

Testimony of

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"Persistent Mental Health Consequences of 9/11"

Committee on Oversight and Government Reform  
U.S. House of Representatives

Subcommittee on Government Management, Organization, and  
Procurement

Hearing on "9/11 Health Effects: The Screening and Monitoring of First  
Responders"

Monday, September 10, 2007, 10:45 AM

Brooklyn Borough Hall Courtroom, NY

Good morning Chairman Towns, Congresswoman Maloney, Congressmen Nadler and Fossella, and other distinguished guests. My name is Dr. Spencer Eth, and I am the Vice Chairman of the Department of Psychiatry and Medical Director of Behavioral Health Services at Saint Vincent Catholic Medical Centers, and Professor of Psychiatry at New York Medical College. It is a privilege to speak today about a subject that is of the utmost importance to me as a psychiatrist and distinguished fellow of the American Psychiatric Association, and indeed to everyone present here today.

Six years ago tomorrow I was completing psychiatric rounds at St. Vincent's Hospital when a plane crashed into the North Tower. As the closest academic medical center to the World Trade Center and as the hospital that had received most of the victims of the February 1993 World Trade Center bombing, St. Vincent's immediately implemented its disaster plan in anticipation of the expected onslaught of patients. Beds were cleared, elective surgeries and clinics were cancelled, and all professional staff stood ready for action. However, within the first two hours only 400 patients presented to the St. Vincent's emergency department, most having suffered minor injuries.

Then the sirens stopped, and few new patients arrived for emergency medical care. There was no second wave of injured survivors. Tragically, the 2,800 people trapped in and adjacent to the Towers died, while the majority of the others in the vicinity were not seriously hurt. St. Vincent's did not perform a single surgery that day. Instead, what transpired was astounding. St. Vincent's became surrounded by hundreds of people in acute emotional distress – people who were terrified and desperately seeking information, reassurance, and crisis counseling.

We mobilized our mental health staff and within hours began seeing all of these people at St. Vincent's and at the nearby New School University. True to our mission, the St. Vincent's Department of Psychiatry made a commitment to care for everyone who needed our help without charging a fee. Operating around the clock, we provided over 7,000 sessions and answered over 10,000 telephone calls in the first week. I will never forget the impact our services had on so many suffering New Yorkers in this immediate crisis phase of the disaster response.

We knew that our professional staff would soon have to return to their regular duties treating patients with mental illness and substance abuse. Consequently, we recognized the need to hire and train new

clinicians to meet the demands of World Trade Center victims. In order to do so, we actively sought donations to cover the additional personnel costs. We were fortunate that many corporations, foundations, and individuals supported this phase of our work.

On September 26, 2001 I testified in Washington at a special hearing of the Senate Health, Education, Labor and Pensions Committee [“Psychological Trauma and Terrorism: Assuring that Americans Receive the Support They Need,” Senate Hearing 107-382]. I vividly recall the moving testimony of the other witnesses, who included Dr. Kerry Kelly, the Medical Director of the FDNY. I also remember the reactions of the Committee Members. Chairman Kennedy and Senators Clinton, Wellstone, Warner and Frist all pledged to supply the federal funds that would be necessary to meet the mental health needs of the survivors of the terrorist attack.

On that basis St. Vincent’s developed special long-term programs to treat the World Trade Center victims, first responders, and public safety workers who were at the pile. Thousands of adults and children were seen at the hospital and on site at the FDNY firehouses, at the schools in lower Manhattan, in the Port Authority Police Department trailers surrounding ground zero, and in the newly opened St. Vincent’s World Trade Center Healing Services offices at 170 Broadway.

Finally, the promised federal funds began to flow. In particular, Federal Emergency Management Agency (FEMA) - New York State Project Liberty allowed us to broaden the scope of our programs in lower Manhattan. However, FEMA mandated that only crisis counseling could be provided through Project Liberty. Many of the World Trade Center survivors we saw were already suffering from more serious mental conditions. These disorders generally required a course of psychotherapy and possibly psychotropic medication. The FEMA regulations prevented the sickest victims from receiving effective treatment in Project Liberty programs.

Another federal agency, Substance Abuse and Mental Health Services Administration (SAMHSA), awarded St. Vincent’s one of its seven Public Safety Worker Program grants that expanded our ability to evaluate and treat first responders. We assessed the mental health needs of this population and delivered psychiatric care in proximity to their worksites. We noted that although the number of patients decreased over the three-year life of the grant, the severity of their symptoms actually worsened. In addition, many patients presented

for the first time after years of trying unsuccessfully to cope with their suffering.

Although the work of healing was far from complete, the federal funding for the Project Liberty and the Public Safety Worker Program ended two years ago. St. Vincent's has continued to meet its commitment to those still suffering the emotional wounds of 9/11. In our current phase of disaster relief, St. Vincent is once again dependent on private donations, especially support from the 9/11 Funds of the Red Cross and the New York Times Foundation. We are receiving no federal, state or city funding, which has been exclusively directed to Bellevue and Mt. Sinai Hospitals, despite our record of treating over 60,000 survivors of 9/11.

Looking to the future, our clinical experience suggests that there will be an ongoing need for mental health care for 9/11 workers and others exposed to the terrorist attack and its aftermath. Peer review research published in the American Journal of Psychiatry has shown that the overall prevalence of PTSD, among a very large sample of rescue and recovery workers 2-3 years after 9/11, was 12%. This figure represents people diagnosed with chronic PTSD. This mental condition is well known to be difficult to treat and to be associated with long term emotional distress and occupational disability. Further, many victims of 9/11 are developing pulmonary and other medical illnesses arising from their exposure to toxic substances. These individuals can be expected to experience new and worsening psychiatric symptoms that will erode their level of function and ability to cope.

These are not theoretical concerns, but actual findings from our evaluation and treatment of first responders. But despite our best efforts, St. Vincent's will not be able to continue going it alone – we need federal assistance to provide mental health care to our current and future patients. We look to the Congress to honor the promise to our first responders and to our nation made six years ago by the Senate Health Committee. Please provide the funding to keep these vital programs alive.

Thank you, Mr. Chairman, for giving me this opportunity to testify today.

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**“9/11 Health Effects: The Screening and Monitoring of First Responders”**  
**10:45 a. m., Monday, September 10, 2007**

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