persistent respiratory symptoms months after rescue and recovery work had stopped. Of those interviewed, 42 percent experienced shortness of breath, 47 percent experienced sinus problems, while other respiratory problems included wheezing, persistent coughing, and throat irritation. Eight percent of Registry members suffered from symptoms of psychological distress, 60 percent higher than the city average.

THE HUMAN STORY OF THE 9/11 HEALTH EMERGENCY

In addition to widespread medical evidence, there are countless stories of workers whose health was damaged severely as a result of their September 11th response and they are still struggling to become well and support their families today. They struggle not only to get well, but also to navigate the thoroughly confusing and inadequate government response system allegedly established to meet their needs. Regrettably, the following examples are emblematic of the experience in which countless 9/11 responders have had to cope:

² Fireman, Elizabeth M., et. al. “Induced Sputum Assessment in New York City Firefighters Exposed to World Trade Center Dust.” Environmental Health Perspectives, November 2004 (Volume 112, Number 15).

³ Reibman, Joan, et. al. “The World Trade Center Residents’ Respiratory Health Study: New Onset Respiratory Symptoms and Pulmonary Function.” Environmental Health Perspectives Online.

⁴ The New York Times. “Thousands Near 9/11 Attack Reported Ill Effects, U.S. Says.” 23 November 2004.

Kevin Mount, a beloved husband and father and former bicycle enthusiast, served as a truck driver in the 9/11 recovery effort. He worked fourteen hour days hauling debris away from the WTC site and was given nothing more than a paper mask that he described as a 'party hat' during recovery efforts at Ground Zero. His coughing started in November of 2001 and he was eventually rushed to the emergency room for treatment of respiratory illness. A December 2002 news report noted that Mr. Mount had already been out of work for months because he was unable to breathe sufficiently and was using steroid inhalators as part of his treatment regime.⁵ As of now, however, in January 2005 more than three years after 9/11, Mr. Mount reports that he continues to suffer from sinusitis and significant respiratory illnesses, causing a severe restrictive airway, but that he still has not received even the most basic determinations he needs from government officials to obtain the medical and disability support that could help him get well and support his family.

Steve Nolan was a crane operator who worked day and night on rescue and recovery work at Ground Zero. He came home at nights so caked in dust and debris that he would undress outdoors. In 23 years of marriage, his wife, Peg, has never seen anything like the persistent coughing, sinus congestion, fits of sneezing, loud snoring, and her husband jolted from sleep, gasping for air.⁶

Michael Burke, a carpenter, worked for six weeks building ramps for the fire department at Ground Zero. An avid jogger and Gaelic football player, he was forced to return to his native Ireland in order to recuperate after doctors found dead muscle on the outside of his heart and evidence of airway dysfunction. He has been looking for new work as a photographer and writer, because he can no longer bang nails, run long distances, or lift heavy objects. His breathing ability and lung capacity have, as Burke puts it, rendered him disabled "for the rest of my days."⁷

Considering the recurring medical findings of substantial and lasting illness from 9/11 and clear evidence of inadequate federal support for 9/11 responders and others affected by post-9/11 conditions, we would like to draw your attention to legislation that Congresswoman has authored; *The Remember 9/11 Health Act* (HR 4059 in the 108th Congress). This legislation is summarized below:

I. Providing Treatment - Modeled after a program that provides health insurance for injured volunteer forest fighters, this bill provides federal health insurance to individuals suffering injuries and/or health problems as a result of the September 11th Terrorist Attacks. Recipients do not pay for any health care expenses, including prescription drugs and co-payments. This program also includes mental health coverage.

II. Expanding Health Monitoring - Maintains current program, including the separate program for the Fire Department, while expanding it to a level recommended by the public

⁵ New York Daily News. "WTC Study: Workers Still Gasping for Air; Half of Screened Workers Suffer Ailments." 15 December 2002.

⁶ New York Daily News. "WTC Study: Workers Still Gasping for Air; Half of Screened Workers Suffer Ailments." 15 December 2002.

⁷ The Washington Post. "Respiratory Ills Plague Ground Zero Workers; Many Who Breathed Fumes Face Disability, Grim Recovery Rates." 16 September 2002.

health community.

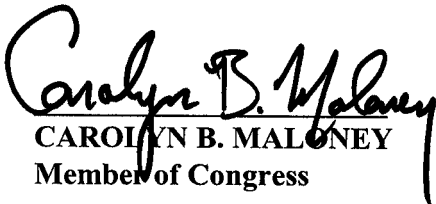
III. Research - Directs the National Institute of Health to conduct or support diagnostic and treatment research for health conditions that are associated with the exposure to the terrorist attacks of September 11, 2001.

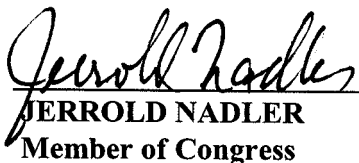
IV. Coordination - Establishes the 9/11 Health Emergency Coordinating Council under the direction of the Department of Health and Human Services for the purpose of discussing, examining, and formulating recommendations for the adequacy and coordination of the Federal Government, State Government, and local government's response to the terrorist attacks of September 11, 2001.

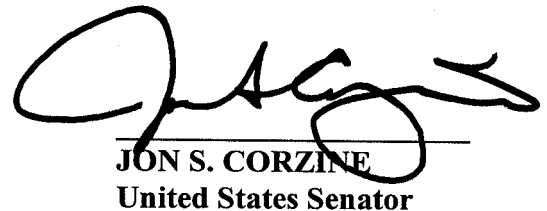
Providing a coordinated federal response that includes not only monitoring, but treatment and research is essential if the federal government is to respond appropriately to this health emergency. In fact, Dr. Janet Heinrich, Director of Health Care-Public Health Issues for the GAO testified on this point at a recent Congressional hearing, saying, "There is something ethically wrong when you screen for a disease, find it, and then don't treat it, and that is what we are finding in this case [of the 9/11 response]." The only thing more shameful than the poor federal response to 9/11 health impacts so far, would be for the government to fail again at responding to the glaring need for aid now.

With the passage of time, the catastrophic events of September 11, 2001, may be fading into history for some, but for thousands of Ground Zero responders, as well as residents and workers around the WTC site, the impacts of the terrorist attacks remain on ongoing, lived experience. They need our assistance and leadership. As the new Secretary of the U.S. Department of Health and Human Service, we urge you to send a clear message to all Americans and especially to rescue and recovery workers everywhere, that if they are there for America in times of greatest need, we will be there for them.

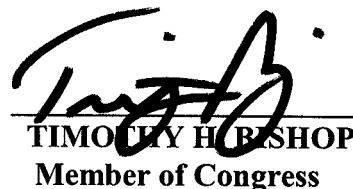
Sincerely,


CAROLYN B. MALONEY
Member of Congress


JERROLD NADLER
Member of Congress


JON S. CORZINE
United States Senator


MAJOR R. OWENS
Member of Congress


TIMOTHY H. BISHOP
Member of Congress