

# Congress of the United States

Washington, DC 20515

April 3, 2009

The Honorable David Obey  
Chairman  
Appropriations Subcommittee on Labor,  
Health and Human Services, and Education  
2358-B Rayburn House Office Building  
Washington, DC 20515

The Honorable Todd Tiahrt  
Ranking Member  
Appropriations Subcommittee on Labor,  
Health and Human Services, and Education  
1016 Longworth  
Washington, DC 20515

Dear Chairman Obey and Ranking Member Tiahrt:

We thank you for your work in obtaining funding for World Trade Center (WTC) health needs in the Fiscal Year 2009 Labor, Health and Human Services and Education Appropriations bill and in years past. As you begin your work on the FY2010 bill, we respectfully request that you continue to ensure a program level of \$182 million—the same as the FY09 program level—for WTC health programs, so that the National Institute for Occupational Safety and Health (NIOSH) may continue to coordinate and expand services for WTC responders and community members.

As the committee noted in the explanatory statement to the FY09 bill, the FY09 program level for the WTC Medical Monitoring and Treatment program was \$182,000,000. There was approximately \$112,000,000 in carryover balances from prior year appropriated funds. Combined with the \$70,000,000 included in the FY09 bill, the total amount available for the WTC program was sufficient to continue to expand the program.

We expect that the program needs for FY10 will be at least as much as FY09, but that there will be much less carryover funding available, possibly as little as \$30 million. As you know, some carryover funding is necessary to ensure that the programs can continue to be funded into the next fiscal year and thus avoid the need to notify the participants that the funding for their medical treatment may be discontinued. Accordingly, if there is \$30 million in carryover funding, then we request that you include \$152 million in your FY10 bill to retain a program level of \$182 million.

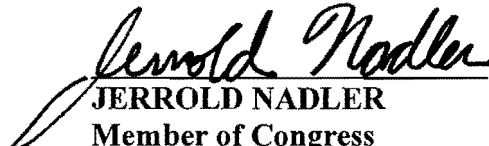
Previously, the development of essential services needed for the monitoring and treatment of these populations has been limited, which has slowed spending rates. For example, there are no provisions for providing adequate outreach and benefits counseling for people living outside of the New York City metropolitan area. These necessary services were not included in the contract awarded to provide medical services for that population. There are also needs for expanded benefits counseling services for participants in the New York City area responder and community programs due to the discontinuation of most of the assistance being provided to these populations by outside philanthropic groups. The current programs also do not have adequate support for evaluating the monitoring and treatment data being collected on the populations under their care. Support for the evaluation of these medical data is critical to recognize new disease patterns in these populations and to ensure that appropriate medical care is being


provided. We hope that these limitations will not continue under the new administration, and if necessary, encourage you to include report language explicitly allowing NIOSH to provide for outreach, benefits counseling, and data evaluation.

Based on the additional funding needed to address the limitations imposed by the previous administration and the continued growth in the number of patients being served by both the responder and community programs, we request that the FY10 program level continue to be the same as last year's program level - \$182 million.

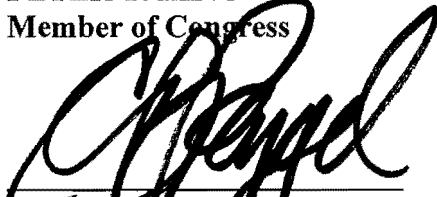
Sincerely,

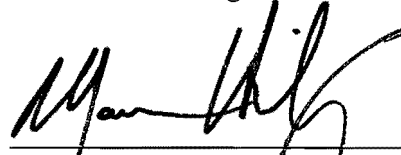
  
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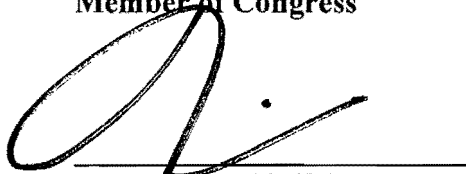
  
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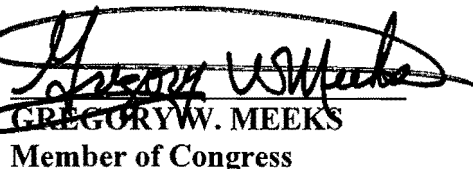
  
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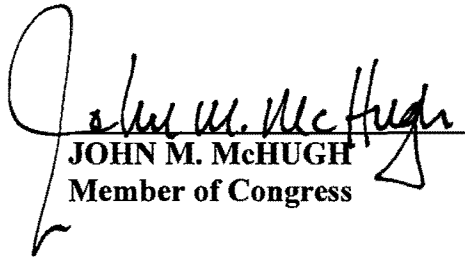
  
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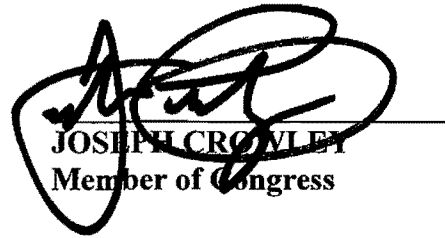
  
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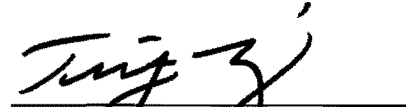
  
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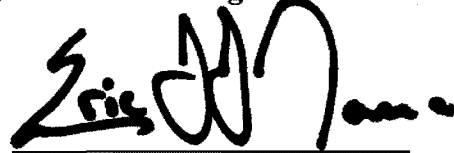
  
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