

TESTIMONY OF STEPHEN M. LEVIN, M.D.

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I am Dr. Stephen Levin, Medical Director of the Mount Sinai – Selikoff Center for Occupational and Environmental Medicine (COEM) and Co-Director of the World Trade Center Worker and Volunteer Medical Screening Program. I want to thank Congresswoman Maloney and Congressman Shays for inviting me to speak today about the health consequences of exposures during World Trade Center recovery efforts and what we see as the unmet needs of the people whose health has been affected.

The COEM has a long history of providing medical services to the working people of the New York metropolitan area, their unions and their employers. We were well known to many of the workers who responded to the attacks on the World Trade Center towers and to their unions, and we began seeing responders, evacuees, returning office workers, and residents of lower Manhattan within a few weeks of the World Trade Center attacks. It was clear to us almost immediately from this clinical experience that the exposures to the mix of respiratory irritants, like pulverized concrete, hydrochloric acid mist, and fibrous glass, present in the air at and near Ground Zero caused respiratory problems, including sinusitis, laryngitis, asthma and bronchitis, caused acid reflux from the stomach (known as GERDS), and that the horrors that many had witnessed there caused stress-related psychological symptoms and depression.

Responding to the appeal of organized labor, who were aware of the problems their members were developing and whose members made up the majority of the workers and volunteers involved in rescue and recovery work, clean-up, and restoration of essential services in lower Manhattan, the New York congressional delegation was successful in securing funds to establish two medical screening programs, one for NYC firefighters and another, coordinated by our group at Mount Sinai, for all other World Trade Center workers and volunteers, each to evaluate clinically some 12,000 World Trade Center responders. We're grateful to the CDC and the NIOSH for their support and assistance in establishing these important programs, whose mission it was to identify those who were ill as a consequence of their World Trade Center efforts and make sure they were referred for appropriate care - but not to provide that care, since no resources were made available for treatment of World Trade Center-related illnesses or for additional medical testing that an individual responder might need.

The Firefighter and Mount Sinai programs have identified similar health consequences among World Trade Center responders – asthma, bronchitis, sinusitis, laryngitis, digestive tract problems, as well as post-traumatic stress disorder and depression. And both programs have noted that these illnesses are remarkably persistent. We analyzed what was found clinically among 250 of the first 500 responders examined in the Mount Sinai program, which began seeing responders in August 2002, and reported that 46% (nearly half) of these men and women still experienced at least one pulmonary symptom (wheezing, chest tightness, cough, or shortness of breath) in the month before their screening examination, a minimum of 10 months after the 9/11 event. Over half (52%)

had persistent ear, nose and throat symptoms, and over half had persistent evidence of psychological distress severe enough to warrant further evaluation by a mental health professional. We've recently updated our analysis to include the medical findings among over 1,100 responders seen in our program, and this will be published tomorrow in the CDC's Morbidity and Mortality Weekly Report (MMWR). While I'm not allowed to cite actual figures until the report is officially released, I can tell you that the results point to similarly high rates of persistent respiratory, digestive tract and psychological disorders in this larger group.

We know that we have examined only a fraction of the workers and volunteers whose health may have been affected by their World Trade Center efforts, and there is reason to believe that there are many who have not undergone screening examinations who have persistent World Trade Center-related illnesses. Fortunately, funding has been obtained from the CDC/NIOSH for medical follow-up examinations of the World Trade Center responders over the next 5 years, and we will be able to bring additional workers and volunteers into the program for their first examinations during the next year. This medical monitoring program will give us an opportunity to evaluate the course of these shorter-term illnesses and to some extent the response to various treatment approaches, and to identify those who still need medical and/or psychological care for those conditions that occur shortly after exposure.

There remains the issue of the long-term health consequences of World Trade Center-related exposures. In the witches' brew of airborne materials found at and near Ground

Zero were a number of carcinogens, including asbestos and the class of compounds known as PAHs, the cancer-causing chemicals in tobacco smoke. If we are to detect the cancers that may develop as a result of exposures encountered in the recovery effort, at a time when treatment may be more effective, this group of responders has to be followed for at least another 20-plus years, since such cancers most often occur 20 or more years after the onset of exposure to the cancer-causing agent. This is an especially important issue for those who spent long hours without respiratory protection on “the pile” where the fires burned until December 2001, and for the workers who cleaned up the office and residential buildings nearby Ground Zero, disturbing dust contaminated with carcinogens day after day for months – with no warnings, no training, and no masks.

Our screening program found many who needed follow-up care for the physical and emotional problems they developed in the course of their World Trade Center efforts. Making sure that they obtain adequate care has proven to be a difficult challenge. For many, the workers’ compensation system should have been a resource; but for all too many, it has been an obstacle course of claims fought and delayed, almost impossible to navigate for these heroes, whose tolerance for additional stress is very limited. Many have no health insurance. At Mount Sinai, we have received limited funds from private philanthropic sources to provide care for World Trade Center responders, but it isn’t enough to meet the need. I believe that a public health response to a public health problem calls for federal funding to pay for needed care. It should not be left up to a badly fragmented health care system to ensure that the special diagnostic tests and the medications World Trade Center responders need will be made available. Our experience

tells us that for too many, it just won't happen. People who risked their lives and health to do what they could for others should be taken care of for the health problems they've developed as a result. That's what we ought to do for heroes.

It's our view also that the residents of the surrounding community, the children who attended school in the immediate area, the people who returned – often too early - to offices in lower Manhattan, should have medical evaluations. We need too find those who are ill and get them into proper care. We're the most advanced industrialized country in the world, with vast resources and technical know-how, and we have the capacity to take better care of our people than the government has shown willingness to do up to now.

Thank you, and I'll be pleased to answer questions.