

**DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

CENTERS FOR DISEASE CONTROL AND PREVENTION

**NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY
AND HEALTH**

Report to Congress

**Providing Monitoring and Treatment Services for those
Experiencing Injuries or Illness as a Result of the World
Trade Center Exposures**



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Department of Health and Human Services
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I. Purpose of the Report

In its report on the Fiscal Year (FY) 2008 budget for the Department of Health and Human Services (HHS), the House Appropriations Committee stated the following:

...[[T]he Committee directs the Secretary of Health and Human Services, together with the Director of NIOSH, and in consultation with the Secretary of Labor, to submit a report to the House and Senate Committees on Appropriations, and relevant authorizing committees, that includes a long-term, comprehensive Federal plan for monitoring, screening, analysis, and medical treatment for all individuals who were exposed to the toxins at the World Trade Center site, using a centers of excellence model of service delivery, as already established under the current program. This plan shall also address issues of long-term medical care, worker compensation, income security, and disability benefits for affected individuals and liability issues for the city of New York and its contractors. The Committee intends that this plan take into account all affected individuals, including emergency rescue, recovery, and clean up personnel; volunteers who responded to the attacks on the World Trade Center, including police officers, firefighters, emergency medical technicians, and transit workers; and other individuals who lived, worked, or attended school, child care, or adult day care in the New York City disaster area; and any other individuals whom the Secretary determines to be appropriate for inclusion. The report shall include annual and long-term cost estimates of providing monitoring, screening, analysis, medical treatment, workers compensation, income security, and disability services. In addition, the report shall include recommendations for new legislation, as appropriate, and be submitted not later than four months after the enactment of this Act.

Since September 11, 2001, HHS has allocated \$925 million for World Trade Center related efforts, with the majority of this funding appropriated to the Centers for Disease Control and Prevention (CDC). Through the National Institute for Occupational Safety and Health (NIOSH), funding was initially provided to New York and New Jersey (NYC-NJ) grantees to administer baseline and follow-up screenings and clinical examinations and long-term health monitoring and analysis for responders, rescue and recovery workers. In FY 2003, CDC received funding to support clinical reexaminations and longterm health monitoring and analysis for emergency services personnel and rescue and recovery personnel. Additional funding was appropriated to CDC in FY 2006, FY 2007, and FY 2008 to support existing programs that administer baseline and follow-up screening, monitoring, and provide treatment. The Agency for Toxic Substances and Disease Registry (ATSDR) established a registry to enroll people most directly exposed

to the WTC site. Funding was also provided to the Assistant Secretary for Preparedness and Response to perform baseline medical screenings for Federal responders.

In response to the terrorist attacks of September 11, 2001, the Congress also provided funding through the Employment and Training Administration of the U.S. Department of Labor (DOL). DOL then allocated a \$50 million grant through New York State Uninsured Employers Fund to administer Worker's Compensation claims related to the first response emergency services personnel who were injured, were disabled, or died due to the attacks. The U.S. Department of Labor's Office of Workers' Compensation Programs (OWCP) also immediately established a special claims number series for all 9/11-related claims so that case management activity, compensation, and medical payments associated with WTC work-related injuries and illnesses could be tracked over time. A total of 1,188 federal claims related to the 9/11 attacks on the World Trade Center have been filed with the OWCP. A total of 759 claims have been accepted and as of February 2008, 33 claims were receiving on-going benefit payments. As of February 29, 2008, a total of \$12.04 million had been paid out in Federal workers' compensation and medical benefits.

Both HHS and DOL, have established programs to assist those affected by the attacks on the World Trade Center. While we have developed significant information that informs our planning and annual and long-term cost estimates for monitoring, screening, analysis, medical treatment, workers compensation, income security, and disability services, there are many questions that still need to be answered. However, current spending rates indicate that there are sufficient resources to support healthcare treatment and monitoring for World Trade Center responders through FY 2009. This report expresses what is currently known. HHS is working to address the many questions that still need to be answered.

II. Current Resources

Since 2002, agencies and offices within HHS have been dedicated to tracking and screening WTC rescue, recovery and clean up workers, and volunteers (responders). In 2003, Congress appropriated \$90 million to FEMA as part of the Emergency Response Fund to be reserved for "clinical reexaminations and long term health monitoring and analysis for emergency services personnel and rescue and recovery personnel." In FY 2006, Congress appropriated \$75 million to CDC to further support existing HHS WTC programs that provide screening, monitoring, and medical treatment for responders. In FY 2007, in the U.S. Troop Readiness, Veterans' Health, Katrina Relief and Iraq Accountability Appropriations Act, 2007, Congress appropriated an additional \$50 million to CDC for screening, monitoring, and medical treatment for responders. In 2008, Congress appropriated \$108 million "to provide screening and treatment for first response emergency services personnel, residents, students, and others related to the September 11, 2001 terrorist attacks on the World Trade Center."

As of March 2008, \$185 million of the \$323 million appropriated since FY 2003 remains unobligated and is available for future screening and treatment. This includes \$50 million of FY 2007 funds and \$106.8 million of FY 2008 funds. Of the funds appropriated in FY 2003 and FY 2006, \$11.6 million and \$17 million respectively, remain unobligated. Based on reported expenditures from the institutional grantees as of December 31, 2007, another \$34.9 million, appropriated in FY 2003, remains in their grant accounts. However, the current figure of \$34.9 million does not reflect many expenses that have

been incurred but not yet paid. Projections of spend rates indicate that the \$34.9 million in remaining funds will be totally expended by the end of FY 2008. Thus, at the beginning of FY 2009, a total of \$185.4 million in resources will be available for the WTC Medical Monitoring and Treatment Program.

With the anticipated carryover balance of \$185.4 million and the President's FY 2009 budget request of \$25 million, HHS/CDC is expected to have sufficient resources (\$210.4 million to support ongoing medical monitoring and treatment for responders and volunteers residing within and outside of the NYC-NJ Metropolitan Area) through FY 2009. In addition, HHS/CDC also expects to have sufficient resources to support the planning and implementation phases of community medical monitoring and treatment with funds appropriated in FY 2008. HHS/CDC will continue to analyze medical monitoring and treatment program expenditures on a regular basis to determine future resource needs.

III. WTC Medical Monitoring and Treatment for Responders and Volunteers

Responder groups include rescue workers, such as firefighters, law enforcement and security officers, emergency medical personnel, search and rescue teams, disaster medical assistance teams, and volunteers, both affiliated with organizations such as the American Red Cross, as well as spontaneous or unaffiliated volunteers; recovery workers, including debris removers, debris transporters, construction workers, Staten Island landfill operators, site and nearby street and building cleanup and restoration workers; forensics workers, including those who worked at the WTC site, those that worked at the landfill, those that worked at the morgue and medical examiners; and law enforcement and security workers, including police officers from New York City, the Port Authority of New York and New Jersey, the New York State National Guard and private security firms.

Among the total number of WTC responders and volunteers are those who came to New York City from across the United States to serve in the response effort. After their response work was completed, these national responders returned to their place of residence. The number of national responders is estimated to be between 5,000 and 10,000.

A. Responders and Volunteers in the New York City-New Jersey Metropolitan Area

Under the existing WTC Medical Monitoring and Treatment program responders in the NYC-NJ Metropolitan Area receive medical monitoring and treatment from participating grantees specified in the FY 2006 Department of Defense Appropriations Act.

1. Medical Monitoring

Responders currently residing in the NYC-NJ Metropolitan Area receive annual medical monitoring and referral treatment, if desired, including pharmacy benefits and hospitalization for WTC-related conditions, through six institutional HHS grantees: (1) The Fire Department of New York City ("FDNY"); (2) Mount Sinai School of Medicine; (3) State University of New York at Stony Brook School of Medicine; (4) Bellevue/New York University Medical Center; (5) Queens' College; and (6) the University of Medicine and Dentistry of New Jersey.

The WTC Medical Monitoring and Treatment grantees provide: (1) periodic physical and mental health assessment designed to systematically identify acute and latent health effects that are WTC-related; (2) standardized data collection to ensure reliable reporting and to build scientific evidence about health burdens related to the WTC disaster; (3) scientifically-guided diagnosis and treatment for WTC-related conditions; (4) translation services in over 20 languages to permit delivery of appropriate clinical care; (5) assistance with filing workers' compensation insurance claims, health insurance claims and pension and disability claims; and (6) coordination of benefits.

As of December 31, 2007, there were 50,300 responders enrolled in the WTC Medical Monitoring and Treatment Program, and more than 39,500 have had an initial medical screening examination. Of the 50,300 responders enrolled in the program, 47,000 were in the NYC-NJ Metropolitan Area. Of 47,000 responders in the NYC-NJ Metropolitan Area, 37,368 responders have had an initial medical screening examination via FDNY or the Mt. Sinai clinical consortium.

The New York City Fire Department (FDNY) manages the clinical center that serves FDNY firefighters and emergency medical service personnel enrolled in the WTC Medical Monitoring and Treatment Program. As of December 31, 2007, FDNY has conducted over 32,000 screenings, including 14,620 initial examinations and 17,569 follow-up examinations.

The Mount Sinai School of Medicine's Center for Occupational and Environmental Medicine coordinates a consortium of clinics at State University of New York at Stony Brook School of Medicine, Bellevue/NYU Medical Center, Queens College, and the University of Medicine and Dentistry of New Jersey that serve other response workers and volunteers who were active in the WTC rescue and recovery efforts. As of December 31, 2007, these clinics have conducted 22,748 initial examinations and 11,315 follow up examinations.

2. Treatment

Of the responders in the WTC Medical Monitoring and Treatment Program that have received an initial screening via a clinical center in the NYC-NJ metropolitan area, 9,744 have received treatment for a combination of respiratory and gastrointestinal system conditions, such as asthma, interstitial lung disease, chronic cough, and gastroesophageal reflux disease ("GERD"), and 5,674 have been treated for mental health conditions such as post-traumatic stress disorder ("PTSD"). The availability of treatment for both physical and mental WTC-related health conditions has encouraged more responders to enroll and continue participating in the WTC Medical Monitoring and Treatment Program, which will enable HHS to better understand and help treat the long-term effects of responders' WTC exposures.

3. FY 2008–FY 2009 Planning for Continuation of NYC-NJ Metro Area Grants

To ensure the continued availability of monitoring and treatment services for responders in the NYC-NJ metropolitan area, CDC will continue to support the existing institutional grant centers through the end date of their current grant awards in June of 2009. At that time, CDC will solicit proposals and award funds competitively to continue medical monitoring and treatment services for responders in the NYC-NJ Metropolitan Area.

B. National Responders and Volunteers

Many rescue and recovery workers traveled from other states to New York City to participate in the response efforts and following their service, they returned to their states of origin. These national responders include current and former federal responders and non-federal responders and volunteers.

As of February 2008, 3,993 responders residing outside the NYC-NJ Metropolitan Area have enrolled in either the Federal workers program (1,915) or the WTC Medical Monitoring and Treatment Program (2,078). Current Federal workers receive medical screening examination via Federal Occupational Health (“FOH”), a component of HHS, through an interagency agreement with CDC/NIOSH. Other national responders receive screening and monitoring services from QTC, Inc., a national network of medical clinics, as well as through other stand-alone clinics, through contracts managed by Mount Sinai School of Medicine.

Upon referral from a monitoring clinic, national responders are able to receive treatment services arranged by the Association of Occupational and Environmental Clinics (“AOEC”) through funds provided by American Red Cross (“ARC”). ARC supports the treatment of responders who elect not to travel to the NYC-NJ Metropolitan Area for services. CDC published on March 17, 2008 a WTC National Responder Health Assessment and Treatment Services Contract Sources Sought Notice, given the expected expiration of the ARC funding in June, 2008. The Sources Sought Notice asks for a contractor to provide both monitoring and treatment services to responders not residing in the NYC-NJ Metropolitan Area. See www2.fbo.gov/spg/HHS/CDCPC/CMBP/2008-N-10358/listing.html

The anticipated timeline for awarding a contract to provide monitoring and treatment services for national responders is as follows:

Date	Action
March 17	Sources Sought Notice Published
April 2	Response Date for Proposals
April 4	Issuance of Request for Proposals
April 30	Written Proposals Due
May 14	Oral Proposals Due
May 14-16	Final Review of Proposals
May 28	Applicants Notified of Award Decision
May 30	Contract(s) Awarded
June 1-30	Transition Period

IV. WTC Screening and Treatment for Non-Responders

From September 11, 2001 to the present, Congressional appropriations for WTC medical monitoring or treatment had been limited to “emergency services personnel and rescue and recovery personnel” and had not covered those individuals in the community group. The Consolidated Appropriations Act of 2008 includes language for the first time

appropriating funds “to provide screening and treatment for first response emergency services personnel, residents, students and others related to the September 11, 2001 terrorist attacks on the World Trade Center.” The reference to “*residents, students and others*” or non-responders represents an addition to existing federal surveillance of WTC affected groups.

CDC defines non-responders as workers, residents, school students and staff whose workplaces, residences and schools in Lower Manhattan were contaminated by chemical and physical agents released by the WTC disaster; and people in transit (“passersby”) who were in the vicinity of the WTC site on September 11, 2001. The exact number of non-responders is unknown, but an estimate derived from the WTC Health Registry includes 57,511 individuals whose primary residence was south of Canal Street on September 11, 2001, 15,197 students and staff of nursery/daycare, elementary, middle or high schools located south of Canal Street, and 62,092 worker occupants of collapse and damaged buildings for a total of 134,800. These numbers do not include additional building occupants from contaminated but undamaged buildings. CDC believes that the proportion of individuals that received exposures likely to cause adverse health effects is expected to be considerably less with this group and many of these individuals have access to health care coverage.

Plans for Screening and Treatment for Non-Responders

CDC/NIOSH is currently exploring options to provide medical screening and treatment to the non-responder population using the federal funds appropriated in FY 2008. One approach already operational in New York City is the New York City Health and Hospitals Corporation (“HHC”) World Trade Center Environmental Health Center. The HHC’s World Trade Center Environmental Health Center was chartered by Mayor Bloomberg in 2006 and serves as a Center of Excellence to treat people who have health problems as a result of exposures to the WTC disaster. CDC has met with administrators, medical providers and stakeholders of the HHC WTC Environmental Health Center to discuss the non-responder patient cohort currently being served, the conditions diagnosed and treated, current and estimated operational expenses, and the outstanding needs of the population. CDC will continue to meet with HHC administrators, as well as other medical providers and stakeholders in the NYC-NJ metropolitan area, as it considers options for providing assistance and estimating costs, consistent with the FY 2008 appropriation.

In order to develop a plan to address the health issues of non-responders affected by the 9/11, with funds appropriated in FY 2008, additional data is needed to determine exposure levels in relation to geographical scope and the resulting health effects. Our experience indicates that first responders were exposed most directly and for more prolonged periods of time to the potential toxins during the recovery and clean-up efforts and various data on this population is currently available. However, determining the non-responder population is a complex issue. Additional data is being gathered to perform a thorough analysis on this population, which will be used to determine implementation options, populations that may be eligible, services needed, and accountability issues to ensure proper management of Federal resources. Within the funds appropriated, NIOSH is committed to gathering this additional information. As more data becomes available concerning demographic characteristics, actual number of non-responders requiring treatment, types of services needed, and associated costs, these necessary inputs will provide valuable information and guidance in the development of long-term estimates.

V. Cost Estimates

A. WTC Responder Medical Monitoring and Treatment Program

Estimation of the total costs of the WTC Responder Medical Monitoring and Treatment Program depend chiefly on demographic, clinical and support cost categories. Demographic factors include: (1) the number of responders who have already enrolled in the monitoring program and have had an initial baseline examination; (2) the number of responders who continue to enroll in the program each month; and (3) the percentage of responders who return for a follow-up monitoring examination. Clinical factors include: (1) the number of responders who have illnesses (physical and mental) related to their WTC exposures and (2) the rate of increase in number of responders needing treatment for WTC-related health problems. Cost factors include: (1) the average cost for conducting a monitoring (health assessment) examination; (2) average cost for treating a responder with any type of WTC-related health problem, including potential hospitalizations; (3) operational business services; (4) demographic, clinical and cost data coordination and analysis; (5) funding for infrastructure support; (6) health care and benefit coordination; and (7) federal program management.

The actual costs for the WTC Medical Monitoring and Treatment Program for responders and volunteers in FY 2007 were \$34.8 million and 11,359 patients received treatment. Based on past grantee data and current expenditure patterns the estimated annual costs for FY 2008 and FY 2009 may be in the range of \$55-\$80 million. The estimated costs for FY 2008 and FY 2009 are higher than the actual costs in FY 2007 because program costs are expected to increase due to the growth in the number of responders enrolled in the program, the anticipated increase in responders who need treatment, and the expected higher costs associated with severity of health problems caused by the WTC exposures. These estimates include program support costs associated with direct inpatient care.

B. WTC Screening and Treatment Costs for Non-Responders

At the time of this report to Congress, as stated above, HHS is engaged in discussions and information-gathering to determine the extent of the need. As data becomes available, HHS will consider options for providing assistance and estimating costs. Within the resources appropriated in FY 2008, funds will be expended to support data gathering and further analysis.

C. Cost Estimate for Workers' Compensation, Income Security and Disability

DOL has no basis for estimating either current or future costs to state and local workers' compensation programs or other income security and disability programs stemming from exposures at Ground Zero. The New York State Uninsured Employers Fund has reported expending approximately \$3 million per year against the Federal monies granted for coverage of first responders and volunteers, but DOL has no basis for determining whether increased claims may be filed by workers impacted by WTC exposures in the future. The expansion of eligibility for screening and treatment services in the FY 2008 Appropriations statute to non-responders could trigger additional workers' compensation claims activity from neighborhood workers not engaged in Ground Zero

rescue/recovery activities, depending on New York state and local workers' compensation eligibility rules.

VI. Workers' Compensation, Income Security and Disability Services

A. Congressional Appropriations¹

In response to the terrorist attacks of September 11, 2001, the Congress provided through the Employment and Training Administration of the U.S. Department of Labor a \$125.0 million grant to the New York State Workers' Compensation Board for processing of claims related to the terrorist attacks; a \$25.0 million grant to the New York State Uninsured Employers Fund ("UEF") for reimbursement of claims related to the attacks; and a \$25.0 million grant to the New York State Uninsured Employers Fund for reimbursement of claims related to the first response emergency services personnel who were injured, were disabled, or died due to the attacks.

In FY 2006, Congress rescinded \$120.0 million of the unexpended balances that were provided in FY 2002 appropriations and provided \$50.0 million to the New York State UEF for reimbursement of claims related to the September 11, 2001, terrorist attacks. The funding enacted in FY 2006 remains available until expended.

Original Appropriation	\$175.0 million
Rescinded	\$120.0 million
Second Appropriation	\$ 50.0 million
Total Available Funding	\$105.0 million

From 2002 through the end of calendar year 2007, New York State Workers' Compensation Board had spent \$50.1 million of the available funding—\$28.0 million was transferred to the Crime Victims Board; \$16.0 million was transferred to the State Insurance Fund. In addition, the New York State Workers' Compensation Board had used about \$6.1 million to prepare for responding to any future terrorist attacks. Further, the New York State UEF had spent \$8.4 million of its \$50 million grant for reimbursement of claims related to the September 11, 2001, terrorist attacks. As of December 31, 2007, a total of \$46,501,629.57 remained unexpended and available from the monies granted to the New York State Workers' Compensation Board and the UEF.

The reimbursement to the State Insurance Fund was to cover the cost of workers' compensation benefits paid to, or on behalf of, state employees injured or killed in the attack. The reimbursement to the Crime Victims Board was to cover the cost of the very early claims for financial relief that were filed under the Crime Victims Compensation Act per an order of the Governor.

B. New York State Workers' Compensation Activities

Early on, the New York State ("NYS") Workers' Compensation Board determined that if

¹ The information in this section was provided by the U.S. Department of Labor.

such a claim by a WTC responder was challenged by the employer or the insurer, the NYS UEF would be responsible for payment of medical benefits (utilizing federal monies appropriated by Congress in FY 2002 and reappropriated in FY 2006, overseen by the U.S. Department of Labor (see Section A above) pending final adjudication of whether the individual was an employee or a volunteer.² If a final determination finds that the individual was an employee, then the employer would be required to reimburse the UEF. The Board made it clear that its order was not to be construed as extending the liability and/or responsibility of the UEF beyond the available funds appropriated by Congress in 2006. It is most likely that medical payments will be paid only until the federal monies (\$50 million appropriated in FY 06) are exhausted; it is uncertain what funding mechanism would continue to pay medical benefits for those successful UEF claimants who need care for WTC-related health conditions.

In 2006, the New York State Legislature extended the two-year filing deadline to allow claims for later-occurring health conditions alleged to be causally related to exposures while participating in rescue, recovery, and clean up activities at the WTC to be recognized as occupational diseases and for claim filing and notice provisions to begin from the date of disablement rather than the date of exposure.³ The NYS Legislature did not enact an unlimited extension of time to file a claim for workers' compensation benefits related to disease arising from WTC exposures. Instead the legislation made the ability to file a claim in the future for later-occurring health effects contingent on "registering" with the Board before August 14, 2007:⁴

"[T]o register, those employees and volunteers who participated in the World Trade Center rescue, recovery and cleanup operations . . . must file with the Workers' Compensation Board . . . a sworn statement, on Form WTC-12, listing the dates and locations of their participation in the rescue, recovery and cleanup efforts."⁵

Filing the registration form does not constitute filing a claim, but it will give the Board some basis on which to predict future costs. The NYS Legislature extended the deadline for registering to August 14, 2008.⁶

It is important to note that meeting a registration deadline is only one hurdle for WTC claimants. For those who register before the August 2008 deadline, and subsequently develop an illness and make a claim based on their registration eligibility, medical

² Donna Ferrara, New York State Workers' Compensation Board, Extension of Filing Time In World Trade Center Rescue, Recovery and Clean Up Cases (2006).

³ Act of Aug. 14, 2006, ch. 446, 2006 N.Y. Laws (adding a new article 8-A to the Workers' Comp. Laws of N.Y. State).

⁴ *Id.* at § 162.

⁵ Donna Ferrara, Extension of Filing Time in World Trade Center Rescue, Recovery and Cleanup Cases (Aug. 21, 2006), available at www.wcb.state.ny.us/content/main/SubjectNos/sn046_159.htm

⁶ Press Release, N.Y. State Workers' Compensation Board, Deadline Extended for World Trade Center Responders and Volunteers to Register for Workers' Compensation Benefits (July 10, 2007), available at <http://www.wcb.state.ny.us/content/main/PressRe/2007/DeadlineExtforWTCResponders.jsp>.

evidence that their claimed conditions arose from their WTC work will still be required—no disease causation presumption from WTC exposure has been built into the workers' compensation laws of New York State as yet.

C. Federal Employees' Compensation Act (FECA) Activities⁷

Immediately following the attacks of September 11, 2001, the U.S. Department of Labor's Office of Workers' Compensation Programs (OWCP) established a special claims number series for all 9/11-related claims so that case management activity, compensation, and medical payments associated with WTC work-related injuries and illnesses could be tracked over time. The Federal Employees' Compensation Act (FECA) covers federal employees and state and local search and rescue team members who were deputized as federal officials by the Federal Emergency Management Agency (FEMA). The statistics provided below include both claims for injury or death associated with the attack on the World Trade Center and its collapse, as well as claims arising from subsequent work and exposure associated with rescue, search, recovery, and disposal activities at Ground Zero and the related areas in the New York City area.

Summary of WTC Claims

- A total of 1,188 claims related to the 9/11 attacks on the World Trade Center have been filed with the OWCP (nine within the last year). These included: 905 traumatic injury claims; 280 occupational disease claims; 3 death claims.
- A total of 759 claims have been accepted, 169 have been denied, and 257 have been suspended or withdrawn. Three claims are currently pending final decision. A great number of claims were filed as protective claims and never pursued by the claimants.
- 42 claims were filed by state and local search and rescue team members who were deputized as Federal officials by the FEMA.
- A total of 33 claims were receiving on-going benefit payments as of February 2008. There are currently two cases in which surviving dependents are receiving death benefits and 31 claimants receiving disability payments.
- 280 FECA claims for occupational disease have been filed following 9/11. The following table displays a break down of all 9/11 occupational disease claims by injury code. (Since an "occupational disease claim" can include repetitive stress events or other musculoskeletal injuries resulting from ongoing workplace strains, the "other non-respiratory" category below includes claims which did not allege exposure to toxins at Ground Zero as the causative agent.)

Injury/Illness	Accepted	Denied	Withdrawn	Total
Respiratory Condition, Other	33	15	28	78*
Asbestosis	12	39	2	53

⁷ The information in this section was provided by the U.S. Department of Labor, based on FECA claims data as of February 29, 2008.

Bronchitis	9	3	2	15*
Pneumoconiosis	2	3	0	5
Reaction to Smoke, Fumes, Chemicals	25	14	20	59
Chemical	2	1	0	3
Other Non-respiratory	27	20	18	65
Total	110	95	70	278*

* 3 claims are pending decision

As of February 29, 2008, a total of \$12.04 million had been paid out in Federal workers' compensation and medical benefits (\$8.83 million in compensation and \$3.21 million in medical). Of that amount, \$1.38 million (\$936,000 in compensation and \$444,000 in medical) has been paid to FEMA employees or deputized search and rescue team members.)

Claims for occupational injuries and illnesses must be submitted within 3 years of the date of last exposure to the injurious element, the date of onset of illness, or the date the employee first became reasonably aware of the relationship of the illness to work, whichever is later.

VII. New Legislation

HHS/CDC has not identified a need for new legislation to address the issues stemming from WTC exposures. The information presented in this report is designed to demonstrate the availability of medical monitoring and treatment services for WTC-related conditions among WTC responders, volunteers, and affected community members.

VIII. Conclusion

HHS and CDC remain committed to serving all WTC responders, regardless of their location or current employment status, and are actively working together to ensure that coordinated monitoring and treatment services remain available to responders affected by WTC exposures utilizing the most cost effective means possible. In addition, HHS/CDC is expeditiously moving to ensure federal funding for non-responder medical monitoring and treatment in accordance with the Consolidated Appropriations Act of 2008.