Testimony of

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on

"9/11 Health Effects: Environmental Impacts for Residents and Responders"

Before the
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Councilman Towns and other distinguished members of the Committee, Subcommittee and New York Delegation, Good Morning and thank you for inviting me to present testimony before you today on the 9/11 health impact on WTC responders and residents of Brooklyn and the current urgent need for coordinated human services for health impacted 9/11 victims and their families.

My name is Peter Gudaitis. I am the Executive Director & CEO of New York Disaster Interfaith Services (NYDIS).

The collapse and conflagration of the World Trade Center complex resulted in a prolonged airborne dissemination of a smoke plum throughout Lower Manhattan that moved over Brooklyn. As hundreds of thousands of Brooklynites witnessed the events of that day, some reported physical, psychological, and economic impact immediately following the attack, but were told that their injuries or losses were not a direct result of the disaster as designated by the government or aid agencies that concentrated their resources on the Lower Manhattan area. It has been our experience that many Brooklyn residents expressed anxiety about the effects of the dust, which I expect my colleagues will discuss in their testimonies. Those effects have since surfaced as serious threats to the health of Brooklyn residents, many of whom continue to struggle as they attempt to recover from the emotional, medical and economic impact of 9/11. In order to discuss the impact of 9/11 on people in Brooklyn today we need to answer the questions:

1. Where we have been?
2. Where we are now?
3. And, lastly, Where do we go from here?

Where Have We Been?

In the early days of 9/11 response – during the time period of the clean up of the WTC site – the attention of larger relief agencies was focused on Lower Manhattan, while populations affected outside of and around lower Manhattan were understood to be affected, but were less eligible for financial assistance to address the economic and psychological impact of people who witnessed the events or worked outside of Manhattan. Addressing the needs of these underserved 9/11 victims was the first focus of faith-based disaster response agencies. Through the efforts of the faith communities, the NYC 9/11 Unmet Needs Roundtable and NYDIS were created to assist impacted populations with unmet needs. From 2002-2004, 1612 people were assisted by the NYC 9/11 Unmet Needs Roundtable, approximately 30% were from Brooklyn. Of those, the vast majority of individuals receiving financial assistance were dislocated workers in industries affected by 9/11. Since individuals affected outside of lower Manhattan and Manhattan as a whole were not eligible for FEMA's 18-months Mortgage and Rental Assistance, nor Red Cross of September 11 Fund monies. The Roundtable assisted clients with their most pressing needs for rent (56%) and utilities (12.2%) as the clients worked with case managers to develop plans for how they would become financially stable and survive in New York as their lives were forever changed by the events of September 11. Ethnically the communities assisted from 2002-2004 were 42% Hispanic, 21% African-American, 21% White, 6% Arab/Persian and 4% Asian.

During that time the human services community working with clients in the Lower Manhattan formed the United Services Group. Begun in late 2001 and ending on December 31, 2004, the United Service Group (USG) coordinated case management for over 20,000 9/11-affected individuals via the work of 40 agencies. At its peek efforts the USG coordinated and supported

the work of 200 case workers and 12,000 clients at a time who worked or lived in Lower Manhattan. Even so, the affected residents of New York that lived and were affected outside of Lower Manhattan are not reflected in these numbers. Case management coordination is essential best practice for the sustained recovery of disaster victims and their families and the only system to ensure client access to all eligible resources, addressing immediate needs while linking the client to relief and long-term resources, such as workers compensation, SSI/SSD. Case management ensures that the client's needs are addressed comprehensively and that the client and their family system may develop a sustainable recovery (or self-sufficiency) plan. Case management also shows positive results in helping clients access and make the best possible use of other direct services such as mental health services, legal advice, health care, employment services, pastoral care and financial assistance. Monies began to run out and client cases of direct victims diminished - the closing of the USG in December 2004 followed. Significant needs still remained, come clients felt the recovery community was saying "as of today your needs are no longer related to 9/11." Unfortunately, time and medical evidence has shown that the effects of 9/11 are still with us and, although the case load of direct victims has decreased to 20% of our caseloads, NYDIS a 200% increase since 2004 of injured recovery worker clients with serious and complicated needs that merit specialized case management services based on the same support provided to direct victims in the first years of 9/11 recovery.

Where Are We Today?

Coinciding with the closing of the USG, a new group of 9/11-impacted victims began to emerge— these were the health impacted residents and WTC recovery workers. Their numbers

have grown and NYDIS has continued to serve these clients through case management, coordinated assistance and financial aid as other 9/11 programs have closed. For those residents that were impacted psychologically, especially those who may not have been eligible for large amounts of aid due to geographic eligibility restrictions, recovery has been more complicated and their needs continue to surface even today. Currently, NYDIS receives an average of 15 calls a month from new 9/11 impacted individuals as well as from local and out of state organizations seeking assistance for 9/11 clients that have not achieved sustainable recovery and who are in financial crisis due to the emergency of PTSD or health symptoms. These individuals comprise a smaller population of clients than the WTC recovery workers that we currently serve, but their needs and the path that they must travel to reach recovery are as complex as the needs of the WTC Recovery Workers.

In 2006, NYDIS saw an 80% increase in clients over 2005 - in terms of the number of impacted individuals seeking assistance. Currently, 20% of the 2914 clients that have received assistance from the NYC 9/11 Unmet Needs Roundtable are residents of Brooklyn. Of these 44.7% are WTC Recovery Workers that are ill due to their work at the World Trade Center, and additional 44% are dislocated workers the remaining 11% come from a variety of victim categories including impacted residents. Ethnically these Brooklyn residents are 32% Non Polish Caucasian/Europeans (note this does not take immigration status into account), 24% Hispanic, 16.3% African-American, 15.6% Arab/Persian, 6% Polish, and 3.9% Asian. 66.7% of the people assisted in Brooklyn have been Male tracking with recovery worker statistics, the majority are heads of households between 45-55 years of age. In the Mayor's testimony to the Senate on March 21, 2007 he reported the following:

- More than 11,000 firefighters who responded to the 9/11 attacks reported one new respiratory symptom within a week of the attacks and more that 3,000 report that they continue to suffer from respiratory symptoms know as "World Trade Center cough" and "Reactive Airways Disease."
- Of the more than 6,500 rescue and recovery workers who were examined in the Mt. Sinai Medical Center – about 7 out of every 10 reported at least one new or worsened respiratory symptom while engaged in the response efforts and these symptoms have persisted in more than 59% of the worker populations.

These statistics only paint a small corner of a much bigger picture of 9/11 health impact for New York City. Many of the recovery workers were from immigrant communities, including roughly 30-40% undocumented workers that are residents of Brooklyn and Queens. They worked at the WTC site and in the surrounding buildings. These same individuals comprise a significant population of clients in treatment in the WTC Health Effects Treatment Program. Health impacted residents in general are largely unaware of the free evaluation and treatment program at Bellevue Hospital. Some have attempted to access services at the WTC Monitoring Program, but were turned away because they were not a WTC recovery worker. For these populations, we are only now starting to gather data as they finally reach services at Bellevue.

We now face a crisis in New York City human services, as hundreds of new cases of 9/11 health impacted people come forward only to find that there is no long term plan to provide coordinated assistance, not enough case managers to meet demand and limited client advocacy. Clients are also now forced to wait long periods for services, often 2-3 months. Many clients do not know where to seek services or what services are available to them. Often they do not know what

benefits they are eligible for and they refuse treatment for fear of costs in medical bills or hours missed from work. As their health deteriorates, these individuals compromise their health and face possible homelessness for themselves and their dependents.

Currently, an average of 60% of the 332 WTC ill recovery workers seen monthly at one of six Mt. Sinai Hospital WTC Treatment Benefits Coordination Program are in need of intensive case management services and of these roughly 17% are residents of Brooklyn. On average this one site refers 28 new individuals to case management per week, however there are only 12 fully funded 9/11 case managers remaining to handle this growing case load in New York City, 7 of these case managers are funded by NYDIS. This does not take into account other referrals to case management from other five treatment sites. Other referral agencies include; ARC, Bellevue, LIFENET, the Mental Health Association of New York and NYCOSH. All of whom are sending clients to NYDIS case workers on a daily basis - exact numbers have not been gathered.

It is clear to us, that our 9/11 recovery coordination and the Roundtable will be needed for many years to come as larger numbers of recovery workers become ill and need case management, coordinated assistance, unmet needs assistance and, sadly, end of life planning to support clients and their families.

Where Do We Go From Here?

Increasing numbers of 9/11 health impacted people are coming forward for critically needed services, in some cases services that will save clients from homelessness or dying with dignity.

Medical treatment for people that are ill, psychologically and physically (often both), are critical. But these services often do not address the difficulties these 9/11 health-impacted clients are experiencing as they face loss of work, broken families and the need for immediate assistance for housing and food while they attempt to access medical treatment. Medical monitoring or treatment alone cannot assist clients that may be partially or fully permanently disabled, as is the case for many of the health impacted clients we are assisting today. These clients need a full comprehensive case management to ensure that they access all available resources as they struggle to achieve sustainable recovery or, in come cases, end of life planning that assures their dependants are self-sufficient by the time recovery workers succumb to their illnesses.

At a minimum, 9/11 clients that we are assisting today deserve the same level of services that were given to victims in first few years after September 11, 2001. They deserve continuity of services, coordinated assistance between recovery and treatment providers. Unmet needs assistance and timely access to care. And, they deserve case managers with manageable case loads. Under the USG program from 2001-2004 case managers had case loads on average of 60/1 annually, whereas now they have case loads of 220/1 annually. Without support from the federal government, these documented and undocumented heros will be left with debilitating illnesses that will lead them to homelessness, hunger and sometimes death – they deserve better. We must remember that health safety at or from the WTC site was not mandated by government and that government funds where used to put first responders, laborers, residents and volunteers in harms way and allowed sub-contractors to hire vendors and the undocumented who unknowingly compromised their health and wellbeing to ensure a speedy clean-up. And, those now suffering from medical and emotional ailments are disproportionately minorities – an

injustice that should be lost on no one. It is our duty to stand with them, support them and address the real life issues that they are facing, rather than addressing only their health needs without providing the case management services that will address the financial and emotional burdens that compromise the long term recovery of the residents New York City and the recovery workers and their families.

Lastly, if we leave these health impacted people without support, it could impair our ability to mobilize people or keep our resident safe following the next disaster. Our workers, volunteers and residents must know that when they rise to the challenge of rebuilding or cleaning our city after a disaster, their long-term health will be considered a priority and their needs will be addressed, especially for those that unknowingly may have made the ultimate sacrifice of their lives because of their dedication to clean up our city or to continue living here.

Thank you for your time and your openness to investigating these critical health issues facing Brooklyn, New York City, and the United States as a whole. I will gladly address any questions at this time.