



Lessons from September 11th: Health Concerns from Ground Zero Illustrate Need for Nationwide Health Tracking

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CDC Analysis of Ground Zero Exposures

The heroic actions of firefighters and other emergency workers in the aftermath of September 11th won the nation's admiration and respect. But the destruction of the World Trade Center exposed those workers and local residents to contaminants that could have a lasting impact on their health. Many people in the region fear their health has been, or will be, impacted as a result of this catastrophe.

While our country measures the quality of the air and water, we do not know the actual human exposures to environmental hazards because health officials do not gather consistent information on the relationship between environmental hazards and chronic diseases like cancer, asthma and other respiratory illnesses. This health data should be available on a community level so we can better understand what might be making people sick, and better prevent those diseases in the future.

A soon-to-be-published analysis by the Centers for Disease Control and Prevention (CDC) takes a first step toward identifying potential risks by examining New York City firefighters' exposure to levels of toxicants and measuring toxicity levels in their bodies using a process called "biomonitoring." Biomonitoring analyzes blood, urine and other evidence to gauge the extent to which people have been exposed to chemicals in the environment. This facilitates the identification of people who may need additional help to prevent or treat potential illnesses from those exposures.

Information Should Have Been Available Sooner

The CDC study is a valuable and necessary step in the right direction. But ideally, this information should have been available much sooner. Instead of waiting to get the CDC's data nearly a year after the attacks, New York should have had the laboratory capacity to conduct its own analysis. While New York is currently working on developing this capacity, only the CDC has the ability to comprehensively test blood and urine for a full spectrum of chemicals. The lack of regional laboratories capable of biomonitoring seriously hinders local health officials from responding rapidly to health emergencies, whether they might result from a terrorist attack using biological agents or an accidental chemical spill.

Now that biomonitoring techniques are available to health researchers, biomonitoring exposure data should be integrated with efforts to track where and when chronic diseases occur. This data is a key tool in public health prevention efforts. Currently chronic disease tracking is not happening in our country. Although some health tracking is beginning with the firefighter screening initiative in New York City, it should be in place for all residents and workers in the region, as well as in communities nationwide.

To better prevent disease from occurring, health officials need to understand the full picture. Comprehensive health tracking would provide the mechanism to help determine what opportunities may exist for prevention efforts.

More Health Data Needed For Ongoing Health Concerns Nationwide

The September 11th tragedy provides us with a very tragic case study of environmental health threats. But exposures occur every day in communities all across America, posing little-understood risks to our health. In fact, environmental factors are believed to play a role in causing many chronic diseases, which collectively are the #1 killer of Americans. The first step in addressing concerns about chronic illness is having better health information. Whether it's the leukemia cluster in Fallon, Nevada, or concerns about increased asthma and cancer in New York, we need a nationwide health tracking network, including biomonitoring at the community level, to track where and when chronic diseases occur and their potential links to factors in the environment.

Public Supports a Nationwide Health Tracking Network

A recent survey of residents in Lower Manhattan, commissioned by Trust for America's Health and conducted by the The Mellman Group, found that:

- 58% of lower Manhattan residents report an increase in at least one physical ailment since the September 11th attacks; and
- 90% support tracking for chronic diseases and environmental exposures for both first responders and all who live or work in lower Manhattan.

A recent nationwide survey conducted by the bipartisan team of The Mellman Group and Public Opinion Strategies for Trust for America's Health found that:

- 92% of Americans believe that environmental factors are an important cause of disease; and
- 88% support the creation of a Nationwide Health Tracking Network.

Components of a Nationwide Health Tracking Network

To bring our country's public health capabilities into the 21st century, we need a Nationwide Health Tracking Network that tracks chronic diseases and associated environmental factors. Building on existing systems that track infectious diseases, the Network would have five basic features:

1. Tracking of priority diseases and monitoring exposures - building on existing health and environmental data collection systems and establishing it where it doesn't exist. The Network would coordinate the local, state and federal health agencies to collect critical data. In all fifty states, the Network would track:
 - Asthma and other respiratory diseases;
 - Developmental disorders such as autism, cerebral palsy, and mental retardation;
 - Neurological diseases such as Alzheimer's, multiple sclerosis and Parkinson's;
 - Birth defects; and
 - Cancers, especially in children.

The Network also would monitor exposures to poisonous heavy metals like mercury and lead; PCBs; dioxins; pesticides; and water and air pollutants.

2. Monitoring of immediate health crises such as lead, pesticide and mercury poisoning to serve as an Early Warning System for communities. The existing system of local health officials, hospitals, and poison centers that alert communities to outbreaks like the West Nile virus would be expanded to these health emergencies.
3. Enhancing and coordinating Rapid Response Teams of local, state and federal health officials to quickly investigate identified disease clusters and other health emergencies. These teams would have trained health officials and investigators as well as the necessary equipment and lab facilities that currently do not exist.
4. Establishing 20 different regional and state pilot programs that would investigate local disease clusters and concerns not tracked by the Network. These local tracking programs could serve as tracking models to be included in the Network.
5. Creating and supporting partnerships with communities and academic centers to ensure that all relevant issues are addressed by the health tracking network.

Congress Begins to Fund Health Tracking

Congress has provided \$17.5 million in fiscal year 2002 to begin state pilot programs for health tracking. These initiatives will be the building blocks of a nationwide health tracking network. This September, CDC will announce which states will receive funding to develop the first pilots.

Looking ahead to appropriations for fiscal year 2003, the Senate Appropriations Committee has approved \$30 million for health tracking, which will allow additional states to begin health tracking. The U.S. House of Representatives is expected to take action on the spending bill in September.

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