

BE OUR GUEST

By PATRICK J. LYNCH

Care for 9/11 heroes

PBA boss says rescue workers need aid now

The scientific debate over whether there's a direct "causative" link between having worked in the rescue-and-recovery effort in the months after 9/11 and the illnesses and deaths that have afflicted many who did can, in itself, be a deadly sideshow.

By all means, let the dialogue and scientific inquiries continue — by most estimates, it could be 20 years before we know the answers. But, in the meantime, we should proceed as if working at the Ground Zero site, the Staten Island landfill and the morgue was dangerous to all who experienced it. The duties at these sites were certainly sickening to many and — as is becoming increasingly evident — fatal for an untold and rising number.

The only sensible and humane thing to do is to act decisively according to those assumptions. While we waste time arguing the fine points, police officers and other responders are suffering serious illnesses and losing their lives because of their selfless devotion in the wake of the most deadly enemy attack on American soil.

The most recent example attracting widespread attention is the case of 34-year-old NYPD Detective James Zadroga, who died on Jan. 5 of respiratory failure and whose autopsy report by the Ocean County, N.J., medical examin-

er found "with a reasonable degree of medical certainty" that the death was "directly related to the 9/11 incident."

"I cannot personally understand that anyone could see what I saw in the lungs and know that the person was exposed to Ground Zero and not make the same link I made," said Dr. Gerard Breton, who performed the autopsy.

And Zadroga is just one of many potential victims. Obviously, we can't afford to wait for a lengthy scientific investigation before implementing measures to protect these and other potential victims. Officials need to:

- Appoint a czar to oversee all existing programs addressing 9/11 health issues.

The appointment in February of a coordinator to

oversee the federal response to these health impacts doesn't go far enough. Since the World Trade Center attacks, hundreds of millions of dollars in federal and private funds have been earmarked to deal with the problem, but while these funds are administered by well-intentioned professionals, appointing a completely independent medical professional with broad powers as overseer of all these sources would mean more efficient coordination and would reduce redundancies, freeing up resources.

- With extra resources, provide more expansive and effective monitoring and diagnostic procedures. The blood screenings, standard blood-pressure readings and other methods currently being employed are inadequate diagnostic tools in this age of advanced medical technologies and in the wake of so unique an event as 9/11.

- Do a better job of disseminating information gathered by the various programs dealing with these health issues. Reams of paper have been filled out by responders detailing symptoms and illnesses, but very little of a comprehensive nature has been published. Share the information with all those who may be affected, not to create panic but to save lives.

- Provide the best treatment available for those who have become ill.

All costs for these measures should be borne by the public and the private sectors and through charitable funds set up for 9/11, not by the modestly compensated police officers, firefighters and other responders now suffering for their altruistic dedication at Ground Zero.

We cannot wait for another first responder to die before something is done. These measures must be implemented immediately. It's a matter of life and death.

Lynch is president of the Patrolmen's Benevolent Association.

Scientific answers may take years. We can't wait.