

Testimony of

Dr. Kerry Kelly

Chief Medical Officer
New York City Fire Department

Long Term Health Impacts from September 11: A Review of Treatment,
Diagnosis and Monitoring Efforts

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Good morning Senators Kennedy, Enzi and Clinton, and other Committee members. I am Dr. Kerry Kelly, the Chief Medical Officer for the New York City Fire Department (FDNY) Bureau of Health Services. Dr. David Prezant and I serve as Co-Directors of the FDNY's World Trade Center Medical Monitoring and Treatment Program. Thank you for the opportunity to speak with you today about the health of our FDNY first responders following their exposures at the World Trade Center (WTC) site.

On September 11, 2001, FDNY first responders answered the call for help. Within a matter of minutes, with the collapse of the towers, 343 of our members perished, hundreds suffered acute traumatic injuries and thousands have required long-term treatment for respiratory and mental health conditions.

In the hours, days and months that followed, our members continued in rescue, recovery and fire suppression efforts, with a virtual job-wide exposure to the site, working amid the debris and dust from the collapse of the towers. More than 11,500 Firefighters and Fire Officers as well as 3,000 Emergency Medical Technicians (EMTs) and Paramedics participated in this work.

During that time, FDNY first responders experienced more exposure to the physical and emotional hazards at the WTC disaster site than any other group of workers. Attached to the written copies of my testimony, is a document that provides more detail about our findings and the health of our FDNY members and their exposures.

FDNY Medical Monitoring and Treatment Program

The FDNY's WTC Medical Monitoring and Treatment Program is one of three Centers of Excellence for WTC Health that is identified in Mayor Bloomberg's just-

published report on the health impacts of 9/11. The FDNY Center of Excellence was the first to provide monitoring and treatment for first responders. Since we have pre-9/11 data for all our members, it is the only Center of Excellence that can perform large-scale pre- and post-9/11 comparisons for any exposed group. It is the only Center of Excellence with a more than 90 percent participation rate. Our Center was the first to recognize and treat members with WTC health effects and provide published scientific data so that others could recognize the role of WTC exposure.

Physical Health Issues

For those working at the site, respiratory issues surfaced quickly. In recognition of these symptoms, FDNY initiated the WTC Medical Screening and Treatment Program in October of 2001, just four weeks after 9/11. From October 2001 through February 2002, we evaluated more than 10,000 of our FDNY first responders. Since that time, we have continued to screen both our active and retired members for a total of 14,250 FDNY personnel screened to date. This WTC Medical Monitoring Program has been federally funded through the CDC and NIOSH, and has been a joint, labor-management initiative. This FDNY program is dedicated to monitoring the health of our members, while the Mount Sinai Consortium and the Bellevue Center address the health issues of non-FDNY responders.

Our monitoring program works collaboratively, partnering with NIOSH. At this point, nearly 9,000 of our FDNY members have participated in a second round of FDNY-administered medical and mental health monitoring evaluations, and more than 1,300 have recently started a third round.

More than 3,000 of our members have sought respiratory treatment since 9/11. Most have been able to return to work, but more than 700 have developed permanent, disabling respiratory illnesses that have led to earlier-than-anticipated retirements among members of an otherwise generally healthy workforce. In the first five years after 9/11, we experienced a three- to five-fold increase in the number of members retiring with lung problems annually.

Since our Bureau of Health Services performs both pre-employment and annual medical examinations of all of our members, the WTC Medical Monitoring program has used the results of these exams to compare pre- and post-9/11 medical data. This objective information enables us to observe patterns and changes among members. A significantly higher number of Firefighters were found to be suffering from pulmonary disorders during the year after 9/11 than those suffering pulmonary disorders during the five-year period prior to 9/11. Furthermore, we have found that the drop in lung function is directly correlated to the person's initial arrival time at the WTC site. On average, for symptomatic and asymptomatic FDNY responders, we found a 375 ml decline in pulmonary function for all of the 13,700 FDNY WTC first responders, and an additional 75 ml decline if the member was present when the towers collapsed. This pulmonary function decline was 12 times greater than the average annual decline experienced in the five years pre-9/11. However, over the past four years, pulmonary functions of many of our members have either leveled off or improved. For some, unfortunately, pulmonary functions have declined. More than 25 percent of those we tested with the highest exposure to WTC irritants showed persistent airway hyperactivity consistent with asthma or Reactive Airway Dysfunction (RADS). In addition, more than 25 percent of our full-

duty members participating in their follow-up medical monitoring evaluation continue to report respiratory symptoms.

The FDNY's preliminary analysis has shown no clear increase in cancers since 9/11. Pre- and post-9/11, the Fire Department continues to see occasional, unusual cancers that require continued careful monitoring. Monitoring for future illnesses that may develop, and treatment for existing conditions, is imperative and, as I will discuss shortly, should be funded through Federal assistance.

Mental Health Issues

As our doctors and mental health professionals can attest, the need for mental health treatment was also apparent in the initial days after 9/11, as virtually our entire workforce faced the loss of colleagues, friends and family. Past disasters have taught us that first responders are often reluctant to seek out counseling services, frequently putting the needs of others first. Many times, recognition that they themselves need help may not happen for years after an event. Our goal was to reduce or eliminate any barrier to treatment so that members could easily be evaluated and treated in the communities where they live and firehouses and EMS stations were they work. We also developed enhanced educational programs for our members to address coping strategies and help identify early symptoms of stress, depression and substance abuse.

Nearly 14,000 FDNY members have sought mental health services through the FDNY Counseling Services Unit (CSU) since 9/11 for WTC-related conditions such as Post Traumatic Stress Disorder (PTSD), depression, grief, anxiety and substance abuse. Prior to 9/11, the CSU treated approximately 50 new cases a month. Since 9/11 and continuing to this date, CSU sees more than 260 cases at its six sites each month -- more

than 3,500 clients annually. The continued stream of clients into CSU indicates that the need for mental health services remains strong.

Funding

Through the efforts of our Mayor and New York City's Congressional delegation, and the continued support of our labor partners, we have secured funding to continue monitoring and treatment of our members. This funding is crucial to our monitoring and treatment programs, and we appreciate this Committee's efforts to bring the needed attention to these issues and our funding needs. Additional funding is needed to provide for long-term monitoring because, in environmental-occupational medicine, there is often a significant time lag between exposures and emerging diseases. For example, the latency periods for most cancers are often at least 10 years or more. The actual effect of the dust and debris that rained down on our workforce on 9/11 may not be evident for years to come.

Additional funding is also required to continue enhanced diagnostic testing and focused treatment of FDNY first responders, addressing both physical and mental health problems related to World Trade Center exposures. Both our active FDNY members and our retirees face gaps in their medical coverage. Early diagnosis and aggressive treatment improves outcomes. This is only possible if burdensome out-of-pocket costs (co-payments, deductibles, caps, etc.) for treatment and medications are eliminated. For example, long-term medication needs for aerodigestive (upper and lower respiratory disease with or without gastroesophageal reflux dysfunction) and mental health illnesses require significant co-payments, taxing the resources of our members. In addition, most insurance plans do not adequately cover mental health treatment.

Conclusion

The 343 who perished at the World Trade Center are tragic reminders of the known risks that our first responders take on each and every call for help. For those who responded and survive, very real concerns for the unknown long-term health consequences remain. For members of this athletic and healthy workforce -- who face the loss of lung function, chronic sinus problems, gastric distress and mental health consequences -- the exposures at the WTC site have changed lives, shortened careers and forever changed the future of those who survived that tragedy. The commitment to long-term funding, for both monitoring and treatment, must be made now to allow the FDNY WTC Health Center of Excellence to plan for the future in order to protect and improve the health of our workforce (both active and retired) and to inform lesser exposed groups (and their healthcare providers) of the illnesses seen and the treatments that are most effective.

Continued funding for and operation of this Center of Excellence -- the FDNY WTC Medical Monitoring and Treatment Program -- is the most effective way to do this. Alternative fee-for-service plans will fail to provide effective treatment to large numbers of affected FDNY members, will not be cost-effective and cannot provide the standardized and comprehensive data analysis we need to inform the public, doctors, scientists and government officials, all of whom need this information.

FDNY rescue workers (Firefighters and EMS personnel) answered the call for help on 9/11 and continue to do so every day. Now we need your continued help to maintain this Center of Excellence so that our members can best be served. Thank you for your past efforts, and your continued support of the FDNY and our members.