



FEDERAL LAW ENFORCEMENT OFFICERS ASSOCIATION

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REF: NIOSH Docket No. 226

Dear Director Howard,

The Federal Law Enforcement Officers Association (FLEOA) is the largest non-partisan, non-profit federal law enforcement association in the nation. As such, FLEOA is considered as the "voice of federal law enforcement" and advocates for all issues of importance to federal law enforcement officers.

FLEOA was intimately involved with the passage of the James Zardoga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347). This Act is of critical importance to our membership. As you know, federal law enforcement officers were among the first to arrive on scene during the September 11th, 2001 terrorist attacks. They battled that day at Ground Zero, the Pentagon and in Shanksville and continued "doing their job" through the clean up and subsequent pursuit of terrorists around the world.

The aftermath of the prolonged exposure to the toxins at Ground Zero and the Pentagon is of course now well recorded in the health care field. NIOSH is at the lead with identifying and addressing the many health issues that have arisen from that exposure. All of which occurred while federal law enforcement officers were fighting, rescuing, recovering and investigating the aftermath of the largest terrorist attack in our nation's history.

NIOSH has been rightfully tasked with the proper and effective implementation of the James Zardoga 9/11 Health and Compensation Act. The thousands of federal law enforcement officers with lingering health affects look forward to receiving this long overdue care for their health issues.

FLEOA sees a few important points that need to be considered to ensure the care is targeted and received by those that have earned it:

- 1) **Communication of Program:** The care and benefits of the Act need to be clearly communicated to the 9/11 responder community. Often, health programs of this scope are not known and properly described to those that should receive their benefits. We would encourage NIOSH to use plain language and every mass communications medium

available to disseminate information about this new program. We would also strongly recommend using organizations, like ours, to reach out directly to those most impacted and in need of the benefits. Additionally, identification of all 9/11 health issues should be made known but only be used as a guideline for treatment as many new illnesses continue to manifest and develop.

- 2) **Agency Head Outreach:** NIOSH should also contact each and every federal law enforcement agency directly to inform them of the program and how to get their personnel enrolled. In 2005, HHS made a failed attempt to start a 9/11 health screening program and despite wasting millions of dollars, failed to get it started in large part due to its non-contact with other federal agencies. They only made 10 notifications. Again, use of organizations like FLEOA could assist with this process.
- 3) **Simple Health Care Process:** As closely as possible, the program should mirror standard health insurance use as something like a benefit card could be issued to those enrolled. This would assist with expediting claims and reducing the confusion of redundant paperwork.
- 4) **Localized Screening:** Many members that were enrolled in previous 9/11 screening programs felt that when they were able to go to medical facilities close to their residences, it helped make the screening process easy. As many of those locations were reduced and screening consolidation occurred, it made it more difficult for responders to get screened. Since 9/11 responders are located throughout the 50 States, screening centers or facilities made available in several local geographic areas would assist responders to obtain the care and screening they need.
- 5) **Continuation of Tracking:** Over the last 10 years, the percentage of 9/11 responders that have developed health issues has increased. As time passes, this number will only further increase. We would recommend an annual re-evaluation of every responder. This would ensure consistency and the ability to better identify and stay on top of any health issues that develop.

As the 10th Anniversary of the September 11th, 2001 terrorist attacks approaches, we are constantly reminded of the affects of those attacks on our nation and the world. Often as the smoke clears, the one part of the battle that is quickly forgotten are those that were actually "on the field."

With the proper implementation of the James Zardoga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347), NIOSH has the opportunity to get right what many other government agencies have gotten wrong. Throughout our nation's history, those that gave "the most" have often received "the least." This is the one time we have the opportunity to get it right and the Federal Law Enforcement Officers Association looks forward to working with NIOSH to ensure that those that "gave the most" receive their overdue care.

Fraternally,

Jon Adler, President
Federal Law Enforcement Officers Association