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**SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS &  
INTERNATIONAL RELATIONS, WITH OVERSIGHT RESPONSIBILITIES FOR THE DOD.**

**Hearing:** “Assessing the September 11<sup>th</sup> Health Effects”.

**Date:** Wednesday, September 08, 2004 at 10am in Washington, D.C.  
Rayburn House Office Building, Room 2247)

**Testimony by:** Philip H. McArdle  
Health & Safety Officer/Sergeant-at-Arms  
Uniformed Firefighters Association, UFA Local 94, NYC.

Good morning everyone. My name is Philip McArdle and I am the Health & Safety Officer/Sergeant-at-Arms for the Uniformed Firefighters Association, local 94 in NYC. On behalf of our organization we would like to thank you for inviting us here today to speak on the health & safety effects of 9/11. We represent 8,800 firefighters of Local 94 in NYC. Since 9/11, 2,793 firefighters (or 31% of the work force) have been replaced. While some have been replaced for economic reasons, most have left as a result of physical and mental health issues.

What our members have been exposed to since 9/11, is difficult to determine for a variety of reasons. Exposure is based on many factors, the dose or concentration of the contaminant X the length of time an individual is exposed. Exposures can be acute (short duration) or chronic (long duration). Other exposure factors include – Gender, Age, Physical Health, Weight and Host resistance, to name a few. These are just a few of the factors which influence a member’s exposure.

Our members worked many days at the site. To give you a snapshot of what people may have been exposed to, one only has to look at Deutsche Bank, which was right across the street from the South Tower of the World Trade Center. This building was in *pristine* condition prior to 9/11. It was well maintained, and when built, there were no asbestos containing materials used in its construction.

On 9/11, a 15-story gash was torn through the building. The owners of the building felt that the building could not be properly cleaned and needed to be taken down. Their insurance companies disagreed. The building's owners hired an environmental company at a cost of \$33 million. This company took approximately 60,000 samples and determined there were high concentrations of lead, mercury, dioxins and asbestos – far above the appropriate levels.

The appropriate levels of contamination were hundreds to thousands of times above what was considered safe. This was less than 100 feet from where the buildings *came down*. Based on these levels, one can only imagine what the concentration levels were like at the center of the rubble pile.

Our members worked the site and were exposed to these and possibly higher levels because of their close proximity to the site. While we have started long-term medical monitoring, the data is coming in slowly.

Medical monitoring is only a small portion of what is needed to protect our members. No money has been designated for long-term treatment and care. There does not seem to be a plan or a coordinated strategy from the Federal Government when it comes to long term treatment, care, research or monitoring of health effects related to 9/11.

We are finding that as a result of medical issues brought on after 9/11, more active and retired members are exceeding their prescription drug cap which is \$5,000 per year. As a result, they will be forced to pay more out of pocket expenses. This will reduce the amount of money they have for other bills and expenses, running families and households. We recommend all drugs related to 9/11 exposures – expenses be borne by the government, not by individual member or union health plans. Congress needs to pass legislation for now the future to ensure that victims of these incidents receive long term treatment and care.

What we envision happening in the future, is that our members will be forced to retire at much earlier ages and will be on prescription drugs for the remainder of their lives.

From a mental health perspective, our members need more assistance. 9/11 created a number of financial burdens for our members. Most firefighters are hardworking, dedicated family members, many of whom work two jobs to support their families. A number of firefighters lost those jobs as a result of duties and responsibilities associated with 9/11, which forced them to spend more time in firehouses, at funerals and away from their families.

This also resulted in a number of other problems, which included separations and divorces. From a mental health perspective, some members spent far too long working at the rubble pile, were not given adequate stress debriefings, counseling or time to decompress. Members were not given good advice on prioritizing after 9/11. They needed to be told that the most important thing was to take care of themselves, because if they became injured or ill, it would be more difficult to take care of others. A number of members focused more on helping others, and disregarded their own physical and mental health. Safety officers and officials did not intercede and enforce safety regulations. Mental health professionals allowed personnel to work long periods without relief.

As an example, Federal USAR Task Forces that deployed to Oklahoma worked no longer than 10 days. This is to prevent fatigue and mental breakdown, and to get them back to their families in a reasonable amount of time. During 9/11, many firefighters if not all firefighters exceeded 10 days working down at the rubble pile. And many, on their off days, instead of spending time with their families, were spending time with victims' families or at the endless wakes, memorials and funerals that occurred. A recommendation for the future is that when these events occur, that people be rotated regularly and often, and have mandatory downtime to decompress and rejuvenate before being pressed back into service.

Prior to 9/11, the workforce worked a 42 hour workweek. Most field units went from a 42 hour work week to shifts of 24 hours on, 24 hours off. After several days they went to 56 hour work weeks. This continued until November, when most units resume a regular work week. Some special units continued the 56 hour work week schedule until December. One unit in particular continued this schedule until April.

In addition to dealing with the WTC, during that same period of time, the workload for members increased significantly. Special units were responding to approximately 500 anthrax calls a day, they were providing protection for the UN General Assembly's annual meeting, the US Open at Flushing Meadows Park, and the NY Yankees during the playoffs, as well as dealing with the major disaster of the aircraft in the Rockaways.

In closing we need to make several distinctions. There are two battlefields today – one is on foreign soil and the other is on the home front. We do not put soldiers on the battlefield who are untrained, ill equipped and without logistical support. We do not expect them to fend for themselves when they become a casualty. Our home front warriors are our police officers, firefighters and other emergency responders who respond *daily*. It is imperative to take care of these people, to ensure their health & safety. We need to instill confidence in government and assure other emergency responders that when they put their health and safety on the line for others, that both they and their families will be taken care of. Thank you.