

COMMITTEE ON GOVERNMENT REFORM

SUBCOMMITTEE ON NATIONAL SECURITY,

EMERGING THREATS, AND INTERNATIONAL

RELATIONS

PUBLIC HEARING

SEPTEMBER 8, 2004

“ASSESSING SEPTEMBER 11TH HEALTH EFFECTS”

TESTIMONY OF

JAMES MELIUS, MD, DRPH

ADMINISTRATOR

NEW YORK STATE LABORERS

HEALTH AND SAFETY TRUST FUND

Thank you for the opportunity to testify to the subcommittee today. I am James Melius MD, DrPH, an occupational physician and epidemiologist. I currently work as the administrator for the New York State Laborers' Health and Safety Trust Fund and as Research Director for the Laborers' Health and Safety Fund of North America. Both of these organizations are joint labor management funds dedicated to improving the health and safety of construction laborers. Our union (the Laborers International Union of North America) represents hundreds of construction workers who worked at or around the World Trade Center site in the aftermath of September 11. Prior to working for these organizations, I spent many years working in occupational and environmental health for the National Institute for Occupational Safety and Health and for the New York State Department of Health. I have also served for over 20 years as Chair of the Medical Advisory Board for the International Association of Fire Fighters. Much of my professional career has involved evaluating the effects of toxic exposures related to emergency response situations. I have also acted as Chair of the Steering Committee for the World Trade Center Medical Monitoring program.

My testimony today will concern the medical follow-up of construction laborers and other workers involved in the response at the World Trade Center starting on September 11, 2001. As is well known, immediately after the collapse of the World Trade Center Towers, hundreds of construction laborers and other construction workers made their way to the World Trade Center site volunteering their skills to assist with the rescue effort. Like the many other rescue personnel at the site, these workers were exposed to the smoke, fumes, and toxic chemicals present in the air around the site. Many of these workers spent long hours at the site without the benefit of any respiratory protection.

Over the next several days, rescue and recovery work at the site was organized with four major construction contractors becoming responsible for different areas at the site, and procedures were developed to organize the removal of the material at the site. Hundreds of union construction workers were brought in to work at the site. Most were from the New York Metropolitan area, but some were from nearby states. Fire fighters and other rescue personnel continued to be present at the site to aid in the recovery of bodies.

Construction companies and their unions developed procedures to outfit the workers with respiratory protective equipment. These efforts took time, and due to the environmental conditions at the site and the difficulty of many of the tasks that needed to be done, it was often not possible for the workers to utilize the protective equipment at all times especially in the first few weeks after September 11. As a result, hundreds of construction workers continued to be exposed to the toxic materials in the air at the WTC site.

In addition to the work at the World Trade Center site, there was much other construction activity in the area around the World Trade Center. Nearby buildings were contaminated with dust and debris from the site. These offices and residences needed to be cleaned. There was much confusion about how stringent that clean up needed to be. This confusion and the lack of responsiveness by the responsible government agencies lead to unnecessary confusion and an unfair burden on the building owners and occupants. In some cases, the clean-ups were handled as asbestos abatement projects with stringent protection required for the workers while in other similar situations, the clean-ups were handled with minimal precautions potentially exposing the clean-up workers and building occupants to toxic materials present in the dust from the WTC collapse.

Our union and the other construction workers at the WTC site in cooperation with the construction contractors set up programs to provide medical evaluations and fit testing for respiratory protection for workers at the site. Throughout the first few months, we also had a staff member present at the site to monitor health and safety issues and address the health and safety concerns of our members. While this program addressed protection at the site, the program did not take care of workers who became ill because of exposures at the site. For this, we were fortunate to have a readily available resource with outstanding clinical expertise in occupational medicine at Mt. Sinai Hospital. Their occupational health clinic funded through New York State provided a place to refer our members who became ill at the site. We made many referrals to their occupational health clinic where our members received excellent medical evaluations and follow-up.

However, as Dr. Levin has already noted, Mt. Sinai was under great strain to respond to the many health issues related to the WTC. Mt. Sinai did not have the capacity nor the funding to respond to all of the people from the site who needed follow-up care. There were also many questions about the health effects from exposures at the site. What type of health problems might result from the exposures? Were there long-term health risks such as cancer? What we knew about exposures at the WTC site and about the type of work that construction workers were performing at the site indicated that there were very legitimate concerns about health risks. A long-term medical monitoring program needed to be implemented for this population.

Fortunately, the government, especially Congress, recognized this need, and funding for the medical screening program was made available. Later, additional funding for a longer-term program was also appropriated. Hundreds of fire fighters, construction workers, and other workers exposed at the site have participated in the screening program. The results available from the program to date (as summarized by Dr. Levin) underline the importance of the program for the long-term health of these people. We must provide long-term medical monitoring for them.

In addition to the medical health issues, the mental health of this population also needs to be addressed. Construction workers responding to the site were not used to working at a site where dead bodies or body parts might be discovered at any time. Witnessing the collapse of the building was traumatic for many who then responded by coming to the site to participate in rescue efforts. The psychological stress of working at the site was obvious to anyone who spent time there. Through various volunteer and professional groups, counseling was made available to people working at the site, and many of our members utilized these services. However, there may also be long-term consequences from this psychological distress. Follow-up is necessary to ensure that those experiencing longer-term difficulties are recognized and referred to proper care. This aspect has been incorporated into the medical follow-up program.

Although not directly related to the World Trade Center incident, our union members were also involved in responding to the anthrax contamination problems in the months after September 11. Members of our union decontaminated many of the buildings that were contaminated. Their possible exposures raised some questions about medical follow-up for terrorist incidents that will be the basis for the recommendations that are outlined below.

Our members are very appreciative about the federal funding and assistance for the medical screening and monitoring programs for the World Trade Center workers. **This medical monitoring addresses an important medical need for these workers related to their exposures at the site that would not be adequately addressed without this program.** The National Institute for Occupational Safety and Health is doing an excellent job in overseeing the program. Mt. Sinai, the New York City Fire Department Medical Program, and the other medical centers involved in the program are all doing an outstanding job in providing expert medical and mental health monitoring of this population.

However, I have several recommendations to improve this program and future medical programs in response to similar incidents should they be necessary.

1. **We need the capability for a comprehensive and rapid medical response for workers responding to terrorist incidents.** We cannot afford to wait while the involved federal agencies decide which agency should bear the responsibility for providing a medical response, what type of procurement is needed, where is the funding coming from, etc. We cannot expect the local fire departments, construction contractors, and local government to bear the burden for developing and funding these programs. The terrorist disaster planning being done under the new Department of Homeland Security should have the overall responsibility, but the expertise of federal agencies such as NIOSH should also be involved.

2. **This national program must include an immediate medical response to address acute medical issues and to ensure that toxic exposures for these workers are identified and monitored.** This work site monitoring needs to be coordinated with environmental and public health agencies to ensure that the public and the involved workforce receive comprehensive and accurate information and advice on possible exposures from a terrorist incident. Access to appropriate medical information is also needed. I was very frustrated in the anthrax incidents to trying to find out about the availability of the anthrax vaccine and about certain medication recommendations for our union members who were involved in decontaminating buildings where anthrax spores had been released. Physicians and other health personnel should be able to rapidly consult with knowledgeable authorities about diagnostic and treatment issues.

3. **We must recognize that the medical programs for monitoring these workers and workers involved in future incidents must be supported for long time periods.** Health effects may not occur until many years after the incidents. Workers responding to these incidents must be reassured that their long term health concerns will be addressed. We will need more funding to extend the World Trade Center program over the many years that health effects may occur. We also need the flexibility to adjust the program over time. The components of the program will need to be adjusted, and it is very difficult to evaluate what future medical testing is appropriate for these populations. In the steering committee for the current medical monitoring program, we have struggled to develop a comprehensive program within the current budget limitations especially not knowing to what extent future funding will be available.

4. **The programs should include all workers exposed in the incident, and similar programs should be available for the exposed general public.** Although the World Trade Center program has been flexible in accommodating the workers who were exposed because of the World Trade Center incident, it is important to

note that many more workers were exposed than originally estimated. I was surprised by the large number of municipal and other workers who were assigned to duties immediately after September 11 that exposed them to smoke and dust from the site. People working or living in nearby buildings and students in buildings in the area were also exposed. The health needs of these people need to be addressed.

- 5. Future rights for the participants need to be protected.** We have been fortunate with the program at Mt. Sinai in having a medical center that our members trust for its competent care for people with possible work-related illnesses. For the screening and monitoring programs, NIOSH, Mt. Sinai, and the other involved institutions have taken steps to involve representatives of the participating groups in the development and implementation of the program. Confidentiality and other issues are important to ensure that the rights of these workers are protected. For the participants that may develop an illness related to the WTC incident many years from now, we must be able to ensure them that their future rights to appropriate compensation are protected.
- 6. We need to provide support for the treatment of workers that have developed an illness or will later become ill because of their WTC exposures.** We need more research on the respiratory and other illnesses that have become recognized among these workers. We also need funding for their treatment. The Workers Compensation Program in New York and other states does very poorly in providing support for occupational illnesses especially in the early stages of disease development. It may take months simply to get approval for payment for a medical test to evaluate the person's illness. Direct funding should be made available to support treatment, and more funding should be directed to research on the treatment of these illnesses.

In conclusion, I would like to thank the Chair and the Subcommittee for holding this hearing and for their continued interest in this subject. Many of our members rushed to the World Trade Center site immediately after the building collapse to assist with rescue and recovery efforts. They continued to work long hours at the site despite the very difficult working conditions. None of them thought about the long-term health consequences. If necessary, they would do the same thing again. However, now that the incident is past, they have legitimate reasons to be concerned about their health. I believe that they deserve a comprehensive, high quality, long-term medical program that addresses these concerns.

I would be glad to answer any questions.