

Feds to responders: Blah, blah, blah, blah

Secretary of Health and Human Services Michael Leavitt dispatched a top aide last week to brief a congressional subcommittee about federal efforts on behalf of the forgotten victims of 9/11 — and proved just how anemic those efforts remain.

Dr. John Agwunobi's Capitol Hill appearance was an appalling exercise in evasiveness, double talk and passive resistance by the official who is charged with formulating how the government will meet its obligations to sickened Ground Zero workers.

Never once did Agwunobi acknowledge that thousands are ill with damaged lungs because they inhaled the dust that shrouded the World Trade Center site and the surrounding area.

Never once did Agwunobi express a sense that large numbers of the men and women who responded after the towers fell need specialized care now and will continue to need specialized care long into the future.

Never once did Agwunobi offer a hint as to what he and Leavitt have been doing since last Sept. 11, when, in the glare of the five-year anniversary of the terror attack, the secretary designated Agwunobi to be his 9/11-health czar.

This was about as specific as Agwunobi allowed himself to be: "We recognize that over the long run there will be needs our work has to meet. We are committed to using research and science gathered over time." He promised to say more after he gets enough data to be confident about his findings because, he said,

"We are learning with the passage of time" that people did get sick.

Gee, you think?

The emptiness of Agwunobi's testimony was in keeping with his department's determinedly laggard response to the public-health disaster spawned by 9/11. Only after bludgeoning by New York elected officials, including Sen. Hillary Clinton and Reps. Carolyn Maloney and Vito Fossella, has HHS provided minimal grants for 9/11-related health care — or been stirred to study the extent of the epidemic.

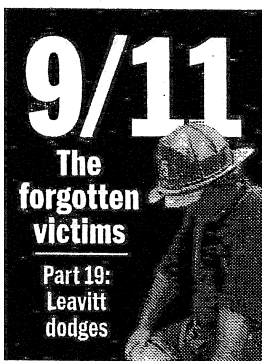
Throughout, HHS dodged making good on what is clearly a national debt to sickened responders, straining to maintain a studied ignorance even as to their existence. Witness, for example, the silencing of Dr. John Howard, chief of the National Institute for Occupational Safety and Health, who was appointed by Leavitt in March 2006 to serve as "coordinator" of 9/11 health issues.

After aggressive study, the redoubtable Howard got the picture — and Leavitt promptly superseded him with the loyal Agwunobi. As a result, Howard for the most part sat mute throughout Agwunobi's nonanswers. But he did reveal one stunning fact:

After the terror attack, responders flocked to New York from 2,000 zip codes outside the city. This was still more proof that providing treatment is a federal duty.

As of this late date, Leavitt's HHS has the terrible distinction of standing as the single responsible public-health agency yet to formally recognize the scope of an epidemic document-

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ed in study after study after study. An epidemic that is all too tragically visible at the two leading World Trade Center treatment programs, one run by Mount Sinai Medical Center and the other by the city Fire Department.

There seems but one reason for Leavitt's foot-dragging: money. Mayor Bloomberg last month put the annual expense of 9/11-related health care at \$392 million. He also projected that maintaining services at Mount Sinai, the FDNY and a Bellevue Hospital clinic would cost \$153 million next year. Meanwhile, City Hall aides reported that HHS had come up with its own estimated budget for the Mount Sinai and the FDNY programs. They placed the figure at \$257 million a year, a figure large enough to explain Agwunobi's congressional tap-dancing.

His performance severely damped the optimism generated at the end of January, when President Bush committed to include \$25 million in the upcoming federal budget to keep the two treatment programs going through this year. Still more distressing, city officials

say they believe HHS may establish a program to reimburse family physicians for treating Ground Zero responders rather than sustain the care provided at the FDNY, Mount Sinai and other hospital-based programs.

To do so would be a travesty. The forgotten victims of 9/11 suffer with pulmonary conditions that require specialized treatment. They are often misdiagnosed by general practitioners. And the prevalent diseases are likely to shift with time, with experts predicting more serious ailments, such as cancers, will emerge. Close monitoring will be critical and can be done only in an organized treatment system.

As Dr. David Prezant, the FDNY's chief medical officer, put it: "There would be fragmented treatment by nonexperts, and there would be no data collection for policy or to inform other physicians how to treat these people. This is not where you want to be for people who gave up their health to help America rebuild."

Unless, that is, you are determined to shirk responsibility.