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DISASTER RELIEF WORKERS' HEALTH AND SAFETY

DECEMBER 7, 2001.—Ordered to be printed

Mr. JEFFORDS, from the Committee on Environment and Public Works, submitted the following

REPORT

[to accompany S. 1621]

[Including cost estimate of the Congressional Budget Office]

The Committee on Environment and Public Works, to which was referred a bill (S. 1621), to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to carry out a program for the protection of the health and safety of community members, volunteers, and workers in a disaster area, having considered the same, reports favorably thereon and recommends that the bill do pass.

BACKGROUND

In 1978 President Carter established by executive order the Federal Emergency Management Agency (FEMA). The newly established agency assumed the duties that the Federal Disaster Administration had performed since 1973. Even after FEMA's creation, aspects of the Federal role in disaster response and recovery remained unclear. After years of debate during the mid-1980s and several legislative attempts, Congress reached a compromise and passed the Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 104–707) in 1988. The Stafford Act, last amended in the 106th Congress (P.L. 106–390), has helped to reshape the role of the Federal government's role in responding to national disasters.

However, the Stafford Act does not specifically address the Federal government's role in monitoring the health and safety of individuals exposed to harmful substances as a result of a disaster. In

the case of the World Trade Center, environmental monitoring conducted by the U.S. Environmental Protection Agency has shown elevated levels of asbestos, dioxin, PCBs, benzene, metals, and particulates in air, dust, and water samples taken in the area.

The heroic efforts of emergency response personnel in the days and weeks following the September 11, 2001, disaster have underscored the need for a program to monitor and to track the health and safety of rescue workers. For example, scores of emergency response personnel responding to the World Trade Center attacks subsequently developed severe coughs that the medical community has not yet diagnosed. These workers will need long-term monitoring. Individuals who live, work, and attend school in the area may also require long-term monitoring as a result of exposure to harmful substances at the site. S. 1621 addresses this important issue.

S. 1621 amends the Stafford Act to authorize the President to carry out a program for the protection, assessment, monitoring, and study of the health and safety of community members, volunteers, and workers in a disaster area. In this context, "workers" are individuals who contribute to the rescue and recovery efforts. The bill does not require FEMA to provide treatment to conmmunity members, volunteers, or workers in a disaster area.

SECTION-BY-SECTION ANALYSIS

Section 1. Protection of Health and Safety of Individuals in a Disaster Area

SUMMARY

Section 1 establishes the definitions and parameters for a program within FEMA to protect the health and safety of community members, volunteers, and workers in a declared disaster area.

DISCUSSION

S. 1621 amends the Stafford Act by adding section 409. Section 1 of the bill establishes a program within FEMA to monitor and to track the health and safety of persons working in and living around a major disaster area.

The section begins by setting out the definitions that will govern the new section 409. The definition of worker includes "a first responder to a disaster, such as a police officer, a firefighter, and an emergency medical technician." This definition is not all-inclusive and the President may consider other categories of workers in establishing a program under this section. Other categories may include workers other than "first responders" called upon to clean, demolish, decommission, and decontaminate the disaster area. The section continues by outlining the proposed program.

If the President determines that one or more harmful substances (substances that the President determines may be harmful to human health) are present in a disaster area, the President may carry out a program for the protection, assessment, monitoring, education, and study of the health and safety of community members, volunteers, and workers in the disaster area. The intent of the program is to protect the health and safety of those exposed or

potentially exposed to harmful substances as a direct result of the disaster and to prevent the recurrence of similar health impacts in future disasters.

The program may include the collection and analysis of environmental exposure data, performance of baseline sampling, establishment of an exposure registry, and study of the long-term health impacts of exposure through epidemiological studies. The program also may include developing and disseminating educational materials, providing the public with access to information, and training and certifying workers in the use of personal protection equipment.

Medical or academic institutions in the proximate area of the disaster, and with experience in environmental and occupational health and safety, should conduct such studies when feasible and appropriate. Institutions developing and carrying out the program may consult with the National Institute of Environmental Health Sciences, the Agency for Toxic Substances and Disease Registry, the Occupational Safety and Health Administration, the Environmental Protection Agency, or other agencies with significant experience and expertise in the area of worker health and safety.

Participation in any study under this section is voluntary, and the President shall take appropriate measures to protect participant privacy. Not later than one year after a study's completion, the President, or the institution conducting the study, will present the findings to the Director, the Secretary of Health and Human Services, the Secretary of Labor, and the Administrator of the Environmental Protection Agency.

LEGISLATIVE HISTORY

Senator Hillary Rodham Clinton introduced S. 1621 on November 1, 2001. The Senate Committee on Environment and Public Works held a legislative hearing on the bill on November 1, 2001. The full committee reported the bill by voice vote on November 8, 2001.

HEARINGS

On November 1, 2001, the committee held a legislative hearing on S. 1621, a bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to carry out a program for the protection of the health and safety of community members, volunteers, and workers in a disaster area, receiving testimony from Michael Brown, Deputy Director, Federal Emergency Management Agency; Joe Moravec, Commissioner, Public Building Service, General Services Administration; Dr. David Sampson, Assistant Secretary for Economic Development, Economic Development Administration, U.S. Department of Commerce; Richard Meserve, Chairman, Nuclear Regulatory Commission; Herbert Mitchell, Associate Administrator for Disaster Assistance, Small Business Administration; and Marianne L. Horinko, Assistant Administrator. Office of Solid Waste and Emergency Response, Environmental Protection Agency.

ROLLCALL VOTES

The Committee on Environment and Public Works met to consider S. 1621 on November 8, 2001, and reported S. 1621 by voice vote.

REGULATORY IMPACT STATEMENT

In compliance with section 11(b) of rule XXVI of the Standing Rules of the Senate, the committee makes evaluation of the regulatory impact of the reported bill.

The bill does not create any additional regulatory burdens, nor will it cause any adverse impact on the personal privacy of individuals.

MANDATES ASSESSMENT

In compliance with the Unfunded Mandates Reform Act of 1995 (Public Law 104–4), the committee finds that S. 1621 would impose no unfunded mandates on local, State, or tribal governments.

COST OF LEGISLATION

Section 403 of the Congressional Budget and Impoundment control Act requires that a statement of the cost of the reported bill, prepared by the Congressional Budget Office, be included in the report. That statement follows:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, December 5, 2001.

Hon. JAMES JEFFORDS, *Chairman,*
Committee on Environment and Public Works,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 1621, a bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to carry out a program for the protection of the health and safety of community members, volunteers, and workers in a disaster area.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Julie Middleton, who can be reached at 226–2860. Sincerely,

DAN L. CRIPPEN

S. 1621, A bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to carry out a program for the protection of the health and safety of community members, volunteers, and workers in a disaster area, as ordered reported by the Senate Committee on Environment and Public Works on November 8, 2001

SUMMARY

S. 1621 would amend title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act to authorize the President to establish a new program to protect the health and safety of dis-

aster relief workers such as fIrefighters, police officers, and emergency medical technicians. Under this bill the Federal Emergency Management Agency (FEMA) would be authorized to collect and analyze environmental data at disaster areas to determine whether substances that may be harmful to human health are present. In addition, this bill would authorize FEMA to disseminate educational materials to affected communities and conduct long-term epidemiological studies of affected populations. Finally, S. 1621 would authorize FEMA to work cooperatively with medical and academic institutions, as well as other Federal agencies, to implement this program.

Assuming appropriation of the necessary funds, CBO estimates that implementing S. 1621 would cost $30 million over the 2002–2006 period. S.162l would not affect direct spending or receipts; therefore, pay-as-you-go procedures would not apply. S. 1621 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on the budgets of state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 1621 is shown in the following table. The costs of this legislation fall within budget function 450 (community and regional development).

By Fiscal Year, in Millions of Dollars

	2002	2003	2004	2005	2006
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level	4	4	8	8	12
Estimated Outlays	2	4	6	8	10

BASIS OF ESTIMATE

Based on information from FEMA and the Agency for Toxic Substances and Disease Registry (ATSDR), CBO estimates that implementing the provisions in this bill would cost about $30 million over the 2002–2006 period, assuming appropriation of the necessary funds.

Under this bill, CBO assumes that FEMA will work cooperatively with the A TSDR to conduct long-term epidemiological studies in certain disaster areas. We expect such long-term health studies would be called for at disaster areas where harmful pollutants are released into the environment. According to the ATSDR, each long-term study conducted under this bill would cost $3 million to $5 million a year and could last from 5-to-15 years. It is impossible to predict the number of such studies that might be required in the future. For this estimate, CBO assumes that one new study would be initiated every other year at an average cost of $4 million per year.

Pay-As-You-Go Considerations: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 1621 contains no intergovernmental or private-sector mandates as defmed in UMRA and would impose no costs on the budgets of state, local, or tribal governments.

Estimate Prepared by: Federal Costs: Julie Middleton (226–2860); Impact on State, Local, and Tribal Governments: Leo Lex (225–3220); Impact on the Private Sector: Lauren Marks (226–2966).

Estimate Approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

CHANGES IN EXISTING LAW

In compliance with section 12 of rule XXVI of the Standing Rules of the Senate, changes in existing law made by the bill as reported are shown as follows: Existing law proposed to be omitted is enclosed in [black brackets], new matter is printed in *italic*, existing law in which no change is proposed is shown in roman:

THE ROBERT T. STAFFORD DISASTER RELIEF AND EMERGENCY ASSISTANCE ACT

[As Amended Through P.L. 106–580, December 29, 2000]

AN ACT Entitled the "Disaster Relief Act Amendments of 1974".

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Robert T. Stafford Disaster Relief and Emergency Assistance Act".

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SEC. 409. PROTECTION OF HEALTH AND SAFETY OF INDIVIDUALS IN A DISASTER AREA.

(a) DEFINITIONS.—In this section:

(1) HARMFUL SUBSTANCE.—The term "harmful substance" means a substance that the President determines may be harmful to human health.

(2) PROGRAM.—The term "program" means a program described in subsection (b) carried out with respect to a disaster area.

(3) WORKER.—The term "worker" includes a first responder to a disaster, such as a police officer, a firefighter, and an emergency medical technician.

(b) PROGRAM.—If the President determines that 1 or more harmful substances are being, or have been, released in an area that the President has declared to be a disaster area under this Act, the President may carry out a program for the protection, assessment, monitoring, and study of the health and safety of community members, volunteers, and workers in the disaster area, to ensure that—

(1) the community members, volunteers, and workers are adequately informed about and protected against potential health impacts of the harmful substance;

(2) the community members, volunteers, and workers are monitored and studied over time, and receive appropriate care, for any long-term health impacts of the harmful substance; and

(3) information from any such monitoring and studies is used to prevent or protect against similar health impacts from future disasters.

(c) PROGRAM.—

(1) IN GENERAL.—A program may include such activities as—

(A) collecting and analyzing environmental exposure data;

(B) developing and disseminating educational materials to community members, volunteers, and workers;

(C) providing the public access to current information on continuing releases of a harmful substance in the disaster area;

(D) training and certifying volunteers and workers in the use of personal protection equipment;

(E) identifying, performing baseline health assessments on, taking biological samples from, and establishing an exposure registry of community members, volunteers, and workers exposed to a harmful substance;

(F) studying the long-term health impacts of any exposures through epidemiological studies; and

(G) providing assistance to participants in registries and studies under subparagraphs (E) and (F) in determining eligibility for health coverage and identifying appropriate health services.

(2) PARTICIPATION IN REGISTRIES AND STUDIES.—

(A) IN GENERAL.—Participation in any registry or study under subparagraph (E) or (F) of paragraph (1) shall be voluntary.

(B) PROTECTION OF PRIVACY.—The President shall take appropriate measures to protect the privacy of any participant in a registry or study described in subparagraph (A).

(3) COOPERATIVE AGREEMENTS.—The President may carry out a program through a cooperative agreement with a medical or academic institution, or a consortium of such institutions, that is—

(A) located in close proximity to the disaster area with respect to which the program is carried out; and

(B) experienced in the area of environmental or occupational health and safety, including experience in—

(i) conducting long-term epidemiological studies;

(ii) conducting long-term mental health studies; and

(iii) establishing and maintaining environmental exposure or disease registries.

(d) REPORTS AND RESPONSES TO STUDIES.—

(1) REPORTS.—Not later than 1 year after the date of completion of a study under subsection (c)(1)(F), the President, or

the medical or academic institution or consortium of such institutions that entered into the cooperative agreement under subsection (c)(3), shall submit to the Director, the Secretary of Health and Human Services, the Secretary of Labor, and the Administrator of the Environmental Protection Agency a report on the study.

(2) CHANGES IN PROCEDURES.—To protect the health and safety of community members, volunteers, and workers, the President shall make such changes in procedures as the President determines to be necessary based on the findings of the report submitted under paragraph (1).

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