



Highlights of [GAO-05-1020T](#), a testimony before the Subcommittee on National Security, Emerging Threats, and International Relations, Committee on Government Reform, House of Representatives

Why GAO Did This Study

After the 2001 attack on the World Trade Center (WTC), nearly 3,000 people died and an estimated 250,000 to 400,000 people who lived, worked, or attended school in the vicinity were affected. An estimated 40,000 people who responded to the disaster—including New York City Fire Department (FDNY) personnel and other government and private-sector workers and volunteers—were exposed to numerous physical and mental health hazards. Concerns remain about the long-term health effects of the attack and about the nation's capacity to plan for and respond to both short- and long-term health effects in the event of a future attack or other disaster.

Several federally funded programs have monitored the physical and mental health effects of the WTC attack. These monitoring programs include one-time screening programs and programs that also conduct follow-up monitoring. GAO was asked to assess the progress of these programs. GAO examined (1) federally funded programs implemented by state and local government agencies or private institutions, (2) federally administered programs to monitor the health of federal workers who responded to the disaster in an official capacity, and (3) lessons learned from WTC monitoring programs. GAO reviewed program documents and interviewed federal, state, and local officials and others involved in WTC monitoring programs.

www.gao.gov/cgi-bin/getrpt?GAO-05-1020T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cynthia A. Bascetta at (202) 512-7101 or bascettac@gao.gov.

SEPTEMBER 11

Monitoring of World Trade Center Health Effects Has Progressed, but Not for Federal Responders

What GAO Found

Three federally funded monitoring programs implemented by state and local governments or private organizations after the WTC attack have provided initial medical examinations—and in some cases follow-up examinations—to thousands of affected responders to screen for health problems. For example, the FDNY medical monitoring program completed initial screening for over 15,000 firefighters and emergency medical service personnel, and the worker and volunteer program screened over 14,000 other responders. The New York State responder screening program screened about 1,700 state responders before ending its examinations in 2003. Most state responders have not been informed that they are now eligible to participate in the worker and volunteer program, and New York State responders could miss the opportunity for continued monitoring. These monitoring programs and the WTC Health Registry have collected information that program officials believe researchers could use to help better understand the health consequences of the attack and improve treatment. Program officials expressed concern, however, that current federal funding arrangements for long-term monitoring may be too short to allow for identification of all future health effects.

In contrast to the progress made by other federally funded programs, the Department of Health and Human Services' (HHS) program to screen federal workers who were sent by their agencies to respond to the WTC disaster has accomplished little and is on hold. The program—which started about one year later than other WTC monitoring programs—completed screening of 394 of the estimated 10,000 federal workers who responded in an official capacity to the disaster, but HHS officials suspended examinations and the program has not screened anyone since March 2004. The program's limited activity and the exclusion of federal workers from other monitoring programs because of the assumption that they could receive screening examinations through the HHS program may have resulted in many federal responders losing the opportunity to identify and seek treatment for their WTC-related health problems.

Officials involved in WTC health monitoring programs cited lessons from their experiences that could help others who may be responsible for designing and implementing health monitoring efforts that follow other disasters, such as Hurricane Katrina. These include the need to quickly identify and contact people affected by a disaster; to monitor for mental health effects, as well as physical injuries and illnesses; and to anticipate when designing disaster-related monitoring efforts that there will likely be many people who require referrals for follow-up care and that handling the referral process may require substantial effort. HHS and New York State officials provided comments on the facts contained in this testimony and GAO made changes as appropriate.