# United States Senate

## **WASHINGTON, DC 20510-3205**

August 5, 2025

The Honorable Robert F. Kennedy Jr. Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Kennedy,

We are writing to you today regarding continued administrative issues currently plaguing the World Trade Center Health Program (WTCHP).

Since you were sworn in as the Secretary of Health and Human Services (HHS) on February 13<sup>th</sup>, 2025, we have sent three letters regarding ongoing issues at the WTCHP. On February 17<sup>th</sup>, we sent you a letter regarding the reckless staffing cuts at the WTCHP. On April 3<sup>rd</sup>, we wrote to you expressing concern regarding the decision to terminate two-thirds of the staff at the National Institute of Occupational Safety and Health (NIOSH), effectively hampering the program's ability to conduct research on newly linked conditions and to award statutorily required research grants. Finally, on May 13<sup>th</sup> we send a letter regarding reports that the WTCHP completely halted in providing services to injured and ill 9/11 responders and survivors. All of the aforementioned issues have caused heightened confusion and concern among administrators, doctors, and program participants. This is unacceptable.

Congress continuously stood and supported our nation's heroes who stepped up and served in response to the attacks on 9/11. We are committed to ensuring that the responders and survivors of the 9/11 attacks who were exposed to toxic chemicals from the World Trade Center disaster, or the Pentagon and Shanksville crash site, continue to receive the health care and medical monitoring that they deserve and expect under the James Zadroga 9/11 Health and Compensation Act that created the World Trade Center Health Program.

As of August 5, 2025, the NIOSH WTCHP continues to have fewer staff members than when you took over as Secretary in February. These last few months have clearly demonstrated that adequate staffing levels are critical to preventing significant treatment delays. Individuals with 9/11-related conditions should not have to rely on repeated uproars from the public and the media to obtain the care they are owed under the law and so desperately need.

While your administration has reinstated some previously terminated WTCHP staff, and have reinstated NIOSH Director and WTCHP Administrator, Dr. John Howard, we want to alert you to

several issues that still need to be addressed by HHS to ensure the integrity and services provided to injured and ill 9/11 responders and survivors across the country by this vital program.

### Communication Pause and Travel Restrictions

As we now start the eighth month the "temporary" communications pause, the program's normal functions are being impacted. With the continuing communications ban, regular research meetings are not taking place. Normal meetings of the Responder and Survivor Steering Committees outlined in the Zadroga statute have not taken place. The normal interactions of the program with the 9/11 community that provide information and feedback to the program are not taking place. Is this temporary ban now becoming permanent?

In addition, the continuing travel ban is having an impact on the programs staff's ability to perform normal inspections of contractors and clinic providers. This travel is critical to ensure that contractual mandates are being correctly and efficiently performed.

## **Upcoming Contract Renewals**

Contracts for the WTC Clinical Centers of Excellence, WTCHP Data Centers, the National Program, Administrative support contracts, and Pharmacy Benefit Management (PBM) will soon be up for renewal. As far as we know, there is no staff available to work on updating requirements and requests for proposals and there is insufficient staff to do the ongoing contract approvals the current contracts require. Unless this contract work can occur in a timely fashion, clinical care will be further impacted because providers will not be paid, and medications will not be filled. Prior to the expiration date for each of these contracts, contractor staff will be laid off. Many institutions have requirements that require these lay-offs prior to a contract's expiration date if the contract is not renewed.

#### Research Grants Awards

While previously approved research grants are slowly receiving notifications of awards (NOA) for the upcoming year, newly submitted research grant proposals have been scored, but have received no further information on their award status, effectively freezing the process. The research grant program authorized in the Zadroga Act help to evaluate different conditions for potential designation as 9/11-related and thus eligible to be covered by the program. It is a statutory requirement, and the WTCHP research grant process needs to be restarted. The concern about layoffs noted on contracts, also applies to Research Grants.

## Hiring Freeze

While you have reinstated the staff that were terminated, the hiring freeze for the program needs to be lifted. On January 20, 2025, WTCHP had 93 staff. The program had an OMB authorized staff level of 138, after a reorganization last year to increase staff level due to increased program workload. In 2024 alone, program enrollment increased by 10,000 new members reaching over 140,000 enrolled responders and survivors. This trend is expected to continue, and we expect to

see another 10,000 enrollees this year. Taking into account the program staff that have accepted the buyout, we understand that the program now has only 80 staff to provide support for the program. With the government wide hiring freeze being extended now through October, the program will be facing even more service delivery issues. The program needs to hire more doctors and other specialized staff to allow the program's functions to continue at peak efficiency. Without adequate supervisory staff, activities will fall short of what is required because proper oversight cannot be provided.

#### **Petition Process**

Under the Zadroga statute, there is a process for the program to consider adding covered conditions if they meet certain requirements. We understand that there were several petitions pending review, that are of great interest to the 9/11 community of responders and survivors such as the coverage of cardiac conditions, autoimmune conditions, and cognitive issues, among others. The program had announced in December 2024 that the delayed determinations would be announced in March. That did not happen. The program must follow the requirements under the statute and make these pending determinations.

## Administration for Healthy America (AHA) Reorganization

We are additionally concerned about the plans that you have for moving NIOSH and the WTCHP into a new Administration for a Healthy America (AHA) and the impact that that will have on the WTCHP. It is not clear from the information that the Department has provided what support will be available for the WTCHP in this new entity. For efficiency purposes and to reduce costs, the WTCHP has always relied on the Centers for Disease Control (CDC) to provide shared staff, usually for short time periods, to assist with contracts, research proposals, grant scoring, human resources and other support services for its mission. These issues directly impact the ability of the program to operate in accordance with the Zadroga statute and to deliver services to the community of sick responders and survivors living with health impacts resulting from the 9/11 attacks.

As we approach the 24<sup>th</sup> Anniversary of 9/11 attack this fall, it is imperative that we continue to support our first responders and survivors that still suffer from illnesses acquired that horrific day. We will continue to ensure that this administration follows the law and that the program continues to maintain full functionality and operate as required under statute.

Sincerely,

Kirsten Gillibrand

United States Senator

Charles E. Schumer United States Senator