

Healthcare lessons learned in the aftermath of September 11, 2001

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Fourteen years after the attack on the World Trade Center (WTC), a case study in the current issue of *Annals of Global Health* identifies several elements that have had a critical impact on the evolution of the WTC response and, directly or indirectly, on the health of the WTC-exposed population. The case study also recounts and assesses post-disaster monitoring efforts, recent scientific findings from the World Trade Center Health Program (WTCHP), and explores the implications of these experiences for ongoing and future environmental disaster response.

Short-term 9/11 rescue and recovery actions have been followed by a long-term monitoring and treatment program, the World Trade Center Health Program (WTCHP), which includes more than 60,000 WTC disaster responders and community members and is now funded by the Zadroga Act of 2010. This program has provided a framework for understanding the variable consequences of the WTC disaster, ensuring that lessons learned can be identified and incorporated into improved long-term programs.

Reauthorization of the Zadroga Act by Congress will ensure that these observations will have an opportunity to translate into a meaningful and sustainable clinical and research impact. Reauthorization is also crucial to ensuring that all responders and survivors of the World Trade Center disaster have continued access to World Trade Center Clinical Centers of Excellence, where the needs of responders and survivors are understood and necessary expertise and healthcare are available to all

those exposed to the disaster.

"We have identified key elements of the WTC response that have affected the [health](#) of the exposed population and ongoing population monitoring and treatment," comments lead author Michael Crane, MD, MPH, of the Icahn School of Medicine at Mount Sinai. He and his co-authors call attention to the failure of government agencies to address widespread contamination of the local community. Residents were consequently exposed to the risks of toxic exposure. Responders also were put at risk by the failure of responsible agencies to enact and coordinate strict site health and safety policies during recovery and cleanup operations.

The [case study](#) provides insights into the many interconnected elements that determine the effectiveness of any public health disaster response. Among these are:

- Clinical Expertise and Data Collection – Putting experts on the scene who can recognize ongoing threats to health, record critical data, and institute essential monitoring programs.
- Site Safety and Worker Training – Lack of these measures caused lasting effects on the health of untrained responders in the WTC environment.
- Attention to Vulnerable Populations – Certain groups, such as schoolchildren from the area and children indirectly exposed through their own exposed parents, can be overlooked in the chaos of a large-scale disaster.
- Developing Trust and Transparency – The value of trust and transparency between the exposed populations and the public health authority in environmental disasters is well established and critical, but often not achieved.

According to the authors, operationalizing these ideals amidst the initial

chaos and longer-term bureaucratic challenges that are an integral part of any disaster remains a daunting but essential mandate. They conclude that "Even in a relatively well-resourced environment, challenges regarding allocation of appropriate attention to vulnerable populations and integration of treatment response to significant medical and mental health comorbidities remain areas of ongoing programmatic development."

More information: "The Response to September 11: A Disaster Case Study," by Michael A. Crane, MD, MPH, Nomi C. Levy-Carrick, MD, MPhil, Laura Crowley, MD, Stephanie Barnhart, MD, MPH, Melissa Dudas, DO, Uchechukwu Onuoha, MD, MPH, Yelena Globina, MD, MPH, Winta Haile, BA, Gauri Shukla, MPH, and Fatih Ozbay, MD. DOI: [dx.doi.org/10.1016/j.aogh.2014.08.215](https://doi.org/10.1016/j.aogh.2014.08.215). It appears in *Annals of Global Health*, Volume 80, Issue 4 (2014)

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