TESTIMONY OF NICHOLAS SCOPPETTA
COMMISSIONER

FIRE DEPARTMENT OF NEW YORK

BEFORE THE

CONGRESSIONAL SUBCOMMITTEE ON

NATIONAL SECURITY, EMERGING THREATS,

AND

INTERNATIONAL RELATIONS

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New York City

Introduction

Good morning Chairman Shays, Congresswoman Maloney and other members of the Committee. Thank you for the opportunity to testify today about the health of our 9/11 first responders. With me today are the FDNY's two Chief Medical Officers, Dr. Kerry Kelly and Dr. David Prezant. I will be happy to answer your questions at the conclusion of my testimony.

As we approach the fifth anniversary of the World Trade Center attacks, we continue to remember the tremendous losses of that day. In a matter of moments, with the collapse of the two towers, 343 of our members perished along with 60 first responders from the NYPD and the Port Authority, and more than 2,300 civilians. New York City's first responders saved others while risking their own lives. We continue to commemorate their bravery and dedication, while mourning their loss.

In the weeks and months following 9/11, our members worked tirelessly at the site -- amid the debris and dust resulting from the towers' collapse. Their rescue and recovery efforts continued through May 2002. During that time, FDNY workers experienced more exposure at the World Trade Center disaster site than any other group of workers. The physical and emotional toll on our members has been thoroughly documented.

Dr. Kelly and our Bureau of Health Services (BHS), which she heads, have been dedicated to ensuring that our members are regularly evaluated, with special attention to members who continue to experience the adverse effects of 9/11.

Physical Health Issues

In the days following 9/11, virtually all of the FDNY first responders worked at the World Trade Center site. More than 11,000 firefighters and fire officers and more than 3,000 EMTs and Paramedics took part in the rescue, recovery and fire suppression efforts. Our workforce was exposed to the physical hazards at the site and the emotional impact associated with the recovery of deceased colleagues.

For those working at the site, respiratory issues surfaced quickly. In recognition of these symptoms, FDNY initiated the World Trade Center (WTC) Medical Screening and Treatment Program in October of 2001, just four weeks after 9/11. Our BHS partnered with the Centers for Disease Control and Prevention (CDC) and the National Institute of Occupational Health and Safety (NIOSH) to implement medical screening for the exposed FDNY first responders.

From October 2001 through February 2002, BHS 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 13,973 FDNY personnel to date. This WTC Medical Monitoring Program has been federally funded 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 addresses the health issues of non-FDNY responders. Our monitoring programs work collaboratively, partnering with NIOSH. At this time, more than 8,000 of our FDNY members have participated in a second round of medical and mental health monitoring

In the first few weeks following 9/11, the health consequences of World Trade Center exposure became apparent as more and more members sought medical treatment

for their respiratory symptoms. More than 2,000 of our members have sought respiratory treatment since 9/11. Most have been able to return to work, but more than 600 have developed permanent, disabling respiratory illnesses that have led to earlier-than-anticipated retirement among members of an otherwise generally healthy workforce. In the first four years post 9/11, we experienced a four- to five-fold increase in the number of members retiring with lung problems annually.

Since BHS 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.

Further, the drop in lung function is directly correlated to the initial arrival time at the World Trade Center 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 World Trade Center 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 noted five years pre-9/11. Over the past four years, pulmonary functions of many of our members have either leveled off, improved or, unfortunately for some, declined. More than 25 percent of those we tested with the highest exposure to World Trade Center 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.

As I noted, many of our members who were symptomatic have improved with the treatment provided by Drs. Kelly and Prezant, and have gone back to work full time. Certain reports in the press do not accurately portray what our doctors have found through their tireless efforts and may create needless fears. For example, continued reports of possible heavy metal poisoning from WTC exposures is not supported by the science. Everyone should know that Drs. Kelly and Prezant and many others at the Fire Department worked continually after 9/11 to analyze and protect the health of our members. They did not stop at performing comprehensive respiratory testing, but also performed heavy metal screenings for over 13,000 members. The results consistently found nothing clinically significant.

The Fire Department'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 later, 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. In the close-knit family of the FDNY, more than 60 firehouses lost members. Nevertheless, those who survived

continued to work in the rescue and prolonged recovery operation at the World Trade Center site.

In recognition of the mental health needs of our members, the FDNY Counseling Services Unit (CSU) expanded from one site to six, and added professional staff to provide more services to our members. Thanks to funding from FEMA and Project Liberty, as well as the American Red Cross, the International Association of Firefighters and the National Fallen Firefighters Foundation, we secured critical resources to provide counseling services to our members and their families.

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. Additionally, we sent specially trained peer counselors to the most affected firehouses, accompanied by professional counselors to provide on-site education. 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 people have sought mental health services through CSU since 9/11. We developed new programs for bereaved spouses, parents and siblings. Now five years later, some of these groups still meet, providing a needed link for these families. Prior to 9/11, the CSU treated approximately 50 new cases a month. Since 9/11, CSU has seen more than 260 new 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.

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.

Funding

Over time, the funding stream for mental health services has changed as FEMA and Department of Justice funding ended. Currently, treatment dollars secured through the American Red Cross and now through the WTC Medical Monitoring and Treatment program will allow our programs to continue. However, the need for continued resources to provide these essential mental health services in the future remains.

Through the efforts of the Mayor and the 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. The additional funding will be used for enhanced diagnostic testing and focused treatment of FDNY first responders, addressing both physical and mental health problems related to World Trade Center exposures.

However, our concern continues to be the long-term consequences of this exposure. In occupational medicine, there is often a significant lag time between exposure and emerging diseases. For example, the medical effects of asbestos may not be detected for 20 to 30 years after exposure. 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. The commitment to long-term monitoring must be made now to protect our workforce, both active and retired.

Five Years Later

Five years later, the FDNY continues its mission of saving lives, by fighting fires, providing pre-hospital care, and responding to other emergencies. The threat of future terrorist attacks has led to increased training, additional Haz Mat units and enhanced protective masks and equipment. Multi-agency drills stress the role of cooperation among agencies. Our annual BioPod drill demonstrates that our Department can respond to a biological event with prophylactic medications for on-duty FDNY personnel so that they can continue to provide fire and pre-hospital emergency medical services to our City.

Going Forward

The WTC Medical Monitoring Program will provide three medical examinations over five years for our exposed World Trade Center first responders. This will provide a short-term view of the health consequences of 9/11. It will allow us to continue to track longitudinally the lung functioning of our members to see if the initial decline continues or abates.

Unfortunately, both our active FDNY members and our retirees face gaps in their medical coverage. This means, for some, burdensome out-of-pocket costs to make sure they receive the necessary medications and medical care. For example, long-term medication needs for asthma, Gastro Esophageal Reflux Disease and psychiatric illnesses require significant co-payments, taxing the resources of our members. In addition, most insurance plans do not adequately cover mental health treatment.

Conclusion

Firefighters answer the call for help every day despite the risks they face. The 343 who perished at the World Trade Center are tragic reminders of that risk. Concerns for the long-term health and future of those who survived that tragedy remain.

Careful screening, monitoring and treatment of our Firefighters and EMS workers remain critically important. It is imperative that we continue the close medical surveillance of our workforce – both retired and active -- to observe patterns of disease or illness and to provide focused treatment to restore well being. Early treatment of symptoms can reduce disability and restore function in many members. Sufficient resources must be provided to continue long-term monitoring and treatment.

Thank you for your past efforts, and your continued support of the Department and our members. I would be happy to take your questions at this time.