

CITY COUNCIL  
CITY OF NEW YORK

-----X

TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON LOWER MANHATTAN REDEVELOPMENT

and

COMMITTEE ON MENTAL HEALTH

and

COMMITTEE ON CIVIL SERVICE AND LABOR

-----X

December 7, 2009

Start: 1:18 pm

Recess: 4:54 pm

HELD AT: Council Chambers  
City Hall

B E F O R E:  
ALAN J. GERSON  
Chairperson

COUNCIL MEMBERS:  
G. Oliver Koppell, Chair Mental  
Health  
Michael C. Nelson, Chair Civil  
Service and Labor  
Gale A. Brewer  
Simcha Felder  
James F. Gennaro  
John C. Liu  
Melissa Mark-Viverito  
Annabel Palma  
Domenic M. Recchia, Jr.

## A P P E A R A N C E S (CONTINUED)

Tamaroo Mamo  
Senior Advisor for Health Policy  
New York City's Deputy Mayor for Health and Human  
Services, Linda Gibbs

Jeffrey Haan  
World Trade Center Health Coordinator, Liaison  
World Trade Center Health Registry

Brian Geller  
Lawyer  
Deputy Mayor Skylar's Office

John Gallagher  
Retired Captain  
New York City Fire Department

John Feel  
9-11 Responder

Frank Tramitano  
Research Director  
Patrolman's Benevolent Association

Chris McGrath  
Associate General Counsel  
Patrolman's Benevolent Association

Sally Reganhart  
Chairperson, Representative  
Skyscraper Safety Campaign, 9-11 Parents and Families  
of Firefighters and World Trade Center Victims

Katherine McVey Hughes  
Vice Chairperson  
Community Board 1

Kimberly Flynn  
Co-Coordinator  
9-11 Environmental Action

## A P P E A R A N C E S (CONTINUED)

Maria Penefil  
Representative, 9-11 Clean Up Worker  
Beyond Ground Zero

Marina Zunega  
Representative, 9-11 Clean Up Worker  
Beyond Ground Zero

Esther Regalson  
Representative, 9-11 Resident  
9-11 Environmental Action Committee

Doctor James Mileus  
Occupational Health physician and Epidemiologist  
Laborer's Union of Health and Safety Trust Fund

Laurie Pandolpho  
Representative  
Concerned Stuyvesant Community

Bayrohn Chin  
9-11 Resident

Miga Nagasaki  
Representative  
Chinese Staff and Workers Association

Ann Arlen  
Representative  
Community Board 2

Arik Tomachevski  
9-11 Exposed

Joe Paulett  
9-11 Resident

Victor Nino  
9-11 Worker

1  
2 CHAIRPERSON GERSON: Council Member  
3 Alan Gerson, Chair of the City Council's Committee  
4 on Lower Manhattan Redevelopment. Thank you all  
5 for being here. This hearing is a joint hearing  
6 among the Committee or a multiple committee  
7 hearing, I should say, among the committee I chair  
8 and the City Council's Committee on Mental Health,  
9 chaired by my most distinguished colleague,  
10 Council Member Oliver Koppell seated to my right  
11 from whom we'll hear shortly. And the City  
12 Council's Health Committee, chaired by Council  
13 Member Mike Nelson who will be joining us  
14 eminently.

15 Council Member Koppell will  
16 introduce members of his committee present as part  
17 of his remarks. As typical, there are multiple  
18 Council events scheduled at the same time so  
19 members of the three committees will be coming and  
20 going during the course of the hearing. But of  
21 course, we make a full transcript of the hearing,  
22 which will be studied by the memberships of all  
23 three committees and the Council at large. We are  
24 now though, joined by Dr. Mathieu Eugene, a member  
25 of the Committee on Lower Manhattan Redevelopment.

1  
2 As we begin, let me just first take  
3 a moment to thank all of you for joining us and  
4 participating in the hearing. Let me thank the  
5 members of the Lower Manhattan Redevelopment  
6 Committee staff who helped organize or arrange for  
7 this hearing; our attorney, Mr. Lyle Frank, our  
8 policy analyst Patrick Mulvahill and Council  
9 Members Koppell and Nelson, I'm confident will  
10 acknowledge their committeetees [phonetic]. But  
11 let me also acknowledge the Sergeant at Arms of  
12 the City Council who always does such a good job  
13 in arranging all events.

14 Look, I'm going to keep my opening  
15 remarks relatively brief because this, of course,  
16 is an important topic and we have a lot of  
17 witnesses with a lot of important information from  
18 whom we want to hear. Then, of course, there will  
19 be time after the hearing for myself and my  
20 colleagues to comment as we pursue this matter  
21 further. But a couple of points do need to be  
22 made at the outset.

23 First and foremost, the issue of  
24 the health impact and all of its ramifications,  
25 pulmonary health, other issues of physical health,

1  
2 mental health, the whole gamut, the issues of the  
3 health impact of 9-11 are issues which will remain  
4 with us, with our city and beyond for indeed a  
5 generation to come. We know that some of the  
6 substances asbestos in particular but other toxins  
7 to which people were without question exposed in  
8 potentially dangerous quantities, are such that  
9 their impacts are often on the body, are often  
10 delayed. Their horrendous impacts are often  
11 delayed for years or decades after exposure.

12 We know at the same time that there  
13 have been negative health impacts, pulmonological  
14 [phonetic] and as I said with respect to other  
15 aspects of physiology that have already manifested  
16 themselves. We also know in the mental health  
17 department that impacts on mental health of the  
18 exposure of 9-11 are such that they both have  
19 manifested themselves in the moments and days  
20 immediately following and that they could continue  
21 to manifest themselves also for years and decades  
22 to come.

23 As many of you know, I was present,  
24 literally four blocks due north on that fateful  
25 moment on 9-11. Like so many in the community I

1  
2 represent and so many heroes and first responders,  
3 I saw the bodies fall down and the towers come  
4 down. I don't think a day goes by that that  
5 vision does not surface in me without fail. And  
6 this is true for so many others with a range of  
7 impacts.

8 God willing, we will see no  
9 negative health outcomes of the sort that could be  
10 possible beyond what we have already seen. But  
11 God forbid, and of course that is what we all hope  
12 and pray will be the case. But God forbid we  
13 don't act prudently on the basis of the best  
14 scientific information to plan and put in place  
15 the plans, the protocols and the procedures to  
16 treat any one and every one, first responders,  
17 residents, anyone in the immediate area and beyond  
18 who may have a 9-11 related ailment. We must put  
19 in place the plans, the protocols and the  
20 procedures to make sure that we as a city capture  
21 any one and every one who may have such an  
22 ailment. Capture in the sense that we are aware  
23 and we provide every opportunity to any such  
24 person, every opportunity to any such person to  
25 receive all of the best state of the art treatment

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

and care and support possible.

And also, and I've repeated this from day in and day out, we must also make sure we are undertaking all of the possible research, both epidemiological research and other scientific research. To not only keep track of the situation as it develops but to give ourselves the best opportunities possible to discover and put in place therapies and possible cures to treat anyone who may have a 9-11 related ailment. We know as we research that we will inevitably find other medical benefits. So that is the challenge.

The purpose of this hearing is to make sure that this city, this city government in what we do and in what we demand of the state and the federal government in particular, is doing everything that we must do to fulfill that charge to put in place the plans, the protocols and the procedures of which I spoke. We owe ourselves, we owe the brave first responders and their families, we owe the residents who remain to rebuild their neighborhoods no less. That is why we are here.

In this hearing, we will hear from city officials and from experts and from people

1  
2 who have experiences directly related to 9-11  
3 health. What is being done and what should be  
4 done. I could assure you going forward, I know in  
5 the capable hands of Council Member Koppell and  
6 Council Member Nelson and the members of this  
7 Council, this Council will do everything possible  
8 with the administration to make sure this city  
9 does everything that it must. In whatever  
10 capacity I am in, I will continue to do my best to  
11 see to it that we fulfill those obligations. With  
12 that, let me recognize one of the co-chairs of  
13 this hearing, Council Member Oliver Koppell, who I  
14 acknowledged earlier.

15 CHAIRPERSON KOPPELL: Thank you.  
16 Thank you very much Council Member Gerson. And  
17 thank you for all the work that you've done,  
18 especially with respect to the aftermath of 9-11,  
19 which I know has been a central focus for you.  
20 Let me welcome other members of the Mental Health  
21 Committee who are here. We have a good  
22 representation, I'm pleased to say and want to  
23 thank the members for being here, Simcha Felder  
24 all the way to my left Annabel Palma, who is also  
25 to my left and Gale Brewer, who is to my left.

1  
2 All three of them are members of our committee.  
3 Annabel Palma is the chair of the Sub-committee on  
4 Drug Abuse and Substance Abuse and that is one of  
5 the factors that is being looked at.

6 Let me just add briefly to what--  
7 let me also introduce Matthew Collin who is the  
8 counsel to the committee and also Michael  
9 Benjamin. Where is Michael? He's over there.  
10 And he's prepared much of the material for us and  
11 he's the program associate for the Mental Health  
12 Committee.

13 I am pleased to say that in this  
14 most recent report, the 2009 Annual Report from  
15 the World Trade Center Medical Working Group,  
16 mental health concerns, concerns about the mental  
17 health effects on those who were affected by 9-11,  
18 which is a broad range of people. I know  
19 everybody recognizes that; first responders,  
20 residents, people in the area, people who had  
21 contact later on, all have been affected. This  
22 report does recognize specifically that the mental  
23 health effects are severe and continuing, and not  
24 only on adult populations but also on children.  
25 We want to be sure that those conditions will be

1  
2 followed up on and will continue to receive  
3 attention.

4 We're certainly interested in  
5 knowing what is currently being done. I'm  
6 personally familiar with several people whose  
7 careers ended not because they were physically  
8 injured on 9-11 but because they were at the Trade  
9 Center on 9-11. Frankly, was so affected in terms  
10 of their mental health that they're no longer  
11 working and they couldn't continue to work. So I  
12 know specific examples of that and I'm sure there  
13 are many, many more that I don't know.

14 If you look at this report you'll  
15 see that in fact one of the things mentioned in  
16 the report is that just as an example, it says in  
17 19% of adults enrolled in the World Trade Center  
18 health Registry showed symptoms of probable post  
19 traumatic stress disorder. So we're talking about  
20 a substantial number of people because we have  
21 thousands of people on the registry.

22 This is something that's an ongoing  
23 problem. I'm delighted, pleased to say that it's  
24 receiving some attention now, probably a little  
25 bit belatedly but nonetheless it's welcome. So

1  
2 I'm looking forward to hearing the testimony and  
3 certainly want to follow up as a member of the  
4 Council and chairman of the committee in what we  
5 can do to support these efforts.

6 CHAIRPERSON GERSON: Thank you  
7 Council Member Koppell. Just before I turn to our  
8 first panel, let me acknowledge the presence in  
9 Mike Nelson's momentary absence, let me  
10 acknowledge the presence of Council Member Domenic  
11 Recchia, a member of the Council's Health  
12 Committee.

13 Of course, the report to which  
14 Council Member Koppell referred is the '09 annual  
15 report of 9-11 health put together by the World  
16 Trade Center Medical Working Group and we look  
17 forward to hearing testimony from the  
18 administration that summarizes the report as well  
19 as presents any additional information.

20 I just want to say that we had  
21 requested that at least one of the physicians  
22 involved in direct treatment in one of the city  
23 run centers, 9-11 health centers, be present to  
24 testify or to answer questions. I'm sorry that I  
25 learned that that is not the case. So I'll say in

1  
2 advance that we look forward to hearing your  
3 testimony but we reserve the right to follow up  
4 directly with those physicians.

5 That being said, I have a listing  
6 of four so I'll call all four names and you'll  
7 tell me who it is that's going to present the  
8 initial testimony. I have Jeffrey Horne, the  
9 World Trade Center Health Coordinator. That's  
10 you. Oh, I'm sorry, Haan, yes. Thank you very  
11 much. I knew that but... Brian Geller, Office of  
12 the Deputy Mayor of Operations. Present. Okay.  
13 I have Joey Koch, Special Counsel to the Mayor.  
14 Here for Q & A. And I have Tamaroo Mamo, Special  
15 Advisor for Health Policy and that's you?

16 TAMAROO MAMO: Yes and I'll be  
17 testifying today.

18 CHAIRPERSON GERSON: Okay,  
19 gentlemen, please begin.

20 MR. MAMO: Good afternoon.

21 CHAIRPERSON GERSON: For the  
22 record, obviously state your names and titles.

23 MR. MAMO: Sure.

24 CHAIRPERSON GERSON: And do you  
25 have any written testimony other than the report?

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MR. MAMO: Yes.

CHAIRPERSON GERSON: Do we have that?

MR. MAMO: It should be in the white...

CHAIRPERSON GERSON: Okay, we have it.

MR. MAMO: ...folder.

CHAIRPERSON GERSON: All right. Please proceed.

MR. MAMO: Good afternoon. I want to thank Chairman Gerson, Chairman Nelson and Chairman Koppell as well as the other distinguished members of the Council for convening this hearing, examining the New York City World Trade Center Medical Working Group 2009 Annual Report on 9-11 Health. My name is Tamaroo Mamo and I'm a Senior Advisor for Health Policy to New York City's Deputy Mayor for Health and Human Services, Linda Gibbs.

I was also a staff member of a panel convened by Mayor Bloomberg at the fifth anniversary of the attacks to assess the health impacts of 9-11. The panel issued a February 2007

1  
2 report with recommendations supported in full by  
3 the Mayor. One of those recommendations was that  
4 the Mayor should establish a World Trade Center  
5 Working Group made up of a diverse membership of  
6 up to 15 public health, mental health,  
7 environmental health and medical professionals and  
8 researchers from within and outside city  
9 government. To advise the Mayor and others about  
10 health issues that are related or potentially  
11 related to the September 11, 2001 terrorist  
12 attacks on the World Trade Center.

13 The group is co-chaired by the  
14 Deputy Mayor for Health and Human Services and the  
15 Commissioner for the Department of Health and  
16 Mental Hygiene. And includes 13 experts,  
17 including a representative from each of New York  
18 City's three World Trade Center's Centers of  
19 Excellence, the FDNY and Mt. Sinai programs and  
20 the WTC Environmental Health Center.

21 The Medical Working Group reviews  
22 existing and emerging scientific data on the  
23 potential health effects of World Trade Center  
24 exposure to identify evidence of clinical risks  
25 and potential gaps in information. It makes

1  
2 recommendations about research and health and  
3 mental health service needs and advises city  
4 government on approaches to communicating health  
5 risk information. The first Medical Working Group  
6 was established by Mayor Bloomberg in 2007 and  
7 reports have been issued for 2008 and 2009.

8 Today, I will review recent  
9 findings from the Medical Working Group's 2009  
10 report on 9-11 health and also discuss its key  
11 policy recommendations. Before I detail the  
12 findings of the 2009 report, I'd like to summarize  
13 the 2008 Medical Working Group report. For this  
14 first report nearly 100 studies published from  
15 2001 to 2007 were reviewed. And most of these  
16 studies examined the health of the rescue and  
17 recovery workers one to three years after their  
18 exposure to the WTC disaster although some studies  
19 also included effects on residents and building  
20 evacuees.

21 The key physical and mental health  
22 findings were remarkably consistent across  
23 studies. Both the clinical studies and population  
24 based surveillance indicated that symptoms of post  
25 traumatic stress disorder were highly prevalent

1  
2 among rescue and recovery workers and lower  
3 Manhattan residents to directly effected  
4 populations. Studies of rescue and recovery  
5 workers also indicated that respiratory problems,  
6 asthma and gastro esophageal reflux disease, or  
7 GERD, are common among this group, particularly  
8 those who arrived early at the WTC site.

9           Similarly, lower Manhattan  
10 residents and area workers, including those  
11 workers who may live elsewhere reported elevated  
12 level of respiratory problems and new onset  
13 asthma. At the time of the report's publication  
14 last year, treatment for WTC related conditions  
15 was available for exposed group including children  
16 and adolescents in the New York City area.

17           After the release of its first  
18 annual report, the 2009 Medical Working Group  
19 identified 48 published peer reviewed studies  
20 examining WTC health impacts or exposures that  
21 were relevant to the purpose of its report. Among  
22 these studies, the majority, 36 examined mental  
23 health and 13 addressed physical health.

24           Some new findings from this  
25 research addresses mid term health effects among

1  
2 adults five to seven years after 9-11. It  
3 suggests that while the vast majority of people  
4 exposed to the attacks of 9-11 and its immediate  
5 aftermath are healthy and symptom free, thousands  
6 of exposed individuals continue to suffer from WTC  
7 related mental or physical health conditions and  
8 some of these conditions are likely to be chronic.  
9 Of particular note are new epidemiological  
10 findings by the World Trade Center Health  
11 Registry, which has been tracking the health of  
12 the large voluntary sample of 71,000 individuals  
13 since 2003 through periodic surveys.

14 In August, the Journal of American  
15 Medical Association published registry findings  
16 which indicate high levels of new asthma diagnoses  
17 since the attacks, especially during the first 16  
18 months after 9-11. And sustained in late emerging  
19 post traumatic stress symptoms. At the time of  
20 the second survey, five to six years after 9-11,  
21 one in ten adult enrollees reported having been  
22 diagnosed with new asthma, new onset symptoms of  
23 asthma five to six years after 9-11. However were  
24 comparable to expected levels and were not linked  
25 to the degree or intensity of WTC exposure.

1  
2 In the same survey, nearly one in  
3 five enrollees reported experiencing symptoms of  
4 post traumatic stress. In many of those  
5 developing symptoms years after 9-11 also had  
6 experienced other life stresses subsequent to the  
7 attack such as losing a job or having inadequate  
8 social support. Several newly published studies  
9 suggests that WTC related mental and physical  
10 health conditions often can occur together. And  
11 in fact, 10% to 25% of the more than 14,000 people  
12 who sought care at the WTC's Centers of Excellence  
13 during fiscal year 2009 received treatment for  
14 both mental and physical health conditions.  
15 Fortunately, monitoring and treatment continues to  
16 be available in the New York City area for those  
17 whose health had been affected by 9-11 thanks to a  
18 combination of federal and city funding.

19 As in 2008, the 2009 report notes  
20 that whether there is a relationship between WTC  
21 exposure and other longer term illnesses including  
22 cancer is unknown. But clinicians,  
23 epidemiologists and other researchers are actively  
24 studying this. Ongoing studies conducted by the  
25 WTC Centers of Excellence and the WTC Health

1  
2 Registry are looking at cancer rates in the WTC  
3 exposed population against a background or  
4 expected rate among people of the same gender and  
5 age group. The Medical Working Group will discuss  
6 this research in its next annual report.

7 In its 2008 annual report eh  
8 Medical Working Group recommended that more  
9 research be conducted on the physical and mental  
10 health of children who lived or went to school in  
11 lower Manhattan. The WTC's Health Registry cohort  
12 of 3,000 children and adolescents who were  
13 enrolled by their parents offers an excellent data  
14 source to follow the health effects of this  
15 population over time.

16 In 2007 the Registry released  
17 findings suggesting that two to three years after  
18 9-11 children under the age of five caught in the  
19 dust cloud were twice as likely to have newly  
20 diagnosed asthma as children not caught in the  
21 dust cloud.

22 Late last year, the registry  
23 concluded its second survey of child and  
24 adolescent health which examined the health  
25 effects that occurred six to seven years after 9-

11 and assembled a team of researchers who will release their findings next year. Analysis of these findings is more complicated because three different versions of the survey were used so that parents could respond on behalf of young children or adolescents or older adolescents could respond on their own.

The Registry also encourages external researchers to use this valuable data source. Currently Columbia University is studying the children of first responders to learn how second hand exposure to terrorism any effect their mental health. Several studies cited in the 2009 Medical Working Group report examined the impact of the terrorist attacks on the mental health of school children two to three years after the attacks.

While small, two of these studies suggest that children who were exposed to additional trauma either before or after 9-11 were more vulnerable to PTSD. A large Mt. Sinai study of adolescents who attended the schools closest to the World Trade Center and who had high levels of exposure to the disaster, including those who

1  
2 personally knew anyone killed in the attacks,  
3 suggested that their use of alcohol and other  
4 substances had increased 18 months after the  
5 attacks. Continued research is needed,  
6 particularly in the areas of cancer, treatment  
7 efficacy and the impact of 9-11 on child and  
8 adolescent health.

9           Our state of knowledge about the  
10 short term health effects of 9-11 has come into  
11 sharper focus since the formation of the WTC  
12 Medical Working Group. We now better understand  
13 the longer term health needs of exposed  
14 individuals, in particular those who may have  
15 developed chronic conditions that can seriously  
16 affect quality of life.

17           Research indicates that many people  
18 with 9-11 related PTSD symptoms are not receiving  
19 treatment, despite the availability of publicly  
20 funded services. Nearly 5,000 WTC Health Registry  
21 enrollees who report PTSD symptoms in 2006 to 2007  
22 also reported that they hadn't seen a mental  
23 health provider in the previous year.

24           Approximately half of these persons were  
25 residents, office workers or individuals other

1  
2 than rescue and recovery workers who were in the  
3 vicinity of the WTC site on the morning of 9-11.

4 In response to the apparent gap  
5 between the PTSD burden in New York City and the  
6 mental health service utilization, DOHMH and the  
7 New York City Health and Hospital Corporation  
8 partnered to do a targeted outreach to people in  
9 the New York City area. And actively refer them  
10 to 9-11 health related services at the WTC  
11 Environmental Health Center at Bellevue Hospital  
12 Center, Elmhurst Hospital Center and Gugenier  
13 Health Care Services.

14 Enrollees in the WTC Health  
15 Registry are receiving personalized mailings and  
16 phone calls informing them that they're eligible  
17 for both physical and mental health services with  
18 no out of pocket costs at the WTC Environmental  
19 Health Center. The Registry staff then offers  
20 enrollees assistance in scheduling appointments.

21 In our outreach efforts, as a first  
22 step we have prioritized enrollees with probable  
23 PTSD and co-morbid physical symptoms who indicated  
24 that they had not seen a mental health provider in  
25 the year before they were surveyed. In addition

1  
2 to various broadcast media approaches such as  
3 television and radio, the WTC EHC also concluded  
4 it's third wave of subway advertising to promote  
5 its services as widely as possible.

6 The multi lingual campaign, which  
7 uses the tag line, Lived There, Worked There. You  
8 Deserve Care, has been particularly effective in  
9 attracting lower Manhattan residents, area workers  
10 and students who were eligible for services.

11 Recognizing that a subway advertising campaign was  
12 likely to reach rescue and recovery workers who  
13 were eligible for services at Mt. Sinai,  
14 information about this program was incorporated  
15 into the city's 311 referral system. This has  
16 made it possible for hundreds of callers to be  
17 directly transferred to appropriate service  
18 providers for the first time.

19 Additionally, last summer DOHMH  
20 published clinical guidelines for children and  
21 adolescents exposed to the World Trade Center  
22 disaster for distribution to pediatricians in the  
23 New York City area. The guidelines were developed  
24 to raise awareness among pediatricians about  
25 potential health effects of WTC exposure among

1  
2 children to provide evidence based recommendations  
3 about the treatment of those exposed children and  
4 to encourage referral to the specialized services  
5 available through a pediatric program at the WTC  
6 Environmental Health Center. DOHMH mailed the  
7 guidelines to 33,000 doctors, nurses,  
8 psychologists and other providers citywide.

9           As part of its continuing effort to  
10 increase awareness of WTC related problems and  
11 services, DOHMH used its flagship publication,  
12 Health Bulletin, to educate the general public  
13 about WTC related health issues and urge  
14 individuals who may have been affected to seek  
15 specialized treatment for post traumatic stress  
16 disorder and asthma. More than 65,000 subscribers  
17 received the WTC Health Bulletin electronically  
18 and copies are available in English, Spanish or  
19 Chinese at all public hospitals and could be  
20 ordered by calling 311.

21           City advocacy efforts, most 9-11  
22 health programs are federally funded through  
23 annual appropriations adopted by Congress and  
24 approved by the President. This means that the  
25 future of these programs is uncertain from one

1  
2 year to the next. The 9-11 Health and  
3 Compensation Act introduced in the House and  
4 Senate provides long term federal funding for  
5 medical monitoring and treatment for those  
6 affected by 9-11, scientific research about 9-11  
7 related health conditions and reopening the  
8 September 11 Victim Compensation Fund for people  
9 who may have been injured or become sick as a  
10 result of the WTC disaster.

11 The 9-11 Health and Compensation  
12 Act is an important step forward and New York City  
13 has stepped up its outreach efforts to encourage  
14 Congressional support of federal 9-11 health  
15 legislation. Although the 9-11 Health and  
16 Compensation Act has the support of the entire New  
17 York Congressional delegation, it must be approved  
18 by a House committee, with members from 31 states  
19 before the full House can vote on it. The Senate  
20 version has been referred to the Health,  
21 Education, Labor and Pensions Committee.

22 With legislative action likely  
23 after Congress finishes work on health care  
24 reform, the city with cooperation from the FDNY is  
25 urging mayors from key cities and fire departments

1  
2 across the nation that participated in the WTC  
3 rescue and recovery effort to ask their local  
4 representatives to support the bill. Almost every  
5 member of Congress represents a district that is  
6 home to first responders and volunteers who served  
7 after 9-11 or residents who have since relocated  
8 outside of New York City.

9           We are providing a breakdown of  
10 registry enrollees by geographic area to show  
11 members of Congress how passing the 9-11 Health  
12 and Compensation Act can benefit their  
13 constituents directly. In addition to its  
14 partnerships with labor and community leaders to  
15 support permanent funding for 9-11 medical  
16 monitoring and treatment. The city's efforts  
17 include a meeting between the WTC Environmental  
18 Health Centers' staff and patients, to the Health,  
19 Energy and Commerce committee to stress the  
20 services for people who lived, worked or went to  
21 school in lower Manhattan and are now sick.

22           Standing with the responders in the  
23 community of all events in New York City and  
24 Washington, DC and making information about  
25 federal 9-11 health legislation easily accessible

1  
2 through the city's 9-11 health web site at  
3 www.911health.org. The 9-11 Health and  
4 Compensation Act directly addresses the current  
5 and future health problems created by 9-11 and  
6 also provides important relief for past injuries  
7 and illnesses.

8 The city looks forward to working  
9 with the Council to advocate for all New Yorkers  
10 who were affected or who may be affected by the 9-  
11 11 attacks.

12 CHAIRPERSON GERSON: We'll continue  
13 with questions in just a moment. But first we've  
14 been joined by the Chair of the Health Committee  
15 we introduced to you in advance, Council Member  
16 Mike Nelson. And also member of the Lower  
17 Manhattan Redevelopment Committee, Council Member  
18 and Controller Elect John Liu. Chair Nelson.

19 CHAIRPERSON NELSON: Thank you.

20 CHAIRPERSON GERSON: Excuse me, I  
21 misspoke, Council Member Nelson. So it's good to  
22 have an attorney present to keep us accurate is  
23 the Chair of the Civil Service and Labor  
24 Committee, which is one of the three committee  
25 organizing conducting this hearing, Chair Nelson.

1  
2 CHAIRPERSON NELSON: Thank you  
3 Chair Gerson. I want to thank everybody for  
4 attending today's hearing on the health of those  
5 who were exposed to the World Trade Center  
6 disaster. It's been estimated that almost 100,000  
7 workers or volunteers participated in that rescue,  
8 recovery and clean up on or after, of course 9-11.  
9 Many of these workers were New York City uniformed  
10 personnel, including members of the Fire  
11 Department and including emergency services at the  
12 NYPD, of course, Port Authority of New York and  
13 New Jersey. We know the Department of Sanitation  
14 and Corrections as well.

15 In addition, area workers,  
16 residents and students were also directly exposed  
17 to the attack. In June of 2007 Mayor Bloomberg  
18 appointed the World Trade Center Medical Working  
19 Group to review available research on WTC exposure  
20 and to publish an annual report condensing this  
21 research. In September of 2009 the World Trade  
22 Center Medical Working Group published its second  
23 annual report on 9-11 health. This research  
24 summarized 48 new studies about WTC related health  
25 issues, with 36 of the studies focusing on mental

1  
2 health and 13 focusing on physical health. This  
3 research reviewed and addressed both the short  
4 term health of adults one to three years after the  
5 attack and the mid term health of adults five to  
6 seven years after the attack.

7 We're here today--well, we know why  
8 we're here today but it is essential that we learn  
9 more about the after effects of 9-11 so that we  
10 may be prepared to provide services, plan new  
11 treatments and support the long term health of  
12 these individuals. Thank you, Mr. Chair.

13 CHAIRPERSON GERSON: Thank you,  
14 Chair Nelson. Pursuant to the procedure we follow  
15 that the Lower Manhattan Committee, I'm going to  
16 ask the Sergeant at Arms to clock me at 10 and  
17 then we will rotate through my colleagues. Oh,  
18 it's right here. That's right. I forgot, okay.  
19 You set it up, okay.

20 All right. Let me just start with  
21 some basic government operations. We have this  
22 World Trade Center Medical Working Group and I  
23 applaud the administration for convening this  
24 group. You have a very distinguished membership  
25 and according to your report, the members of the

1  
2 Medical Working Group meet quarterly. So could  
3 you just elaborate on what those meetings consist  
4 of, what are the agendas at those meetings? And  
5 in between meetings what type of staffing does the  
6 working group have to conduct the ongoing  
7 investigations of this group? Do you have your  
8 own defined staff? If so, can you describe it?  
9 Or do you borrow staff from the different  
10 departments represented? Are they assigned full  
11 time?

12 Just how does the working group  
13 function? What do you do in your meetings? And  
14 what type of staff do you have in between?

15 MR. MAMO: Sure. So as you  
16 mentioned the Medical Working Group meets  
17 quarterly and just--

18 CHAIRPERSON GERSON: [interposing]  
19 Just pull the mic a little closer.

20 MR. MAMO: Sure. The agenda of the  
21 meetings, frankly it differs by year and the  
22 agenda depends on what the members agree to put in  
23 the report that year. So the first report was  
24 mainly review of the medical mental health  
25 literature so that was the main goal. And the

1  
2 staffing is done by both staff of the Mayor's  
3 Office since the co-chair is the Deputy Mayor for  
4 Health and Human Services as well as the  
5 Department of Health and Mental Hygiene.

6 But when we meet we discuss various  
7 health and mental health topics. Members alert us  
8 to any new studies that have not been published  
9 and that may be released in the future. And  
10 usually topically we discuss the different health  
11 and mental health, we have concerns also.

12 CHAIRPERSON GERSON: So is the  
13 purpose of the working group essentially to  
14 publish this annual report or do you have other  
15 missions as well? Would it be within the purview  
16 of the working group during the course of the year  
17 to recommend and use strategies in terms of  
18 outreach or proposed new areas of research? How  
19 would you define the mission of the working group  
20 beyond publishing this annual report, if anything?

21 MR. MAMO: Obviously, beyond the--  
22 we look at the literature and review any new  
23 research. Obviously, the first year we had a much  
24 more extensive review of the literature. So in  
25 ongoing groups we would look at new findings and

1  
2 we could look at various topics such as gaps in  
3 services also. Yeah, that's...

4 [pause]

5 MR. MAMO: And the report  
6 consolidates recommendations made during the year.

7 CHAIRPERSON GERSON: And the other  
8 part of my question, the staffing. Is there  
9 permanent staff assigned to the working group or  
10 do you draw up on the Mayor's Office and the  
11 departments as needed. Who actually prepares the  
12 drafts of the report?

13 MR. MAMO: I couldn't tell you all  
14 the staff involved. I know the Department of  
15 Health and Mental Hygiene has several staff that  
16 assists with the literature and drafting of the  
17 report, the World Trade Center Health Report--

18 CHAIRPERSON GERSON: [interposing]  
19 But is there a permanent staff assigned to the  
20 working group or just that each of the working  
21 group members brings his or her own staff--should  
22 have been turned off. Brings his or her own staff  
23 to the working group to follow up as needed.

24 MR. MAMO: Certainly the members  
25 would contribute through participation and follow

1  
2 up emails and review and editing of the draft and  
3 are very much working members in assembling the  
4 report. But there are no staff solely designated  
5 to working on the Medical Working Group but we  
6 feel the Department of Health and Mental Hygiene  
7 has done a very good job in staffing the report.  
8 Obviously, the Mayor's Office, as one of the co-  
9 chairs is Deputy Mayor for Health and Human  
10 Services is involved too in both drafting and  
11 editing the report and incorporating comments from  
12 the Medical Working Group members.

13 CHAIRPERSON GERSON: Okay. So I  
14 may return to this issue of the functioning and  
15 the staffing of the working group but after we  
16 review some other substantive questions. Let me  
17 start specifically by asking you about studies  
18 involving children and adolescents. I believe you  
19 testified and the report indicated that there is a  
20 need for expansive studies among the younger  
21 population group. And you indicated that we have  
22 3,000 registrants who provide a good foundation  
23 for such studies. So could you tell us what plans  
24 are underway to expand the research specifically  
25 directed at impact on children and on adolescents?

1  
2 JEFFREY MR. HAAN: Hi, I'm Jeffrey  
3 Haan, the World Trade Center Health Coordinator, I  
4 work as liaison also with the World Trade Center  
5 Health Registry. In 2008 the World Trade Center  
6 Health Registry concluded its second survey of  
7 children and adolescents who were exposed to the  
8 World Trade Center disaster. They're in the  
9 process of analyzing questions about the health of  
10 those individuals.

11 It's important to note that of the  
12 3,000 children who were originally enrolled in the  
13 Registry, 1,000 of those have aged into adulthood  
14 so we now have approximately 2,000 children under  
15 the age of 18 that we're following.

16 CHAIRPERSON GERSON: If a child was  
17 not, as of this point has not enrolled in the  
18 Registry but does otherwise qualify, can they  
19 still enroll? Can they still be added to the  
20 Registry?

21 MR. HAAN: No, the Registry ended  
22 its enrollment in 2003. However, they enrolled a  
23 representative sample of children and adolescents  
24 so the findings from this particular group that did  
25 enroll would be applicable across other children

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

as well.

CHAIRPERSON GERSON: And these 2,000 children remaining in the registry, can you give us an overview of the composition of that group? Are they children from the neighborhood? Are they children who experienced second hand effects because they had a family member who was a first responder? What is the make up of this population?

MR. HAAN: They're primarily children who went to school or lived below Canal Street.

CHAIRPERSON GERSON: Excuse me. I'm going to just recognize Chair Nelson for an announcement and then I'll return.

CHAIRPERSON NELSON: We'd just like to welcome to City Hall, and to the chambers specifically, Tumair Vorra, a girls school, elementary school with Rabbi Alacatorski. I want to thank you for your interest and for coming. Thank you.

[Applause]

CHAIRPERSON NELSON: Early interest is extremely important, wish I had that. Okay.

1  
2 CHAIRPERSON GERSON: And welcome to  
3 City Hall. So just to pick up, the only study  
4 involving children of which you're aware now  
5 ongoing is this latest review of the enrollees of  
6 the Registry?

7 MR. HAAN: I should clarify, no  
8 that's not the case. It's--

9 CHAIRPERSON GERSON: [interposing]  
10 Could you review what is happening? What studies  
11 that you know of are taking place with respect to  
12 children and adolescents, particularly?

13 MR. HAAN: I do know for example  
14 that Columbia University is now conducting a study  
15 of second hand effects of the physiological  
16 impacts of 9-11. Some of the children that they  
17 reached out to are in the Registry but they're  
18 also reaching out to children of first responders  
19 who are not necessarily in the Registry. What's  
20 important to note about the World Trade Center  
21 Health Registry cohort of children is that this is  
22 a longitudinal survey which means that we can  
23 track the health effects over time. That's not  
24 something that you can do with some of the other  
25 studies that are basically taking surveys of

1  
2 children who happened to be in school, which you  
3 don't have the wealth of information that the  
4 Registry can provide on their exposures.

5 CHAIRPERSON GERSON: So we have the  
6 Registry review, we have the Columbia University  
7 study on second hand effects. Any other studies  
8 that you know about?

9 MR. HAAN: I do know that there was  
10 recently findings published from a gentleman who I  
11 believe is associated with the Charles Wang Center  
12 in lower Manhattan--

13 CHAIRPERSON GERSON: [interposing]  
14 Just a few blocks from where we are.

15 MR. HAAN: Correct, but at this  
16 point I am not aware of any other specific  
17 research on children.

18 CHAIRPERSON GERSON: Do you feel,  
19 and when I say you I mean the working group, do  
20 you feel that what you described is sufficient for  
21 understanding and capturing the impacts of 9-11,  
22 physical and mental, or children or is there a  
23 need? Or do you feel that we need to do  
24 additional research beyond the three that you  
25 identified, the three studies?

1  
2 MR. HAAN: The Registry actively  
3 promotes use of its database for other external  
4 research to launch studies. But I think the most  
5 important thing to remember is the critical need  
6 for funding of the Registry over the long term to  
7 determine if there are any long term effects on  
8 child and adolescents health.

9 CHAIRPERSON GERSON: We are going  
10 to get to that. I'm just going to take another 40  
11 seconds because of the announcement. But the  
12 current review that is underway, that now is fully  
13 funded, I take it. Is that correct?

14 MR. HAAN: That's correct.

15 CHAIRPERSON GERSON: When do you  
16 expect that to be finished, the current review  
17 that you testified about?

18 MR. HAAN: Next year.

19 CHAIRPERSON GERSON: Next year.

20 MR. HAAN: The analysis is ongoing  
21 as we speak but the results will not likely be  
22 published before next year.

23 CHAIRPERSON GERSON: In the next  
24 stand you will report?

25 MR. HAAN: I need to make a

1  
2 clarification. In order, really, to be published  
3 in the annual report it has to be published first  
4 in peer review literature. So the hope is that  
5 the Registry findings will be published by a peer  
6 review scientific journal, in which case they  
7 would then be included by the mwc.

8 CHAIRPERSON GERSON: And the  
9 researchers are the researchers of the Registry  
10 itself who are doing this?

11 MR. HAAN: Registry staff are  
12 assisting in the research but a pediatrician at  
13 the University of Medicine and Dentistry in New  
14 Jersey is actually leading this particular effort.

15 CHAIRPERSON GERSON: How are they  
16 selected? How did they get involved?

17 MR. HAAN: All I can say is that  
18 the Registry recruited, I think it's a pool of  
19 about six to eight researchers to work. I'm not  
20 aware of the specifics of how they were recruited.  
21 I can get back to you on that.

22 CHAIRPERSON GERSON: All right.  
23 And then just finally for this round, so we have  
24 that. We have the Columbia Center, you say that  
25 you promote use of the Registry by other

1  
2 researchers. Does that imply that you feel that  
3 there is definitely a need and a place for  
4 research beyond what is currently taking place?

5 MR. HAAN: We believe that the  
6 Registry cohort is the best subject for research  
7 and we actively encourage people to use that data  
8 source--

9 CHAIRPERSON GERSON: [interposing]  
10 And you actively encourage because you feel there  
11 is a need for additional research?

12 MR. HAAN: The Medical Working  
13 Group recommended that there be more research  
14 conducted on child and adolescent health.

15 CHAIRPERSON GERSON: Okay. We'll  
16 return to that but at this point I want to turn to  
17 my colleague, Council Member Chair Koppell.

18 CHAIRPERSON KOPPELL: Thank you.  
19 I'll ask a couple of questions and then we'll turn  
20 it over to other members. We've been joined by  
21 Council Member Gennaro from Queens, also a member  
22 of the Mental Health Committee. I think we have  
23 all our members here now. Do you want to  
24 recognize Melissa Mark-Viverito?

25 CHAIRPERSON NELSON: We were joined

1  
2 also by Council Member Melissa Mark-Viverito.

3 Thank you Council Member.

4 CHAIRPERSON KOPPELL: In the report  
5 it states that between 43,000 and 88,000 adults  
6 may have experienced symptoms indicative of post  
7 traumatic stress disorder five to six years later.  
8 Is it your sense that those persons are quite a  
9 large number are being adequately treated or aware  
10 of the availability of treatment at your centers  
11 or elsewhere?

12 MR. MAMO: Well, we feel that there  
13 is a gap in those who are probably PTSD and those  
14 who are actually utilizing the services. So we  
15 feel that the capacity is there right now but the  
16 services are not necessarily being utilized by all  
17 the people affected.

18 CHAIRPERSON KOPPELL: I know you  
19 have this subway advertisements and other outreach  
20 efforts you testified to, but to the extent that  
21 people are treated for physical symptoms, are they  
22 all informed that they also have availability of  
23 counseling or other psychological assistance with  
24 respect to mental health problems?

25 MR. MAMO: I know the--

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CHAIRPERSON KOPPELL: [interposing]  
For the people who are in touch with the treatment facilities.

MR. MAMO: For those being treated for physical health conditions at the World Trade Center Environmental Health Center, they are eligible to receive mental health services for those receiving physical health services at the Fire Department. They are eligible also to receive mental health services and also at the Sinai program, people are eligible to receive services there. And whether people decide to seek services, mental health services in addition to their physical health services at the same location is, of course, up to them.

CHAIRPERSON KOPPELL: I hope the answer to this was yes. I hope it's kind of a rhetorical question. But has it been outreached to the schools in the general area to see whether children in those schools are being appropriately responded to?

MR. HAAN: There was a great deal of outreach shortly after 9-11 with Project Liberty and that outreach does continue with

1  
2 children.

3 CHAIRPERSON KOPPELL: It does  
4 continue.

5 MR. HAAN: It does. We have--

6 CHAIRPERSON KOPPELL: [interposing]  
7 Because sometimes the symptoms can come up quite a  
8 bit later.

9 MR. HAAN: One of the things I  
10 would like to clarify about the statement that you  
11 read from the Medical Working Group report. Those  
12 were estimates about the total number of people  
13 who may actually have PTSD. What the Medical  
14 Working Group annual report can not do is  
15 determine how many of those individuals are in  
16 private care. We can only determine how many  
17 individuals have sought publicly funded care.

18 CHAIRPERSON KOPPELL: Right. To  
19 change the subject to two other subjects that I  
20 just think you should comment on. First of all,  
21 there's still an issue, I take it from the report,  
22 about permanent federal funding. It's not been  
23 assured. Is that correct?

24 MR. MAMO: Yes, the Centers for  
25 Excellence programs as well as the Registry rely

1  
2 on annual appropriations from Congress. While we  
3 appreciate that federal funding, the ideal  
4 solution would be to get long term federal  
5 funding.

6 CHAIRPERSON KOPPELL: Is that  
7 feasible legally? I know you have a counsel here.  
8 Maybe she would comment on maybe can the federal  
9 government commit to a long term funding program?

10 MR. MAMO: Through the 9-11 Health  
11 and Compensation Act there is long term funding  
12 available for these programs.

13 CHAIRPERSON KOPPELL: But it's not  
14 been legislated, is that what you're saying?

15 MR. MAMO: The status is that the  
16 9-11 Health and Compensation Act has been referred  
17 to the Senate HELP Committee. In terms of the  
18 House committee, we continue to advocate that--  
19 excuse me.

20 CHAIRPERSON KOPPELL: I take it,  
21 it's pending.

22 MR. MAMO: It's pending. It's in  
23 the House Energy and Commerce Committee.

24 CHAIRPERSON KOPPELL: The reason I  
25 ask is that the very least, if we haven't done it,

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

I would suggest to my colleagues that we do a resolution and send it to our Congress members, urging them to move on this so that we could be supportive. Wouldn't that be a good idea?

MR. MAMO: I believe there was a hearing--

CHAIRPERSON KOPPELL: [interposing]  
It can't do any harm, right?

MR. MAMO: There was a hearing this May, I believe, where the Council drafted a resolution to support the 9-11 Health and Compensation Act.

CHAIRPERSON KOPPELL: Did we pass it yet? Do you know?

MR. MAMO: I don't believe so, no.

CHAIRPERSON KOPPELL: We did not. I think I would ask Council to follow up on that. I think that's the least we could do.

MR. MAMO: We would appreciate it.

CHAIRPERSON KOPPELL: Yes. I certainly think we should do that. One other subject that I know people here are interested in. We're going to hear more about this later. And it is addressed in your report and that is that

1  
2 cancer, although those who retire on a disability  
3 pension, for instance police or fire. They can  
4 get a disability pension if they develop cancer  
5 and they were first responders. But there are  
6 certain benefits that they are not eligible for  
7 under the federal program. Am I stating it  
8 correctly?

9 MR. MAMO: There is a difference,  
10 yes.

11 CHAIRPERSON KOPPELL: So again,  
12 that probably is something we could address with a  
13 resolution to the Congress and deal with our  
14 Congress members on that, right?

15 MR. MAMO: Yes and there is a  
16 mechanism that exists in the federal legislation  
17 to allow for new conditions to be included.

18 CHAIRPERSON KOPPELL: Who would  
19 make that decision to include it?

20 MR. MAMO: The NIOSH administrator  
21 of the WTC program under the federal legislation.

22 CHAIRPERSON KOPPELL: Which  
23 administrator?

24 MR. MAMO: The NIOSH, the National  
25 Institute for Occupational Safety and Health

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Administration administrator.

CHAIRPERSON KOPPELL: So that person can make that determination?

MR. MAMO: Recommendation.

CHAIRPERSON KOPPELL: And if he or she makes that recommendation, what happens then?

MR. MAMO: Correction, the administrator can add it not just recommend it.

CHAIRPERSON KOPPELL: Yeah. So now this report, if I may read it on that subject it says here that the Medical Working Group concluded. "In 2008 the Medical Working Group concluded that to date there is no evidence for or against the causal connection between World Trade Center exposure and any form of cancer." It says here "a year later this is still the case. There is no evidence for or against a causal connection." But I have been told by those interested and we may hear testimony on this that there is evidence of an increased incidence of certain cancers in World Trade Center workers.

MR. MAMO: I know that the different Centers of Excellence are looking at this question. There are several ongoing studies

1  
2 but right now, the evidence does not show a  
3 causal link between WTC exposure and cancer.

4 CHAIRPERSON KOPPELL: But I  
5 personally would ask and I think all of us would  
6 ask that that be looked at again before the 2010  
7 report comes out.

8 MR. MAMO: It will be looked at in  
9 this current report.

10 CHAIRPERSON KOPPELL: Well, that's  
11 a good thing. Co-chairman, I'm finished with my  
12 questions. You can call on others now if you  
13 wish.

14 CHAIRPERSON GERSON: Thank you.  
15 Thank you very much. Just to clarify the status  
16 of Council resolutions referring to the 9-11  
17 Health and Compensation Bill otherwise known as  
18 the Sodrega Bill. This Council had passed a  
19 resolution in support of the bill that was pending  
20 at the previous Congress. Unfortunately that bill  
21 was not adopted by the Congress.

22 A new and revised bill with some  
23 changes is now, as you correctly testified,  
24 pending before the current Congress. We held a  
25 hearing on that bill and there is a resolution of

1  
2 support with certain recommended changes that is  
3 now pending before the Council. We are in  
4 constant touch with Congress members Maloney and  
5 Adler who are the lead proponents of the bill in  
6 the Congress as I know as the administration.  
7 Chair Nelson.

8 CHAIRPERSON NELSON: Thank you. In  
9 relation to the Been There, Worked There, Deserve  
10 Care campaign, we know it's in the subways. Are  
11 there any plans to put a forward to get the  
12 outreach about this campaign into other sources?  
13 People may not be aware of it; they may not ride  
14 the subways.

15 MR. MAMO: In fact when the  
16 campaign was first launched, a large part of the  
17 budget was for radio and television ads. But the  
18 World Trade Center Environmental Health Center did  
19 an analysis and they discovered that the subway  
20 ads were far more effective than radio or  
21 television or print ads in bringing new clients to  
22 the center.

23 CHAIRPERSON NELSON: I wonder if  
24 any of the other media would do it as a public  
25 service, once again, that there's probably. Pick

1  
2 a percentage. I don't know, 10%, 15%, the people  
3 who may not really see it in the subways. They  
4 may not even ride the subways so I appreciate the  
5 administration will look into that. I'm sure  
6 there are people out who have no idea. Thank you  
7 for that.

8 Before I ask any other questions I  
9 wanted to pass the baton on to Council Member Gale  
10 Brewer and then to Council Member Domenic Recchia  
11 after Gale.

12 COUNCIL MEMBER BREWER: Thank you  
13 very much. I'm not as versed in this as some of  
14 my colleagues. What is the difference between the  
15 wonderful Health and HHC facilities and Mt. Sinai.  
16 Because everybody talks about Mt. Sinai, Mt.  
17 Sinai; it's great but so is HHC so what's the  
18 difference? Explain to a neophyte like me.

19 MR. MAMO: Sure. The Mt. Sinai  
20 program of the WTC medical monitoring program of  
21 New York/New Jersey Consortium is a program for  
22 rescue and recovery workers. There is also  
23 program for the Fire Department of New York for  
24 firefighters, FDNY employees exposed to WTC also.  
25 And the WTC Environmental Health Center at HHC is

1  
2 a program for community members that could include  
3 students, workers and some clean up workers  
4 exposed who are not eligible for the other  
5 programs.

6 COUNCIL MEMBER BREWER: Okay. So  
7 then my question is because I think Mt. Sinai, I  
8 think you have one member on your board from Mt.  
9 Sinai. Is that correct?

10 MR. MAMO: Are you referring to  
11 membership in the Medical Working Group?

12 COUNCIL MEMBER BREWER: Yes. Yes,  
13 yes.

14 MR. MAMO: Yes.

15 COUNCIL MEMBER BREWER: Okay.  
16 Because I thought, maybe I'm wrong, that Mt. Sinai  
17 believes that there is enough evidence that  
18 myeloma or other cancers are long term and need to  
19 be addressed and has evidence to that effect. Am  
20 I wrong about that?

21 MR. MAMO: No. I think--

22 COUNCIL MEMBER BREWER:  
23 [interposing] That's why how come I hear about Mt.  
24 Sinai all the time.

25 MR. MAMO: In August the New

1  
2 York/New Jersey WTC Clinical Consortium, led by  
3 the Mt. Sinai Clinical Consortium documented eight  
4 confirmed cases of multiple myeloma, the second  
5 most commonly diagnosed blood cancer in the United  
6 States among 28,252 responders who sought  
7 treatment in the WTC medical monitoring treatment  
8 program in the first years after 9-11. We've  
9 detailed that in our Medical Working Group report.

10 COUNCIL MEMBER BREWER: Okay. So  
11 then my question is, because I'm one of these  
12 people, I don't lock my door, everybody's welcome,  
13 I don't believe in security. Why can't we just  
14 let everybody who needs to have services get them  
15 and not put the Police Department or Fire  
16 Department, all of whom are calling us constantly,  
17 why can't they just get treatment as long and as  
18 much as they need it? I don't understand what the  
19 problem is. I'm missing something here. Is it a  
20 funding issue? Is it that the peer review isn't  
21 sufficient enough even though Mt. Sinai says it  
22 is? Help. I'm more blunt than my polite  
23 colleagues. I don't get it.

24 MR. MAMO: I'm not sure if you're  
25 referring to who's eligible--

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

COUNCIL MEMBER BREWER:

[interposing] I'm saying that the Police Department and the Fire Department and they're all upset because they can't get the kind of treatment they need for the cancer they have.

MR. MAMO: Got it.

COUNCIL MEMBER BREWER: You've got it. You've heard it. Porque?

MR. MAMO: So currently, yes, the World Trade Center Centers of Excellence do not provide cancer treatment. Those programs are federally funded and currently they just, they do not pay for those expenses. And the 9-11 Health and Compensation Act also does not provide for cancer treatment. But as I mentioned earlier, there is a mechanism to allow new conditions to be funded.

COUNCIL MEMBER BREWER: Yeah but the problem is it hasn't happened yet. I don't want to belabor the point. But it sounds like somebody in Washington or somewhere needs a kick in the you know what to get them to do it. I don't know what the problem is but I just--

[Applause]

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

COUNCIL MEMBER BREWER: I really don't know what I'm talking about except I don't like bureaucratic challenges when health care is concerned. That's all I'm saying. So if we get the federal money and if somebody in Washington change their mind, then could these Centers of Excellence treat the individuals who need treatment for cancer. Is that--I'm trying to understand. Is that what the barrier is?

MR. MAMO: As I said, through the 9-11 Health and Compensation Act, there is a mechanism to add that condition in it--

COUNCIL MEMBER BREWER: [interposing] But it hasn't been added yet. It hasn't been added yet.

MR. MAMO: It hasn't been added.

COUNCIL MEMBER BREWER: And why not, because it's a funding issue maybe or?

MR. MAMO: I can't say exactly why.

COUNCIL MEMBER BREWER: Okay. I won't belabor the point. I'm saying after this hearing, Alan knows a lot more about this than I do. After this hearing figure out how these officers, we don't need to talk about their

1  
2 bravery; we all know it. How the officers can get  
3 treatment at these Centers of Excellence. You got  
4 Mt. Sinai behind you. You got lots of other  
5 efforts in. To hell with the peer reviews; just  
6 do it. That's what I would say. Just do it  
7 because it's really making everybody upset and you  
8 don't need that. Okay.

9                   Number two, the issue of the  
10 federal money, I know that it was asked before but  
11 what's the timing? I know that Maloney and Adler  
12 have been working really hard as others have.  
13 What's the timing, if at all, to get that funding?  
14 Or does it look like it's never going to happen?  
15 Because they really have been working on it for a  
16 long time.

17                   MR. MAMO: We continue to advocate  
18 for federal health legislation and we feel after  
19 health care reform that there is an opportunity to  
20 raise the issue of the legislation again. So we  
21 feel there is a chance and we'll continue to  
22 advocate for that very strongly that the Mayor has  
23 testified several times as well as his other  
24 staff. As I said, we set up a visit to inform  
25 Congressional members about the community program.

1  
2 And we are going to continue fighting for this  
3 legislation. We believe there is a chance.

4 COUNCIL MEMBER BREWER: Bill Daily  
5 will help. My final question is, and this is not  
6 from me but there are individuals who are coming  
7 from Guantanamo and they're going to be tried  
8 here, pro and con. There are people, apparently,  
9 on a mental health issue who feel very strongly on  
10 a mental health issue this is going to be a  
11 challenge for them. Have you heard that? Is that  
12 something that mental health wise you will be  
13 prepared to deal with?

14 I look at it as a security issue;  
15 it's a court system, etc. But people are  
16 beginning to my attention on the street, at  
17 Fairway, that this could be a mental health issue  
18 for them. Because they experienced what I did  
19 not, Alan did. And there are concerns. Are you  
20 looking at this as a mental health issue? And  
21 will you provide services and how will you do  
22 outreach?

23 MR. MAMO: We continue to provide  
24 mental health services through the 9-11 Mental  
25 Health Benefit program as well as there are

1  
2 services available at the Centers of Excellence.  
3 And we haven't discussed the issue of the 9-11  
4 trills.

5 COUNCIL MEMBER BREWER: I'm just  
6 saying is that something to pick up on so that  
7 you're on the offensive as opposed to the  
8 defensive for people who need it. Three people  
9 have come up to me in the last week concerned.  
10 Now, they have issues perhaps beyond. Nothing  
11 bothers me. I'm like the Teflon person but the  
12 persons who have challenges to start with, this  
13 issue is really bothering them. I say to you, do  
14 some outreach on it. Okay? Thank you.

15 CHAIRPERSON NELSON: Okay. We'll  
16 go from my polite, yet effective colleague to your  
17 erudite and effective, Domenic Recchia.

18 COUNCIL MEMBER RECCHIA: Thank you,  
19 Gale. I heard that. Good afternoon. As I sit  
20 here, I here you testify. You read the 2000  
21 annual report, correct?

22 MR. MAMO: Yes, we helped to staff  
23 it also.

24 COUNCIL MEMBER RECCHIA: You read  
25 the 2009 report, correct?

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MR. MAMO: Yes. Sorry.

COUNCIL MEMBER RECCHIA: In the report you talk about cancer and basically what it says, no studies have been published with information on whether rates of cancer are elevated and so forth. To date, there is no evidence for or against a causal connection between the WTC exposure and cancer. Correct, you put that in 2008?

MR. MAMO: Yes.

COUNCIL MEMBER RECCHIA: Okay. In 2009 as I sit here and I read it, the same exact language is used. Okay? Cancer is among the diseases covered by the disability law however the federally funded WTC Centers for Excellence, which provide treatment for most of the conditions. Do not provide free care of any kind of cancer. And this came out in September of 2009. Now before you published this, did you do research to make sure that there were no other reports that said anything else against this?

MR. MAMO: We do literature reviews of peer reviewed publications. And the Mt. Sinai case series that I mentioned earlier was published

1  
2 in the report. Otherwise it was a consensus of  
3 the group that there is no causal link from WTC  
4 exposure to cancer at this time.

5 COUNCIL MEMBER RECCHIA: Was there  
6 any discussion that there was no studies that  
7 connect cancer to World Trade Center prior to  
8 publishing this?

9 MR. MAMO: We continue to monitor  
10 all the evidence, especially that in regards to  
11 cancer. We know that there are ongoing studies  
12 and that will be a topic of our Medical Working  
13 Group again.

14 COUNCIL MEMBER RECCHIA: How about  
15 studies that came out?

16 MR. MAMO: As I said, we included  
17 the Mt. Sinai case series and otherwise we make  
18 the statement that there is known causal link  
19 between WTC exposure and cancer.

20 COUNCIL MEMBER RECCHIA: Did you  
21 consult with the medical team to see if there were  
22 any studies or any medical tests that were done to  
23 prove differently before making this statement in  
24 here?

25 MR. MAMO: The WTC Centers of

1  
2 Excellence are all members of Medical Working  
3 Group and we asked the members to update us on any  
4 research in the pipeline as well as published  
5 research.

6 COUNCIL MEMBER RECCHIA: And what  
7 was their answer?

8 MR. MAMO: So we came to the same  
9 conclusion. We included the mention of one case  
10 series in the report and then we still are not--  
11 the causal connection between WTC exposure and  
12 cancer is still unknown.

13 COUNCIL MEMBER RECCHIA: What was  
14 the case study that you refer to?

15 MR. MAMO: I just read earlier,  
16 the--hold on one second.

17 [pause]

18 MR. MAMO: It was a New York/New  
19 Jersey WTC Clinical Consortium led by the Mt.  
20 Sinai Clinical Consortium documenting eight  
21 confirmed cases of multiple myeloma among 28,258  
22 responders who sought treatment in the WTC medical  
23 monitoring treatment program in the first six  
24 years after 9-11.

25 COUNCIL MEMBER RECCHIA: And when

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

was that report put out?

MR. MAMO: August of 2009.

COUNCIL MEMBER RECCHIA: Okay.

MR. MAMO: And it's included in the Medical Working Group report.

COUNCIL MEMBER RECCHIA: There was another report published in the Journal of Occupational and Environmental Medicine in August of 2009 that disagrees with you. That says that the report has identified 16 cases from responder and understand that multiple myeloma is a cancer that usually effects people. And that there are a number of cases in first responders under the age of 45. Is this data sufficient to conclude that multiple myeloma as a result of exposure to the World Trade Center sites. And I have the report right here.

Nowhere in your report of 2009 do you make mention of this. Nowhere do you refer to it. Nowhere do you speak about this. Here you mislead the public, mislead many elected officials, mislead the Congress that it's not related. I disagree with you. I have the report right here. Why did you leave this out?

1  
2 MR. MAMO: I'm not sure to what  
3 published article you're referring but we did  
4 include the Mt. Sinai article in the Medical  
5 Working Group. I'm not sure if that's the same  
6 one.

7 COUNCIL MEMBER RECCHIA: No, it's  
8 not.

9 MR. MAMO: I'm not aware of any  
10 others.

11 COUNCIL MEMBER RECCHIA: It's in  
12 the Journal of Occupational Environmental Medicine  
13 of August 2009.

14 MR. MAMO: It sounds like the same  
15 one.

16 COUNCIL MEMBER RECCHIA: Okay.  
17 This is where I got it from. The issue is very  
18 disturbing why cancer isn't covered. What I feel  
19 is that what this working group has not done, has  
20 not been sufficient, have the forefront to see  
21 that cancer is covered under the bill that is  
22 pending in Congress. What good is passing the  
23 bill in Congress if it doesn't cover cancer? When  
24 are these people who are coming down with cancer,  
25 how are they supposed to survive? So you pass

1  
2 this bill but if you still don't cover cancer,  
3 we're back here. And New York City is going to  
4 have to pay the tab for these men and women who  
5 come down with cancer. So what are you going to  
6 do about Sodrega covering cancer? This has to  
7 stop. We have to cover it now and it has to be  
8 covered. What are you going to do?

9 MR. MAMO: Well we are very  
10 concerned about anyone who may come down with  
11 cancer. If a person contracts cancer and they are  
12 insured, they can hopefully their insurance will  
13 pay for those services. I can't speculate as to  
14 who may or may not be insured but certainly we're  
15 concerned. And as I said, there is a mechanism in  
16 the bill that will allow for cancer to be added as  
17 a condition.

18 COUNCIL MEMBER RECCHIA: But that's  
19 left up to an administrator. It's only a  
20 recommendation.

21 MR. MAMO: I'm not defending that  
22 I'm just saying that's what's in the bill right  
23 now.

24 COUNCIL MEMBER RECCHIA: Yeah but  
25 what I'm saying is what are you doing about it?

1  
2 Because I don't feel you're doing enough about it.  
3 And for no doctor to come down here today to  
4 inform us about it. I came down here with a lot  
5 of medical reports that disagree with it and say  
6 why it should be covered and there is no doctor in  
7 here to answer my questions I think it's an  
8 insult. Mr. Gerson, Council Member Gerson started  
9 off by saying we thought that there would be a  
10 doctor here to answer our questions. Are you a  
11 doctor?

12 MR. MAMO: I'm not a doctor.

13 COUNCIL MEMBER RECCHIA: So my  
14 question, to move on, maybe you could answer this.  
15 On page nine in your report in 2009 it states  
16 "It's difficult to make the case for GERD and  
17 asthma because they exist with high frequency in  
18 the general population." Yet these illnesses are  
19 covered but cancer is not. Why?

20 MR. MAMO: And--

21 COUNCIL MEMBER RECCHIA:  
22 [interposing] Oh, you're not a doctor you can't  
23 answer that. I forgot. Go ahead.

24 [pause]

25 MR. MAMO: Well, it's a federal

1  
2 bill. You're certainly entitled to lobby your  
3 Congressman.

4 COUNCIL MEMBER RECCHIA: If you're  
5 telling me that you're not capable of helping us  
6 out and working with us and lobbying--is that what  
7 you're telling us? That you're not capable of  
8 lobbying, helping us get this passed in Congress?

9 MR. MAMO: We lobby--

10 COUNCIL MEMBER RECCHIA:  
11 [interposing] Answer my question! Are you not  
12 capable of doing this? Answer my question! Is  
13 that what you're telling us today, that you're not  
14 capable of going to Congress and getting this  
15 changed? Is that what you're telling the people  
16 of the City of New York?

17 [pause]

18 BRIAN GELLER: Hi, I'm Brian  
19 Geller. I'm a lawyer here--

20 COUNCIL MEMBER RECCHIA:  
21 [interposing] Hold on, hold on. I want the  
22 question answered first before you can speak.

23 MR. GELLER: Sure.

24 COUNCIL MEMBER RECCHIA: Are you  
25 capable of handling this and getting this done?

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MR. MAMO: We have--

COUNCIL MEMBER RECCHIA:

[interposing] Obviously you're not because you just would never made that comment.

MR. MAMO: We--

COUNCIL MEMBER RECCHIA:

[interposing] I care about the people who has cancer. I care about the first responders and all the people involved. So you're telling me that you are not capable of doing this? Is this what you're telling me?

MR. MAMO: We have a DC office. We continue to advocate for this legislation--

COUNCIL MEMBER RECCHIA:

[interposing] Answer my question. Are you capable of doing this? Because you made a comment that we should lobby this. Okay? And we do. And obviously you're telling us because you're telling me that you're not capable of doing this.

MR. MAMO: I hope we could do it together.

COUNCIL MEMBER RECCHIA: Oh, so you're not capable of doing this. Fine, we'll help you. That's what we're here for. But to

1  
2 come here today and not have medical doctors here  
3 is something that's disrespectful. All the people  
4 came here because we want to hear what the doctors  
5 have to say. I have no further questions.

6 MR. GELLER: Oh, hi. My name is  
7 Brian Geller. I'm the--

8 CHAIRPERSON GERSON: [interposing]  
9 You got to pull the microphone a little closer.

10 MR. GELLER: My name is Brian  
11 Geller. I'm a lawyer in Deputy Mayor Skylar's  
12 Office and just to clarify--

13 CHAIRPERSON GERSON: [interposing]  
14 I have a feeling that Council Member Recchia was  
15 not referring to a doctor of jurisprudence. I'm  
16 sorry, please continue.

17 MR. GELLER: The one thing I did  
18 want to clarify about the mechanism in the bill  
19 for additional conditions is it is not former  
20 versions of the bill. Like the one that was  
21 pending in the past Congress did have it that the  
22 administrator would make a recommendation to  
23 Congress and then Congress would add a new  
24 condition, whether it was cancer or whatever.

25 Under the current HR847 that is

1  
2 changed so that the administrator based on a  
3 review of the relevant research and his own  
4 determinations can add a disease. We only get  
5 that mechanism if we get the bill and that's why  
6 in the city has been so vocal in supporting HR847.  
7 That's why the Mayor has gone down to DC, my boss  
8 has gone to DC, Kent Holloway to testify for this.

9 Another aspect of the bill that I  
10 think should give comfort in that respect is that  
11 the bill provides for long term funding of the  
12 Registry, of general research in 9-11 health. So  
13 that over the long term if it does come out that  
14 some of these things that sort of in the Medical  
15 Working Group aren't identified as linkages now.  
16 If in five or ten years the science is there to  
17 have them be linkages, to have the list of covered  
18 conditions in the bill to be amended. That  
19 research that could form the basis for that is  
20 supported.

21 So that's why I think the bill,  
22 more or less as it's drafted now and in the past  
23 we've had some concerns about the, we've  
24 articulated some concerns about the cost sharing,  
25 our level of oversight over funds spent. But we

1  
2 think those concerns we can work through them.  
3 But that's why we think the bill, more or less  
4 current shape as it is in the House and as it is  
5 in the Senate, it's a bill that we support and we  
6 want to see passed.

7 I can certainly acknowledge the  
8 concern of it not covering--

9 COUNCIL MEMBER RECCHIA:

10 [interposing] I hear what you're saying but it  
11 might be too late. And can add a disease, the key  
12 word is can. Too many people are waiting. If you  
13 keep on putting, if this administration keeps  
14 putting out reports that say we're still studying  
15 cancer when there are reports out there that say  
16 there is a link then we're never going to help the  
17 people who are coming down with cancer.

18 These reports that say there is no  
19 link but we're still studying it has to stop. You  
20 have to do more research and that's why I wanted  
21 some medical doctors here, to ask them about it.  
22 And that's a concern. I hope your next report  
23 says there is a link because that's the only way  
24 we're going to move forward to help the people  
25 coming down with cancer. Let me tell you, I hope

1  
2 not, but I think you're going to see many more  
3 cases in the years to come. Thank you.

4 CHAIRPERSON GERSON: Thank you  
5 Council Member. Mr. Geller, while you're up there  
6 I understand your point about the bill and the  
7 mechanism for adding diseases which would be  
8 covered but in its current form, the bill does  
9 have a list of, if you will, pre-certified  
10 diseases which are already by definition in the  
11 bill linked to 9-11 exposure. Has the  
12 administration taken a position in your lobbying  
13 of Congress as to whether or not cancer or  
14 specific cancers should be added to that list?

15 MR. GELLER: I'm not sure of on the  
16 addition or subtraction of any particular  
17 conditions. Our bottom line is we support the  
18 bill.

19 CHAIRPERSON GERSON: I understand  
20 that but as you pointed out, the bill is being  
21 negotiated and subject to input. So my question  
22 is do you have a position? Does the  
23 administration have a position as to whether or  
24 not there should be any additions to the list of  
25 diseases currently enumerated in the draft of the

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

bill?

MR. GELLER: Basically we support the bill as is.

CHAIRPERSON GERSON: The answer then is no, you have not lobbied for the addition of cancer or any other diseases to the enumerated list.

MR. GELLER: Yeah. I think it's fair to say that we're not actively trying to change the bill other than some of the concerns that we articulated before.

CHAIRPERSON GERSON: I think the frustration that you're hearing boils down to two factors. I think it's important that we put them out on the table squarely. First, the Mt. Sinai study and other reports do indicate--well, let me ask you. Does that report indicate a greater number of incidence of cancer than would be expected, anticipated for that age group, that demographic from the general population? This could be a yes or no. Medically the reports of cancer in the Mt. Sinai report, is that a greater number than would epidemiologically be anticipated from that age group from the general population?

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MR. MAMO: It's a case series.

It's not a large scale epidemiological population based but research study. It's notable. We noted it--

CHAIRPERSON GERSON: [interposing]

What do you mean when you say it's notable? Does that mean it's more than you would expect from the general population?

MR. MAMO: It's not a large enough number of cases to compare to the rate expected in the general population.

CHAIRPERSON GERSON: The number of incidents reported is not large enough or the cohort study by this Mt. Sinai study is not large enough, which is it? What is not large enough?

MR. MAMO: Yeah, I don't want to get into a discussion of how meaningful the report is. The report--

CHAIRPERSON GERSON: [interposing]

But I do want to get into that discussion. That's exactly what I want to get in to. It's important for us to understand what your view is of how meaningful that study is and why--

MR. MAMO: [interposing] I just

1  
2 want to make it very clear that we feel that the  
3 study is notable enough to include in the Medical  
4 Working Group report but it does not show a causal  
5 link between WTC exposure and cancer--

6 CHAIRPERSON GERSON: [interposing]  
7 What is missing? What is missing? If it's  
8 notable enough to be included, why does it not  
9 establish at least--see, let me pause there for a  
10 moment because when we say this phrase causal  
11 link. And this is exactly what the concern is.  
12 Causal link could cover a broad spectrum of  
13 thresholds, right? We don't, in science, in  
14 medicine, wait until we get 100%; you seldom have  
15 that. The problem we're concerned with is the  
16 question is, is there sufficient evidence so that  
17 taking it as reasonable for planning and treatment  
18 and protocols to include this in what should be  
19 treated.

20 So my question is what would it  
21 take beyond what is notable to rise to the level  
22 of a causal link?

23 MR. MAMO: I can't answer that  
24 question directly but what I can tell you is that  
25 I'm very familiar with the article that was

1  
2 referenced by Council Member Recchia. Authors of  
3 that article itself conclude that this is not  
4 evidence of a causal link, but it is important  
5 that the WTC Centers of Excellence and the WTC  
6 Health Registry contribute to study this. These  
7 studies are ongoing and in the Registry in  
8 particular, we have a population of exposed  
9 individuals, not just sick individuals but exposed  
10 individuals so we can better determine if the  
11 background rate of cancer among the exposed  
12 population--I'm sorry.

13 If the rate of cancer among the  
14 exposed population is higher than the background  
15 rate, that has not yet been determined by either  
16 Mr. Sinai or by the Health Department.

17 CHAIRPERSON GERSON: So this is  
18 notable then in what sense? Is it notable in the  
19 sense that it raises a legitimate question that  
20 should be pursued?

21 MR. MAMO: Absolutely.

22 CHAIRPERSON GERSON: Okay.

23 MR. MAMO: And the Medical Working  
24 Group is definitely going to pursue that.

25 CHAIRPERSON GERSON: Okay. Let's

1  
2 even pause there. There's some indication so that  
3 at the very least we all agree there's a  
4 reasonable question that has to be pursued. Some  
5 people will say there is a causal connection but  
6 at the very least, there is this notableness, as  
7 you put it. There is indications such that  
8 something, more research needs to be pursued.

9           In the meantime, individuals of the  
10 exposed population have reported cancer. These  
11 individuals, these are the first responders, these  
12 are the heroes, these are the people who were  
13 caught up, these are the people who live in the  
14 neighborhood. Don't they, until we resolve this  
15 question. If it is notable enough so that it has  
16 to be pursued, should we not for the purposes of  
17 treatment and care and support? Give those people  
18 not really the benefit of the doubt but the  
19 benefit of the unknown and give them the full care  
20 and treatment instead of waiting it may be too  
21 late for some of these individuals; that is the  
22 frustration you're hearing.

23           We understand how--it's like  
24 history repeating itself. There were reports of  
25 asbestos, there were reports of cigarette

1  
2 toxicity. People demanded more and more studies,  
3 as they should have. But in the meantime we  
4 didn't err on the side of caution and as a result  
5 lives are lost. If there is a serious question  
6 out there, and we're talking about victims of an  
7 attack, shouldn't we err on the side of caution  
8 and make the treatment available. Expand the  
9 purview of these Centers for Excellence as this  
10 research is ongoing. Would that not be better  
11 public policy?

12 MR. MAMO: The World Trade Center  
13 Centers of Excellence were established to monitor  
14 and treat World Trade Center related conditions.  
15 In the interim, people with insurance are able to  
16 seek health care for cancer.

17 CHAIRPERSON GERSON: People with  
18 insurance are able to seek health care for these  
19 other diseases that the Centers for Excellence  
20 cover. But the reason for a Center of Excellence  
21 is to combine the excellence in a center and also  
22 to cover people who don't have insurance. So I'm  
23 saying, while we are studying, should we not err  
24 on the side of caution and put all the resources,  
25 provide all the resources to persons who contract

1  
2 cancer who were exposed. Wouldn't that in fact  
3 actually abet the research.

4 I don't know if you're in a  
5 position to answer that policy question but I  
6 think that's the question that we've been  
7 avoiding. That's the question which going forward  
8 needs to be established because we know that  
9 asbestos related cancer and other cancers take  
10 sometimes decades to get the size of the  
11 population that some people will demand in order  
12 for it to be causally linked. But in some people  
13 the onset is sooner. Those people, if they were  
14 there, they deserve the benefit of a Center for  
15 Excellence. I think that is what you're hearing  
16 from the frustration expressed. Any comments?

17 MR. MAMO: Just that we are also  
18 concerned about that issue.

19 CHAIRPERSON GERSON: Council Member  
20 Recchia.

21 COUNCIL MEMBER RECCHIA: In the  
22 report, you refer to the report and the report  
23 makes it very clear that we're in the process of  
24 verifying an additional eight cases of myeloma  
25 that have been reported to us since September

1  
2 2007. Then between 2007 and 2009, there were  
3 eight more reported so that brings it up to 16.  
4 There are at least 16 cases of multiple myeloma  
5 confirmed in that report of 2008. Meanwhile,  
6 you're annual report say we're still studying it.  
7 Every year that goes by more cases are coming  
8 forward. When is it going to be that we have to  
9 cover this cancer? That's what the report says.  
10 No further questions.

11 CHAIRPERSON GERSON: We do want to  
12 get to our other witnesses. We will certainly  
13 continue this point. Just where I left off on my  
14 previous revelry, I left off on the question of  
15 studying the younger population. You testified  
16 that you agreed that there is a need for greater  
17 scientific research than what is ongoing.

18 Proactively, will the World Trade  
19 Center health group or any other agency of the  
20 city, aside from making the Registry generally  
21 available promote and try and initiate or find  
22 other groups that will initiate these needed  
23 studies? Is that something we can do in the weeks  
24 and months ahead?

25 MR. MAMO: We could certainly talk

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

to them about that.

CHAIRPERSON GERSON: I would urge that you do. We have great resources in this city in the Health and Hospitals Corporation, our CUNY medical schools in addition to all the private medical facilities. I think as these children age, their needs to be some initiative taken from the city to actively get the type of research that you agree and I agree with you is needed. So I would ask you, that you bring that back to the agenda.

The other question on the Registry, you testified as I understood that the Registry is closed. But my office and I believe other offices do, on a regular basis, get calls from people who for whatever reason did not sign up before the deadline and they would like to be part of the Registry. If they otherwise qualify, if they can document their presence and their exposure, they live within the area.

If they meet the threshold, why should we not take them into the Registry, even at this point, given all the testimony we heard that some of the effects are delayed and postponed? Or

1  
2 if you group them separately, joined later. But  
3 shouldn't, if people want--wouldn't it help the  
4 purposes of the Registry as well as provide  
5 greater assurance to these individuals?

6 MR. MAMO: We certainly recognize  
7 that the World Trade Center Registry, the desire  
8 of some people to enroll even though enrollment is  
9 closed. Generally, what we tell those individuals  
10 is that if they have symptoms that it's very  
11 important for them to enroll in either the  
12 responder program at Mt. Sinai or FDNY or to  
13 enroll in the community program at the WTC  
14 Environmental Health Center. At all of those  
15 places, their symptoms will be monitored and  
16 clinicians are following what these symptoms and  
17 new conditions may be.

18 But in terms of opening the  
19 Registry, that would essentially spoil the  
20 methodology behind the Registry. To date,  
21 enrollees have answered two comprehensive surveys  
22 about their health. In order for the registry to  
23 be scientifically legitimate, they need to follow  
24 based on what those original survey responses were  
25 over time.

1  
2 CHAIRPERSON GERSON: You're saying  
3 that the local centers treating residents, for  
4 example the one at Gouverneur Hospital and the one  
5 at Bellevue will maintain their own registries of  
6 symptoms for anyone?

7 MR. MAMO: It's not a registry but  
8 it's a monitoring program where they do follow up  
9 with them--

10 CHAIRPERSON GERSON: [interposing]  
11 Not sure of the difference but.

12 MR. MAMO: It's a complicated--  
13 perhaps it's a difference without a distinction  
14 and it's not easy for most people to understand.  
15 But it's a clinical monitoring program where they  
16 have medical records and they follow people over  
17 time, their symptoms over time.

18 CHAIRPERSON GERSON: All right.  
19 I'll just leave you with the request. I think  
20 there's a way to avoid undermining the science if  
21 you keep the cohort registered separately kind of  
22 a sub-class of people who registered after the  
23 fact. But the follow up, which the Registry does,  
24 which is going to continue for a decade or more  
25 could still be useful. It seems to me, both

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

scientifically and for the individuals, even if they registered late.

You wouldn't necessary screw up the original cohort if you have kind of a separate cohort. But you have the mechanism up and running. I don't see it as a significant extra expense. I think it only could provide benefits if to facilitate these "late registrants". So I would just ask you to consider that further.

MR. MAMO: And one last thought on that, one of the remarkable findings of the 2008 Medical Working Group Annual Report was the fact that clinical findings and epidemiological findings are very, very similar. So in fact, the Registry along with the clinical monitoring programs offer a broader picture of the health symptoms. So it's a good thing to have both the registry and the WTC Centers of Excellence monitoring the health of these individuals.

CHAIRPERSON GERSON: And I agree with that but you could still do it both ways. But at this point, we're going to go to our next panel of witnesses. I'm going to recognize Chair Nelson.

1  
2 CHAIRPERSON NELSON: I just have  
3 to, for the record I want to announce that Council  
4 Member Rodriguez had a death in the family, his  
5 father passed away thus he's absent and he has the  
6 Chair's sincere condolences and I'm sure everybody  
7 else that's here with us today.

8 CHAIRPERSON GERSON: Well, thank  
9 you gentlemen. We will certainly follow up with  
10 this discussion. I would urge that some members  
11 of the administration and the World Trade Center  
12 health group remain to hear the ensuing testimony  
13 but thank you very much. At this point I'd like  
14 to call Frank Tramitaro and Chris McGrath. You  
15 both here? Please come forward, from the  
16 Patrolman's Benevolent Association. John Feel,  
17 the 9-11 Responders Feel Good Foundation, Captain  
18 John Gallagher of the FDNY. And is Sally  
19 Reganhart still here? I saw Sally a few--she may  
20 have stepped out. I see Sally in the back. Okay,  
21 well we will be joined by Sally Reganhart  
22 momentarily.

23 [pause]

24 Why don't we begin with Captain  
25 Gallagher because I was just handed your written

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

testimony. Captain?

CAPTAIN JOHN GALLAGHER: Thank you.  
My name is John Gallagher. I'm a retired captain.  
I spent 34 years at the New York City Fire  
Department.

CHAIRPERSON GERSON: Excuse me  
Captain, I was just remiss in not announcing, so  
we can hear from all witnesses, we're going to as  
a target goal ask each of the witnesses to confine  
the testimony to within five minutes. We'll be  
noting the time on the clock. Captain, please  
proceed.

CAPTAIN GALLAGHER: On September  
11, 2001 I arrived at the World Trade Center at  
approximately 4:00 pm and spent the next 30 hours  
digging in the pile before I was relieved.  
Between September 11th and December 4th of 2001, I  
worked pretty much full time at what became known  
as Ground Zero. At December 4th I was diagnosed  
with a heart ailment and was forced to retire.  
Five years later, I was diagnosed with an  
untreatable, incurable lung disease, pulmonary  
fibrosis. My only chance for survival is a lung  
transplant.

1  
2 I consider myself one of the lucky  
3 ones because the government acknowledges that my  
4 illnesses are World Trade Center all of my medical  
5 expenses are covered. There are a large number of  
6 people suffering illnesses that are not  
7 acknowledged to be WTC related, cancers and auto  
8 immune diseases are two areas we need to get  
9 coverage for. And anybody look at the list of  
10 toxins that were released during the collapse and  
11 honestly say there's no link to the cancers and  
12 other diseases that we see today.

13 The World Trade Center Medical  
14 Working Group's 2008 report recommendations called  
15 for advocacy of long term 9-11 health programs and  
16 the 2009 report echoes that call. As I speak here  
17 today, there is a bill stalled in the Congress,  
18 HR847. This bill will provide medical expenses  
19 for people who become ill from World Trade Center  
20 related diseases and would reopen the Victims  
21 Compensation Fund to those who didn't file with  
22 the first Fund because they weren't sick at that  
23 time.

24 We have the votes to pass that bill  
25 unfortunately, Speaker Pelosi will not allow a

1  
2 vote at this time. I'm asking the Council Members  
3 to become our advocates and reach out to the Mayor  
4 to urge him to arrange a face to face meeting with  
5 Speaker on this issue so that HR847 could be voted  
6 on and sent to the Senate. Further, I would ask  
7 the Council to reach out to the members of  
8 Congress and urge them to intercede with the  
9 Speaker on our behalf. HR847 would provide proper  
10 health care options for the 9-11 sick.

11 In closing, I would ask the Council  
12 to inquire of the Fire Commissioner of the City of  
13 New York if the 7.5% medical leave numbers he is  
14 using to reduce manning including any members  
15 suffering chronic World Trade Center illnesses and  
16 if so, why these members are being included. Due  
17 to the events of September 11th, the Fire  
18 Department now has a permanent percentage of  
19 members who suffer chronic illnesses. Their  
20 illnesses should not be used as a weapon against  
21 them. I thank you for allowing me to speak here  
22 today.

23 CHAIRPERSON GERSON: Captain, if  
24 you would remain for follow up questions after we  
25 hear from the other witnesses. But I would be

1  
2 remiss if I did not take a moment to thank you,  
3 sir, for your service, for your bravery and wish  
4 you the best of luck.

5 CAPTAIN GALLAGHER: I think it's  
6 important for the committee to understand that,  
7 again, I'm being taken care of. These people out  
8 here aren't. Someone has to step up. Somebody  
9 has to get to the Congress people, make them vote  
10 this bill out. It's imperative that these people  
11 get help.

12 CHAIRPERSON GERSON: Thank you,  
13 Captain. Next witness please state your name for  
14 the record.

15 JOHN FEEL: Sir, I want to thank  
16 you for having me here today. For those that  
17 don't know me, my name is John Feel. I'm a 9-11  
18 responder who lost have of his left foot. I spent  
19 11 weeks in the hospital with gangrene, 8,000  
20 pounds of steel crushed it. I've had 32  
21 surgeries, multiple surgeries all the way up until  
22 2006.

23 But don't feel sorry for me because  
24 I even donated a kidney. My board member's wife  
25 donated her kidney. Since I've donated a kidney,

1  
2 I've gotten nine people to donate their kidneys.  
3 Two and a half weeks ago I did a rally on the  
4 Capitol in D.C., 4 senators, 12 Congressmen came  
5 out and joined us.

6 To the Council, you compassion and  
7 your zest is unmatched but you need to take HR847  
8 and read it through. The questions that you asked  
9 today were great but really directed at the wrong  
10 people. The New York delegation, while they  
11 support us and has been our champions, they've  
12 done their job. But the rest of America is not  
13 educated on Hr847.

14 Last year, I hand delivered H47174  
15 to the Speaker's Gallery. I waited in my hotel  
16 room but it was something I could tell my  
17 grandchildren if I ever have them. That bill was  
18 shot down by the Mayor's office but the Mayor's  
19 done a 180. The Mayor's on board because the  
20 financial burden has been lifted. I dig that. I  
21 understand that.

22 This bill now has enough votes,  
23 like the Captain said. We have walked the halls  
24 of Congress over 12 times this year. We have done  
25 our job. We have educated, not lobbied. Lobby is

1  
2 a cheap word. We educated our elected officials  
3 across the country. We now have 98 co-sponsors.  
4 This bill will provide medical and compensation  
5 over a 30 year period. It's a two part bill,  
6 compensation and health care.

7           While this bill is not perfect,  
8 I'll give it a 7 on a 1 to 10 scale. What will  
9 make it perfect? If we add cancer and if we  
10 expand the area to the residents of Manhattan;  
11 these two essential things are vital for this bill  
12 to be perfect. We will continue to advocate. We  
13 will continue to donate money. I will continue to  
14 be a pain in the ass to everybody who gets in our  
15 way. Thank you.

16           CHAIRPERSON GERSON: And ditto of  
17 my remarks earlier for you. John, you and I were  
18 at many of those press conferences together. I  
19 won't refer to you as you refer to yourself at the  
20 end; you're a very good advocate and we're very  
21 fortunate to benefit from your advocacy. We wish  
22 you nothing but the best as well. Frank.

23           FRANK TRAMITANO: Yes, thank you.  
24 Good afternoon. My name is Frank Tramitano. I'm  
25 the Research Director for the Patrolman's

1  
2 Benevolent Association. I'm here with Chris  
3 McGrath, an attorney for the Patrolman's  
4 Benevolent Association. We've been working on 9-  
5 11 health issues for over three years.

6 I would like to thank the Speaker  
7 and her staff for having this important oversight  
8 hearing. I'd also like to thank the Chairpersons  
9 of the respective committees conducting the  
10 hearing, Council Member Alan Gerson, Council  
11 Member Mike Nelson and Council Member Oliver  
12 Koppell and of course, our most appreciate thank  
13 you to this committee's staff whose hard work  
14 contributes to this hearing being both informative  
15 and comprehensive.

16 As the Committee may know, the PBA  
17 has been in the forefront of efforts to identify  
18 illnesses resulting from exposure at the World  
19 Trade Center. To report and raise the public's  
20 awareness of those illnesses and in seeking to  
21 hold government to its obligation to treat and  
22 care for responders suffering from WTC related  
23 illnesses.

24 Since September 11th, the PBA's  
25 efforts have included pressing the city Health

1  
2 Department to release protocols for treatment of  
3 WTC illnesses that had been delayed in the city  
4 bureaucracy. When programs for the monitoring of  
5 illnesses were slow to publish data, the PBA  
6 established its own public WTC Illness Registry at  
7 the PBA web site.

8 In each of the PBA's quarterly  
9 magazines, the PBA has highlighted the stories of  
10 New York City's police officers who the PBA  
11 believes were made ill and some of whom have lost  
12 their lives as a result of WTC exposures. I have  
13 with me copies of those stories; I'm going to  
14 leave them with you all. I'd like to also ask  
15 that those stories be made as part of the record.

16 Most recently, the PBA has taken  
17 the public position that the Segroga bill, which I  
18 will discuss more in a moment and which is now  
19 pending in Washington should provide funding to  
20 cover cancers and other serious ailments not  
21 presently provided in the pending bill. I'm here  
22 to share with you the PBA's views about this issue  
23 and other issues related to exposure at the WTC.

24 We believe this testimony is  
25 important because cancer and cancer related issues

1  
2 are largely unaddressed in the 2009 Annual Report  
3 on 9-11 health. In the August 2009 issue of  
4 Journal of Occupational and Environmental  
5 Medicine, a report titled Multiple Myeloma in  
6 World Trade Center Responders, a case study was  
7 published. Multiple myeloma is a cancer of the  
8 white blood cells that usually effects people aged  
9 60 and above and with an average world wide rate  
10 of 4 cases per 100,000, according to Harrison's  
11 Principles of Internal Medicine.

12 This study, which eventually  
13 confirmed 16 cases of multiple myeloma from a base  
14 of 28,000, we maintain a significant and  
15 sufficient to establish a link. Being a blood  
16 cancer, multiple myeloma would be expected to be  
17 one of the firs cancers to manifest itself to  
18 those that were exposed at the WTC sites. Any  
19 results in this area may foreshadow what is coming  
20 with respect to other cancers.

21 We understand that the finding in  
22 this study will result in a recommendation by the  
23 World Trade Center Steering Committee that  
24 multiply myeloma be added as a medical condition  
25 eligible for treatment under the current WTC

1  
2 program at Mt. Sinai and other locations. Links  
3 to cancer from exposure at the WTC sites can be  
4 found elsewhere. The number of cancer cases  
5 approved for disability by the Police Pension  
6 Board has almost tripled since 2005. In years  
7 prior to 2006, the number of cases average around  
8 six per year, while in the years starting in 2006,  
9 the number of cases grew to an average of 17 a  
10 year.

11 Does this increase in police  
12 members who can no longer work because they have  
13 become ill with cancer suggest a link? In many of  
14 these cases, doctors have stipulated that exposure  
15 at the World Trade Center sites was a significant  
16 and contributing factor that more reasonably than  
17 not resulted in causing cancer.

18 We have seen further evidence. In  
19 early October there were four 9-11 responders, two  
20 New York City Police Officers and two New York  
21 City Firefighters who died from cancer within a  
22 week of each other. Three of them were 44 years  
23 of age and the fourth was only 37 years old. In  
24 fact the story as reported in the Daily News,  
25 quoted Mayor Bloomberg as saying, "probably,

1  
2 nobody's sure but probably contracted during  
3 breathing the air down at the World Trade Center".

4           Additionally, the NYPD recently  
5 added the names of ten uniformed members of the  
6 NYPD, who died of illnesses related to their  
7 rescue, recovery and clean up work at Ground Zero  
8 and the Fresh Kills Landfill to the Police Wall of  
9 Remembrance. Every one of these ten uniformed  
10 officers died of cancer. The Police Wall of  
11 Remembrance bears the name of all NYPD police  
12 officers who have died in the line of duty since  
13 1849. Police Commissioner Raymond Kelly stated  
14 the following at that October 13, 2009 ceremony  
15 "The addition today of these officers underscores  
16 the reality that this tragedy is something the  
17 Department and the City will endure for a long  
18 time to come. Men and women of different ranks  
19 and commands united in a common mission to aid in  
20 the recover effort. They brought closure to the  
21 loved ones of those who were killed and restored  
22 order but they, too, became casualties."

23           The issue of cancer as a 9-11  
24 related illness is important because the current  
25 program at Mt. Sinai does not provide treatment of

1  
2 cancer and the federal legislation in Washington,  
3 HR847 and Senate 1334 in the Senate does not list  
4 cancer as a qualifying medical condition eligible  
5 for treatment. That legislation also known as the  
6 Zadroga Act named after James Zadroga, a New York  
7 City detective, will provide permanent funding for  
8 monitoring, evaluating and treating victims of the  
9 terrorist attacks in New York City.

10           If that bill, which is passed as  
11 currently drafted the procedures for adding any  
12 new medical condition eligible treatment would  
13 take at least eight months to more than a year.  
14 The proponents of the bill have stated they need  
15 indisputable scientific studies linking cancer  
16 before they can include it as a medical condition  
17 eligible for treatment. Yet the fact that carpal  
18 tunnel syndrome is a listed medial condition  
19 covered under the Zadroga Act without any similar  
20 indisputable scientific studies being required,  
21 leads us to conclude that cancer is being held to  
22 a much higher standard.

23           In the PBA's view, this may have  
24 more to do with the cost of treating cancer than  
25 meeting a required standard for approval. To take

1  
2 the position that we must wait for indisputable  
3 scientific proof before we can offer treatment to  
4 those responders with cancer would have the effect  
5 of denying that quality medical treatment to WTC  
6 victims at a time when they are diagnosed and when  
7 a time when it can be most effective.

8           Epidemiological studies of which  
9 the proponents of the Zadroga bill insist upon  
10 will take 10 to 20 years to complete, during which  
11 an ailing responder would not qualify for aid. As  
12 an example, several of the responders in the  
13 multiple myeloma study were diagnosed in 2004. We  
14 are now approaching 2010 and these victims are  
15 still not being provided cost free, quality  
16 medical care despite the scientific proof.

17           The policy also raises other  
18 interesting questions. Does each type of cancer  
19 need an exhaustive study comparing its prevalence  
20 to that of the general population before it can be  
21 treated under the federal program? There are at  
22 least 18 different cancers that have been approved  
23 at the Police Pension Board as WTC related. Are  
24 18 separate studies needed before these sick  
25 former members of the NYPD can be provided cost

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

free quality treatment?

We believe the facts are clear. Carcinogens cause cancer are some of the highest levels of carcinogens every reported for one of the longest periods of times ever recorded were at the World Trade Center sites. Responders, especially police officers, were at those sites without any protective gear. Cancers have and will continue to be a result of exposures in that environment. The proof of multiple myeloma, a blood cancer with a relatively short latency period, and the increase in other cancers being diagnosed every day in a relatively young worker population is indicative of a linkage to WTC exposures.

It is our request of the City Council call upon Congress to amend the Zadroga bill to have cancer included as a qualifying medical condition eligible for treatment. As stated earlier, that bill as currently drafted it does not list cancer as a qualifying medical condition eligible for treatment. However, the bill does permit the payment of compensation for cancer victims under the Victims Compensation Act

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

of the bill. This anomaly is disturbing.

A bill that permits the federal government to compensate families for cancer deaths related to 9-11 but not for treatment for those same victims while they are alive does not make sense. We believe there was sufficient evidence to advocate for the addition of cancer under the Zadroga bill.

The state legislation and then Governor Pataki recognized the cancer link back in 2005 and approved the Presumptive Accident Disability Bill for city and state employees who contracted cancer and were at the WTC sites. The evidence is greater now and while it may not be easy to convince Washington to include cancer, we think having the City Council stand on the right side of this issue will help us in the process.

Thank you for your time and attention today and Chris McGrath are here to gladly answer any questions you may have.

[Applause]

CHAIRPERSON GERSON: Sally, we called you when you had stepped out so if you want

1  
2 to take. You want to testify? We would like to  
3 hear you. And thank you again Sally for your  
4 tireless advocacy.

5 SALLY REGANHART: I'd like to thank  
6 the joint committee, the members and the chairs.  
7 I'd also like to thank these distinguished  
8 gentlemen that preceded me in testimony,  
9 especially the expert and dedicated testimony of  
10 both of Captain John Gallagher as well as the  
11 representative of the PBA. I think the PBA has  
12 done a fantastic, outstanding leadership role in  
13 bringing these cases of cancers and other  
14 illnesses to light. And certainly, if we have  
15 this amount of illness and-- And I must also  
16 commend John Feel for his tireless advocacy on the  
17 part of the first responders that he has worked  
18 with and he represents many, many other related  
19 people.

20 CHAIRPERSON GERSON: Excuse me, I  
21 just need to ask you to identify yourself for the  
22 record. We certainly know who you are.

23 MS. REGANHART: Yes. Sally  
24 Reganhart, Chairperson of the Skyscraper Safety  
25 Campaign. I'm also representing 9-11 Parents and

1  
2 Families of Firefighters and World Trade Center  
3 Victims. I really just want to echo this expert  
4 testimony and say it's very, very disconcerting  
5 for the families of the victims, myself the family  
6 of a firefighter lost on 9-11, that these are the  
7 people who worked so tirelessly to search for my  
8 son and for the other innocent victims, both  
9 uniformed and civilians. And because of this work  
10 and this dedication, today they are paying the  
11 price in cancers and so many other illnesses.

12 This city has to stop fighting  
13 against these people. The system has to stop  
14 fighting and they need to support the efforts to  
15 fully recognize that these illnesses are directly  
16 a result of 9-11. In addition, I want to thank  
17 the community groups, Community Board 1, 9-11  
18 Environmental Action, all of the other community  
19 groups that have fought so hard to advocate for  
20 the residents of this downtown area. Certainly,  
21 it's a much larger issue but if we can highlight  
22 what's happening in the uniformed services and in  
23 the first responder sector, we can see that the  
24 downtown residents are equally at risk. And even  
25 some members of this City Council, if not several

1  
2 members have all been exposed to many, many of  
3 these situations.

4           Finally, we have something called  
5 the Captive Insurance Fund in this city, \$1  
6 billion. Unfortunately, this fund instead of  
7 being used to help people that want to ascertain  
8 that they are sick and affected, this fund has  
9 been used to fight against people who want to  
10 advocate for really what's going on. That's  
11 really a disgrace and I would ask you also to  
12 please help to pass these various bills that will  
13 help people. They deserve it.

14           We must, must treat people in a way  
15 that's going to put respect for human life and  
16 human health over economic considerations that  
17 this city and even this state and even the federal  
18 government may have. That's the least we can do.  
19 Thank you.

20           [Applause]

21           CHAIRPERSON GERSON: I just want to  
22 add, we have two stated Council meetings before  
23 the end of the calendar year. As we did have a  
24 hearing on the Zadroga bill several weeks ago,  
25 more, I would like to urge my colleagues that we

1 should work together before the end of the year.  
2 Especially given the fact that this bill may be  
3 considered in conjunction or immediately after the  
4 health insurance issues are being dealt with.  
5 That before the end of the calendar year, that  
6 this Council pass a resolution. I think we can do  
7 it. I think for all the reasons we heard  
8 testified, we must do it.

9  
10 I just want to ask Mr. Tramitano,  
11 when did the Pension Board formally vote to  
12 recognize cancer as a WTC related disease?

13 CHRIS MCGRATH: Council Member,  
14 Chris McGrath from the PBA, Associate General  
15 Counsel. The World Trade Center Presumption Bill,  
16 as it's known was passed back in 2005 and it  
17 provided that cancer is one of the qualifying  
18 conditions. It's a presumptive bill that if it is  
19 established that you are disabled from one of the  
20 qualifying conditions, there is a presumption that  
21 it was caused in the line of duty if you fill the  
22 requirements of being down in the specific  
23 locations designated in the statute and did the  
24 proper time down at those areas. Presumption that  
25 it was caused by World Trade Center exposure.

1  
2 It's reputable presumption that can be rebutted by  
3 competent medial evidence but it does cover  
4 cancer, clearly.

5 CHAIRPERSON GERSON: And that's the  
6 point we discussed earlier about erring on the  
7 side of caution, not putting the own ness on the  
8 responders who put themselves at risk and on the  
9 members of the community who were at risk. Yes,  
10 please then Council Member Recchia.

11 MR. FEEL: In the last two and a  
12 half years I've been to 37 funerals, 34 of them  
13 died from cancer, two heart attacks one died in  
14 his sleep and the other one was a suicide. I'm  
15 not a doctor, I don't have a PhD, I don't claim to  
16 be smarter than anybody in this room. But if it  
17 smacks you in the face and it smells like cancer,  
18 it's cancer and it's killing us. That's the  
19 bottom line.

20 It needs to be added to the bill  
21 and we'll keep advocating for it to be added to  
22 the bill.

23 CHAIRPERSON GERSON: I think those  
24 numbers speak for themselves. Council Member  
25 Recchia.

1  
2 COUNCIL MEMBER RECCHIA: Yeah, I  
3 just want to thank you all for coming and  
4 testifying here today. Your testimony is very,  
5 very important. Were you here earlier when I was  
6 trying to explain that there are studies out there  
7 and that in their reports in 2008 and 2009, they  
8 just say they're still studying cancer. Would you  
9 agree with me that it's time that they start  
10 putting in there and linking cancer to the World  
11 Trade Center, what happened down there and the  
12 recovery so the first responders could be covered?

13 MR. TRAMITANO: It seems to me that  
14 what they did is took the report and not do any  
15 follow up. As you mentioned, at the end of that  
16 report there were eight additional cases that they  
17 were looking into. I, at the time the report was  
18 issued, picked up the phone and asked questions.  
19 They told me those eight additional cases were  
20 confirmed. That's make a total 16 when the  
21 population should be 4 out of 100,000 that made it  
22 16 out of 28,000. That sounds like enough of an  
23 incidence for me to make the link. Why they  
24 haven't, why the city didn't do that kind of  
25 follow up work and make that conclusion, I can't

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

answer.

CAPTAIN GALLAGHER: I'd just like to make a Fire Department analogy. The 34 years I spent going to fires, we never started looking for cause until we put out the fire. These people are sick. They're sick now. They can't wait 5, 10, 15 years for people to research. There should be a presumption of cancer; it's a presumptive WTC related. There's no doubt about it. We all know it. We want doctors to say it. They don't have to say it; we know it.

CHAIRPERSON NELSON: Thank you very much. And I just want to make one more comment. I did put an Ellis request in November for a resolution requesting Congress to amend HR847, the Zadroga Bill to add cancer as a qualifying medical condition eligible for treatment. I put that in.

[Applause]

So we should move on that resolution immediately.

CHAIRPERSON GERSON: I agree  
Council Member.

CHAIRPERSON NELSON: Thank you.

CHAIRPERSON GERSON: Council Member

1  
2 Brewer.

3 COUNCIL MEMBER BREWER: Thank you  
4 also for your testimony. My question is when the  
5 city was testifying they kept talking about the  
6 individual who could change, I guess by  
7 regulation, etc, the issue of whether cancer is  
8 included or not. I was just wondering if you  
9 could comment on that.

10 MR. TRAMITANO: I think they  
11 clarified that. They said that the individual,  
12 the administrator had the ability in the old bill.  
13 The new bill does something different. The new  
14 bill says rules have to be promulgated on how that  
15 is done. That has to stay in the public for six  
16 months. Then a scientific community must be  
17 gathered, formed to review anybody's request to  
18 change or to add a new and they have to look at  
19 the scientific data and then make a comment on  
20 that, which then has to be reviewed. That has to  
21 be a recommendation made to the NIOSH  
22 administrator. That whole process, we see at  
23 least eight months, a year or more.

24 COUNCIL MEMBER BREWER: Thank you  
25 because it's helpful to have it clarified the time

1  
2 frame that is involved. What you're saying is we  
3 need to have cancer in the new bill pass it and  
4 that would take care of this amazingly challenging  
5 situation?

6 MR. TRAMITANO: Yes and we believe  
7 that there are people down in the NIOSH community,  
8 in the organization that are supportive of Alan's  
9 notion to go ahead and treat them first and then  
10 worry about later where the causes are and if the  
11 connections are there.

12 COUNCIL MEMBER BREWER: Thank you.

13 CHAIRPERSON GERSON: Thank you all  
14 very much. Ms. Reganhart we're going to move  
15 forward because of the witnesses. I'll just add  
16 that you and I worked together on these issues  
17 literally since the very, very beginning. And I  
18 want to thank you for your courage and your  
19 advocacy. I'll continue to work with you in other  
20 capacities.

21 CHAIRPERSON KOPPELL: Just add my  
22 voice to thank those who testified, especially  
23 Captain Gallagher and John for their tremendous  
24 work, which we appreciate very much.

25 CHAIRPERSON GERSON: Katherine

1  
2 McVey Hughes, Vice Chair Community Board 1,  
3 Kimberly Flynn of the 9-11 Environmental Action  
4 Committee, Esther Regalson, also the 9-11  
5 Environmental Action Committee, Marie Penefil, if  
6 I'm pronouncing that correctly, Beyond Ground Zero  
7 and Marina Zunega, also Beyond Ground Zero.  
8 Please come forward and if the Sergeant would  
9 accept testimony. Thank you. And Ms. McVey  
10 Hughes--you can all take seats at the desk please.  
11 And Ms. McVey Hughes please begin.

12 KATHERINE MCVEY HUGHES: Hello,  
13 good afternoon. I am Katherine McVey Hughes, the  
14 Vice Chairperson of Community Board 1. Thank you  
15 for the opportunity to testify today about the  
16 city's World Trade Center Medical Working Group  
17 2009 Annual Report on 9-11 health.

18 I just submitted for the record, to  
19 Council Member Gerson, a pile of resolutions that  
20 Community Board 1 has done over the years. I just  
21 want your committee and everyone else here to  
22 recognize that this has, since the beginning, been  
23 a very important issue to us.

24 As more and more studies document  
25 serious 9-11 related health impacts to the

1 community, some of which have become chronic.  
2  
3 Lower Manhattan residents remain concern about  
4 negative health impacts due to the World Trade  
5 Center attacks on September 11, 2001. Uncertainty  
6 about what the future holds for residents and  
7 workers of our community, especially those exposed  
8 to World Trade Center pollution as children  
9 continues to linger.

10 Community Board 1 has passed  
11 numerous resolutions in the years since 9-11 to  
12 advocate for medical programs and resources needed  
13 by our community. The September 2009 report  
14 carries great importance in light of impending  
15 budget cuts at the city, state and federal level,  
16 documents World Trade Center related physical and  
17 mental health conditions. These data reinforce  
18 the need for passage of the 9-11 Health Act, which  
19 would address health care for both first  
20 responders and the community. But also raises  
21 questions about whether the bill will adequately  
22 meet the health needs of the community.

23 The 9-11 Health Act is currently  
24 stalled in the House behind health care reform.  
25 CB1 agrees with the report that "many studies rely

1 on self reports of symptoms and conditions to  
2 measure the burden of these conditions in exposed  
3 populations without verification of diagnosis.”

4 That was on page nine. This is especially true  
5 for the community population since there has never  
6 been a monitoring program for non-responders  
7 comparable to the Mt. Sinai World Trade Center  
8 medical monitoring program.  
9

10 As a result, there is no  
11 comprehensive program to screen, monitor and where  
12 warranted, treat, residents, students and workers.  
13 Who remained in the area and rebuilt our community  
14 in the aftermath of 9-11 and subsequent years.  
15 Instead, epidemiology on health impacts to the  
16 community has relied on limited community  
17 involvement.

18 The Registry's first survey was not  
19 sent out until late 2003 and early 2004 instead of  
20 closer to 9-11, when exposure assessment would  
21 have been even more accurate, much more accurate.  
22 In addition, the first survey did not include any  
23 questions that would elicit information about  
24 exposures to World Trade Center dust in homes,  
25 schools and offices, exposure that we now know may

1  
2 have resulted in illnesses.

3                   Finally, as November 23, 2004 New  
4 York Times article that even though this survey  
5 was issued years after the World Trade Center  
6 attacks, it failed to ask people about whether  
7 they were still suffering from respiratory  
8 symptoms. As a result, the city lost the  
9 opportunity to capture 9-11 related unmet health  
10 needs. As a result, we remain concerned about the  
11 likelihood of undiagnosed illnesses and the missed  
12 opportunity for early intervention and needed  
13 treatment.

14                   We have long held that getting  
15 timely and thorough information on health effects  
16 from exposure from environmental disasters is one  
17 of the critical lessons learned from 9-11. As the  
18 evidence has continued to mount that the effects  
19 of exposure has been significant for those who  
20 weathered the days, months and years following the  
21 attacks. The local community boards put the small  
22 numbers of patients receiving treatment at  
23 Bellevue World Trade Center program into  
24 perspective.

25                   In the September 4, 2008 letter to

1  
2 the Mayor's office CBs 1, 2 and 3 stated "nearly  
3 3,000 of our neighbors are receiving care through  
4 the community program at Bellevue and many more  
5 have chosen to receive care elsewhere. While we  
6 can not truly know the number of people who were  
7 affected, a 2007 report by the City of New York  
8 estimates that as many as 3,118 community members  
9 were most heavily exposed to toxins from the World  
10 Trade Center."

11 Over 4,000 patients have visited  
12 the World Trade Center Environmental Health  
13 Centers, which have been expanded from Bellevue to  
14 two added sites at Elmhurst and Gouverneur  
15 Hospitals. An advertising campaign with extensive  
16 community input was launched to reach out to  
17 residents and workers whose health was impacted by  
18 9-11 and make them aware that the World Trade  
19 Center EHC was providing expert medical treatment  
20 at no out of pocket cost.

21 The Health and Hospitals  
22 Corporation funded outreach projects by trusted  
23 community and labor organizations have been  
24 especially critical. Since, after the years of  
25 government denials of World Trade Center

1  
2 environmental health risks, many people were  
3 skeptical about the government response to World  
4 Trade Center environmental health issues.

5           These efforts, begun recently, have  
6 only just started to show results. However, we  
7 are now faced with the fact that currently the 9-  
8 11 Health and Compensation Act only covers  
9 treatment to an additional 15,000 community  
10 members and we do not know whether this will be  
11 adequate, especially given the potential for  
12 emergent diseases. We heard a lot about that  
13 earlier this afternoon.

14           In fact, the city's own report  
15 estimates "Based on 2006/2007 survey findings of  
16 physical and mental health impacts, the World  
17 Trade Center Health Registry has estimated that  
18 among the 4,009 people who were most heavily  
19 exposed to the disaster in 9-11 between 17,400 and  
20 40,000 adults may have been nearly diagnosed with  
21 a asthma five to six years later." So then where  
22 are these people going for medical treatment?

23           I will give an abbreviated version  
24 of the rest of my testimony. In particular,  
25 Community Board 1 has supported the Centers of

1  
2 Excellence approach where care is provided by  
3 World Trade Center specialists. And we find the  
4 Environmental Health Center, the community program  
5 has been a tremendous resource. Furthermore,  
6 Community Board 1 has opposed any cuts to this  
7 resource.

8 Community Board 1 has also been  
9 concerned that the needed programs for youth  
10 affected by 9-11 have not been in place. When  
11 pediatric guidelines were eventually released in  
12 July 2009, CB1 encouraged the Department of  
13 Education to coordinate outreach with the  
14 Department of Health and Mental Hygiene in the  
15 World Trade Center Environmental Health Centers.  
16 To ensure that the guidelines and information  
17 about the availability of treatment at the World  
18 Trade Center EHC Pediatric Clinic would be  
19 provided to parents of all potentially affected  
20 children and adolescents. That resolution, as all  
21 our World Trade Center Environmental Health  
22 Resolutions were unanimously signed off by the  
23 Community Board on July 28, 2009.

24 The city stated as much in the key  
25 recommendations in its 2008 Annual Report on 9-11

1  
2 Health, "develop and disseminate clinical  
3 guidelines for children exposed to the World Trade  
4 Center disaster" as part of its efforts to  
5 increase the awareness of World Trade Center  
6 related symptoms and the availability of clinical  
7 resources among health care professionals and  
8 people exposed to the World Trade Center disaster.  
9 We believe that it is imperative that the  
10 Department of Education conduct this long overdue  
11 outreach to households with children who were  
12 attending lower Manhattan public schools and  
13 living downtown in 9-11 in the very near future.

14 Finally, CBI is concerned about the  
15 adequate sea of government response to possible  
16 latent or late emerging 9-11 related illnesses  
17 that could afflict responders and non-responders.  
18 Earlier, people were speaking about the Mt. Sinai  
19 report. It seems clear that without the active  
20 surveillance of a screening and monitoring  
21 program, this unexpected disease of the multiple  
22 myeloma would never have come to light. This  
23 highlights our concern that the community never  
24 had a monitoring program. We ask that every time  
25 an illness is covered for the responder program,

1  
2 it is also comparably covered for the community  
3 program.

4 We are very grateful to you Council  
5 Member Alan Gerson for everything that you've done  
6 for Community Board 1 and all of our advocates and  
7 allies, many of which are at this table, who  
8 worked tirelessly to address the physical and  
9 mental health needs of all those who were affected  
10 by the 9-11 attacks. We hope today's hearing will  
11 encourage support and expansion of the World Trade  
12 Center Environmental Health Centers and the other  
13 centers so that they can keep pace with the needs  
14 of those who are sick now and in the future.  
15 Thank you for the opportunity to testify today.

16 CHAIRPERSON GERSON: Thank you and  
17 we are, as always, grateful to you for your  
18 advocacy and service. Whoever wants to go next.  
19 Ms. Flynn.

20 KIMBERLY FLYNN: Thank you,  
21 Chairman Gerson. And thank you very much for the  
22 opportunity to testify. I'm Kimberly Flynn, I'm  
23 Co-Coordinator of 9-11 Environmental Action. I  
24 want to direct the Council Members to a letter to  
25 Senators and Representatives from six community

1  
2 based organizations. Including Beyond Ground Zero  
3 Network, represented to my left and my  
4 organization and a number of new signers who were  
5 community groups, very intensively involved in the  
6 struggle to get EPA to do a proper clean up and  
7 now very involved in the struggle to make sure  
8 that all the unmet health needs of the community  
9 are covered.

10 This letter asks for the Zadroga  
11 Bill to be amended because there are key  
12 improvements that are needed in order for the bill  
13 to even begin to meet the true scope of the  
14 community health impact and also the real range of  
15 conditions being suffered in the community. So I  
16 will move to written comments. I try to edit as I  
17 go.

18 As we understand it, the City of  
19 New York as part of its advocacy efforts on behalf  
20 of the WTC treatment programs and the WTC Health  
21 Registry presents its Annual Reports to Congress  
22 as reviews of the state of 9-11 unmet health  
23 needs. Unfortunately, we find that the city's  
24 2009 Annual Report, like those that preceded it,  
25 leaves many important questions about the true

1  
2 scope and real range of 9-11 health impacts not  
3 only unanswered but unasked.

4           When the city does report, for  
5 instance, on the scope of new asthma diagnoses  
6 likely linked to 9-11 it provides estimates of  
7 affected adults that beg a few questions.  
8 Notably, where are these thousands and thousands  
9 of people receiving treatment? Why isn't the city  
10 doing its utmost to ensure that they're being seen  
11 at the WTC Environmental Health Center?

12           The city's inadequate effort to  
13 promote treatment at WTC EHC is a running theme  
14 but I will focus my comments, for the most part,  
15 on the population of people exposed as children  
16 and begin at the beginning. On 9-11 when the  
17 World Trade Center was destroyed, more than 1.2  
18 million tons of toxic dust contaminated with  
19 asbestos, lead, PAH, PCBs, mercury, fiberglass,  
20 silica and more were released into the air. A  
21 mass of collapsed cloud engulfed lower Manhattan  
22 and penetrated into buildings of all sorts.

23           The cloud was carried over by the  
24 wind over western Brooklyn. Over this seceding  
25 weeks and months an acrid plume of smoke rose from

1  
2 the fires that continued to burn at the site,  
3 hanging over neighborhoods near Ground Zero and  
4 well beyond. The Environmental Protection Agency,  
5 which had the responsibility for protecting the  
6 public from the toxic air and for conducting  
7 indoor clean up of buildings contaminated in the  
8 collapse chose to lie instead about the dangers in  
9 the dust and smoke, declaring within days of 9-11  
10 that the air was safe to breath.

11 The City of New York quickly  
12 followed suit as Mayor Giuliani reiterated,  
13 Christine Todd Whitman's now infamous declaration.  
14 In the seceding weeks and months, downtown  
15 residents were given wrong, dangerous and illegal  
16 advice to clean up the toxic WTC dust themselves  
17 "with a wet rag or mop" by the New York City  
18 Health Department.

19 The WTC disaster exposed as many as  
20 46,000 children who lived or attended schools  
21 downtown to toxic smoke and dust. From the  
22 beginning the environmental health risks to  
23 children were either ignored or denied outright in  
24 public statements by government at every level.  
25 It has been understood for decades that because of

1  
2 their developing lungs, brains and other body  
3 systems, children are especially susceptible to  
4 harm from exposures to environmental toxins, even  
5 from low level or short term exposures.

6 But in a frequently asked questions  
7 advisory issued shortly after the WTC disaster,  
8 the city asked a question on the minds of many.  
9 Do pregnant women and young children need to take  
10 additional precautions? Then, sweeping aside  
11 everything that was known about children's  
12 vulnerability, the city made the following we  
13 would say conscious shocking answer, no, pregnant  
14 women and young children do not need to take  
15 additional precautions.

16 I recount this history because it  
17 is still very much with us. The city's denials of  
18 health risks of breathing WTC smoke and dust, it's  
19 unsafe recommendations and its refusal to make a  
20 mid course correction after the EPA Inspector  
21 General's 2003 Report denouncing the EPA and the  
22 city for putting New Yorkers at risk. Had  
23 established that the first EPA clean up, whoops.  
24 Had established the first EPA clean up was flawed  
25 and inadequate are all reflected in the city's

1  
2 report, the city's WTC guidelines for physicians,  
3 the city's insufficient efforts to inform sick New  
4 Yorkers of the availability of treatment at the  
5 WTC Environmental Health Center, a resource the  
6 city hopes the federal government will fund.

7           We have found as we pressed the  
8 city to honestly address the environmental health  
9 consequences of 9-11 that the city is operating  
10 with two conflicting sets of priorities. One  
11 reflects the city's understanding that we are in  
12 the midst of a mounting 9-11 health crisis and  
13 that it is in the best interest of the city to  
14 gather information about any health problems that  
15 may have resulted. And to ensure that federal  
16 funding will be adequate to address the need for  
17 care now and in the future.

18           These are the right priorities but  
19 there is another set of wrong priorities that have  
20 to do with the city's desire to minimize its own  
21 liability for illnesses that it might have  
22 prevented. Had it mandated the use of respirators  
23 on the pile, had it told the truth about risks of  
24 exposure, had it called on EPA to conduct a  
25 thorough effective clean up of all contaminated

1  
2 indoor spaces, etc. These priorities continue to  
3 be reflected in policy and guidance and in the  
4 report that city considers to be its advocacy  
5 primer for Congress.

6 And I'm going to skip ahead. I can  
7 provide examples in the Q & A but one that I would  
8 certainly reiterate is the one that Katherine  
9 McVey Hughes raised. The request was made of the  
10 Department of Education a very, very long time  
11 ago, more than a year ago. That it needed to send  
12 information about the free expert medical care  
13 available to children who have symptoms that might  
14 be related to 9-11 out to the population of  
15 heavily exposed school children. So those are the  
16 kids who were in school in the first two years and  
17 on 9-11 the first two years afterwards.

18 DOE is the only agency that has  
19 that database. It is still not moving forward and  
20 we will soon have Community Board 2 weighing in on  
21 this as well. It defies logic and it actually  
22 defies conscious. So I'm going to close.

23 The city has two sets of  
24 priorities, one of which is to protect the health  
25 of residents, workers and students and anyone

1  
2 exposed as a child by making sure that anyone sick  
3 from 9-11 gets tracked, treated and covered.

4 Unfortunately, the wrong set of priorities  
5 continue to intrude, resulting in dramatic under  
6 counts of the sick, a failure to monitor people  
7 who were exposed, guaranteeing that unexpected  
8 disease patterns resulted from these unprecedented  
9 toxic exposures will go undetected. That runs the  
10 risk that any intervention will be too late to be  
11 fully effective.

12 At this critical moment, before the  
13 James Zadroga Bill is marked up by the House  
14 Energy and Commerce Committee, we are calling on  
15 you, our elected representatives on the City  
16 Council to protect the health of all affected New  
17 Yorkers by rescuing the first set of the city's  
18 priorities from the second.

19 Right now, since the community has  
20 no screening or monitoring program comparable to  
21 Mt. Sinai WTC Work and Volunteer Medical  
22 Monitoring program. Residents and others are at  
23 the mercy of the WTC Health Registry's  
24 epidemiology. Detecting new diseases with links  
25 to WTC have not been a focus. We can not put off

1  
2 the creation of a monitoring program for the  
3 community, at the very least, for those exposed to  
4 WTC toxins as children.

5 We urge you to advocate for one  
6 standard of care at all three Centers of  
7 Excellence for monitoring and treatment for all  
8 who were sick from WTC exposures. We believe  
9 there should be one list of covered conditions.  
10 Finally we urge you to call for the Zadroga Bill  
11 to be amended to make key improvements. My  
12 organization and six others have called for our  
13 letter to Congress. The federally funded  
14 community program created by the 9-11 Health and  
15 Compensation Act must count and provide for  
16 everyone who is sick from the WTC disaster. Thank  
17 you.

18 CHAIRPERSON GERSON: Thank you.

19 [Applause]

20 CHAIRPERSON GERSON: Ms. Penefil.

21 MARIA PENEFIL: Yes.

22 CHAIRPERSON GERSON: Please.

23 Welcome.

24 MS. PENEFIL: Thank you for the  
25 opportunity--

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CHAIRPERSON GERSON: [interposing]

Could you pull the microphone a little closer?

MS. PENEFIL: Thank you for opportunity for testify. My name is Maria Penefil I am here today to testify about my health problem related to 9-1-1. I suffer from asthma, sinuses problem, renatis [phonetic], flues, bronchitis, depression and more. I was a clean up worker in lower Manhattan for four months after 9-1-1. I clean up building on Chamber, Liberty and Rotary Street. I work 16 hours a day. After one eight hour shift, I work for another eight hours.

They only gave us paper masks some of the time. For one year we worked side by side with asbestos workers wearing suits but our boss gave us no masks. In 2008, I began to have intense pain in my lower abdomen and legs and - - bleeding and hemorrhaging with - - anemia. I called no work. It was difficult to get an appointment for this problem.

Finally after going to the emergency room three times, they say I need emergency surgery. They say I had cancer in the uterus. I had a hysterectomy in January of this

1  
2 year it was not recognized at 9-1-1 related. I  
3 had continued to problem after this surgery. Last  
4 week the doctor told me they did not clean  
5 everything inside and so they did another surgery.

6 I am now the only woman in the 9-1-  
7 1 cleaning who had gynecology scar, probably.

8 There are more women who had this problem and we  
9 want this problem fully investigated and treated.

10 There is now no study of the health problems that  
11 many of us now have. There is no report that does  
12 address all our 9-1-1 health problems. We called  
13 of the - - City Council to Congress to recognize  
14 all our 9-1-1 related problem, not just pulmonary,  
15 mental and gastro intestinal problems.

16 We know that many more workers  
17 suffer from headaches, neurological kind and  
18 memory problems and cancers. With all my health  
19 problem, I still must care for my five year old  
20 daughter. She cries some time. My daughter  
21 suffers from depression too because she is worried  
22 about me. - - about my health but we workers call  
23 on the City Council and Congress to care for us,  
24 us now suffering from 9-1-1.

25 [Applause]

1  
2 CHAIRPERSON GERSON: Thank you very  
3 much. Marina Zunega. Please, welcome.

4 CHAIRPERSON KOPPELL: Perhaps we  
5 could have a copy of your testimony so we can have  
6 it so we can follow.

7 CHAIRPERSON GERSON: The testimony-

8 -

9 CHAIRPERSON KOPPELL: [interposing]  
10 What you spoke, what you just read, the statement  
11 you read.

12 MARINA ZUNEGA: Good afternoon.  
13 Thank you for your time and thank you for this  
14 opportunity that you gave me. I was working for  
15 World Trade Center for five months. In 2005 I  
16 start to feel sick and sick and sick and sick, day  
17 by day. I start to get my treatment in Bellevue.  
18 A few months after I went there they told me I  
19 have cancer. I have surgery cancer in 2008. I  
20 going every three months to do my treatment, to  
21 check me. I have stomach problems. I have  
22 depression. I have pain in my bones. They said  
23 that is from the radiation they gave me.

24 Day by day I'm very sick. I see  
25 all my friends die, pass away from cancer. The

1  
2 other ones, they have cancer and they are sick,  
3 all the people that's over here. A lot of people  
4 are sick. And I feel very, very terrible nervous  
5 for my future because I think I don't have a  
6 future. I have cancer and I don't know how long I  
7 have to die. I have my family and I want to see  
8 my family grow up.

9 Do you know a lot of people over  
10 here they don't have jobs? We don't have jobs.  
11 We don't have money for food. We don't have money  
12 for rent. It's a lot of problems we have, just  
13 not health problems. It's a lot of problems.  
14 After 9-11 we can't work. All the people over  
15 there, you see they are not working right now.  
16 They are sick and we are coming to tell you, you  
17 have to do something for all the people because we  
18 work 16 hours every day for five months. We clean  
19 all around all that World Trade Center and around.  
20 That is the problem we have now. Thank you for  
21 your time. Pardon me, my English.

22 CHAIRPERSON GERSON: No, no, we  
23 hear you loud and clear. Thank you.

24 MS. ZUNEGA: Thank you.

25 CHAIRPERSON GERSON: Ms. Regalson.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Push the button.

ESTHER REGALSON: Hello, okay. My name is Esther Regalson and I live three blocks south of the World Trade Center site. I'm also a patient at the Bellevue Clinic. I first want to say that in regards to the first panel. With all due respect, I think we're relying quite a bit on the Registry findings but we have to be mindful that the Registry is flawed. It overlooked a huge population that was affected and exposed, primarily residents of the Lower East Side, China Town and Brooklyn and clean up workers who are often undocumented and uncounted. These findings are not accurate. It's good as a reference. It's good for use in data but we have to respect that people are not counted and looking to that as well and keep people counted.

Secondly, we are denying science. We know what science has already told us. We know that--I'm going to refer to my script now. We know that on and after 9-11 thousands of New Yorkers were exposed to unprecedented amount of toxic materials including benzene, asbestos, dioxins and PAHs, among others. We know that on

1  
2 and after 9-11 we inhaled. That.

3 We know, as many of us cleaned and  
4 swept our apartments and our workplaces, that we  
5 inhaled poison from the re-suspended particles.  
6 We know now that suspicious cancers like multiply  
7 myeloma, leukemia and thyroid cancer have already  
8 taken the lives of a conspicuous number of first  
9 responders and I might add, clean up workers as  
10 well. We are concerned that these cancers and  
11 other emerging diseases are a direct consequence  
12 of 9-11 related exposures.

13 Currently, the Centers of  
14 Excellence that treat 9-11 related illness are  
15 under funded and unprepared to follow and treat  
16 these illnesses now and in the long term. The  
17 Zadroga Bill legislation which directs federal  
18 funding to these centers falls short of this  
19 mandate to monitor our health in the years to  
20 come. To employ studies that address the scope of  
21 emerging illnesses. And to adequately fund the  
22 treatment of any and all illnesses that residents,  
23 workers and students, as well as first responders,  
24 have suffered and will suffer as a result of 9-11.

25 We demand that Congress pass this

1  
2 bill without the arbitrary limits now imposed  
3 based on caps and geographic limitations. We  
4 demand that Congress pass this bill soon, before  
5 any more of us are added to the every increasing  
6 list of the diseased. Thank you.

7 CHAIRPERSON GERSON: Thank you.  
8 Thank you all. I just want to ask, Ms. Penefil  
9 and Ms. Zunega, have either of you sought  
10 treatment or any form of medical care from either  
11 Bellevue, Gouverneur or Elmhurst Centers? Could  
12 you--?

13 MS. ZUNEGA: Yes. We went to the  
14 Bellevue. When I have my cancer they told me they  
15 can not cover my surgery because that is not for  
16 9-11. I have to go in to check my Medicaid, they  
17 have to pay my surgery. I know that a lot of  
18 people they have cancer and they went for two  
19 years and after two years they say, oh, do you  
20 have cancer now? And they are going over there  
21 day by day, every week, and they don't say  
22 nothing. I think they don't--

23 CHAIRPERSON GERSON: [interposing]  
24 I'm sorry. You go every week to where?

25 MS. ZUNEGA: To Bellevue.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CHAIRPERSON GERSON: So the  
Bellevue Center

MS. ZUNEGA: Yes, for three--

CHAIRPERSON GERSON: [interposing]  
For 9-11?

MS. ZUNEGA: Yes, for 9-11.

CHAIRPERSON GERSON: And what do  
they tell you?

MS. ZUNEGA: Well, I go in for  
mental health problems. I went to therapy and I  
went for my stomach. I have to take eight pills  
every day for my stomach. I have pills for my  
depression. But I don't think they are doing  
correctly their job because we have a lot of  
problems they don't know. When I say I have pain  
now in my left side, my lung. They say oh, that  
is muscular pain. They don't check. They don't  
make me x-rays or something, nothing. I'm  
boarding of all my health for the future.

CHAIRPERSON GERSON: Ms. Penefil,  
sorry, would you like some water? We have.

Pen: Thank you.

CHAIRPERSON GERSON: Same question,  
have you sought medical care from the Bellevue,

1  
2 Elmhurst or Gouverneur Hospital Center and what  
3 did they tell you?

4 pen: In the Bellevue Hospital I  
5 have--sorry.

6 CHAIRPERSON GERSON: Take your  
7 time.

8 MS. PENEFIL: The Bellevue Hospital  
9 I had treatment. But tomorrow I have the other  
10 appointment for my problem they find last week.

11 CHAIRPERSON GERSON: At the  
12 Bellevue 9-11 Treatment Center?

13 MS. PENEFIL: Yes.

14 CHAIRPERSON GERSON: Okay.

15 MS. PENEFIL: I go every week to  
16 the Bellevue.

17 CHAIRPERSON KOPPELL: I guess the  
18 question, I'm still not clear. Are you being  
19 treated as a victim of 9-11.

20 MS. PENEFIL: Yes.

21 CHAIRPERSON KOPPELL: You are?

22 MS. PENEFIL: I am.

23 CHAIRPERSON KOPPELL: Okay.

24 MS. PENEFIL: I go every week to  
25 the Bellevue Hospital, that's right.

1  
2 CHAIRPERSON KOPPELL: And they are  
3 treating you as a 9-11 victim not just as a  
4 Medicaid recipient?

5 MS. PENEFIL: Yes, I receive for 9-  
6 11.

7 CHAIRPERSON KOPPELL: Yes, okay.

8 COUNCIL MEMBER RECCHIA: And this  
9 is for which ailments? Well, we will follow up.  
10 Ms. Flynn.

11 MS. FLYNN: I just really want to  
12 try to bring a little bit of clarity, if we can.  
13 That's why we're talking about this list of  
14 covered conditions because the conditions that  
15 these ladies have are not covered. And all of us,  
16 I think that we heard from the PBA and other  
17 responders. I think you will continue to hear  
18 that really the standards of evidence that we're  
19 operating it, that sort of beyond a shadow of a  
20 doubt. It's going to result in an enormous body  
21 count. It actually, it already has resulted in a  
22 body count with responders.

23 And I think that really, with the  
24 Mt. Sinai multiple myeloma study, Mt. Sinai in the  
25 spirit of recognizing that these were

1  
2 unprecedented exposures to combinations and  
3 concentrations of poisons that we hadn't seen  
4 before. They are looking for unexpected disease  
5 patterns and they very much affirm that in the  
6 multiple myeloma article. If we have to wait for  
7 the Health Registry to pick up on any of these  
8 illnesses, we will be waiting a very, very long  
9 time. It's just completely unacceptable.

10           The Health Registry is not an  
11 active surveillance system. It is a paper and  
12 pencil. It's a questionnaire. You're self  
13 reporting your medical symptoms. That's very  
14 different from Mt. Sinai is doing for the  
15 responder population where yes, there is a long  
16 exposure assessment questionnaire but there are  
17 medical exams and people are followed over time.

18           That's what we're calling for at  
19 the very least, for the 40,000 or so people who  
20 are now, some of them youth and young adults who  
21 were exposed as children. We're saying let's  
22 dispense with--there's only 2,500 or so of these  
23 kids left in the Health Registry. The Health  
24 Registry, the two surveys have really asked  
25 exclusively about respiratory problems and about

1  
2 mental health problems and left out this entire  
3 range of issues that we're already seeing,  
4 obviously, in the Bellevue population and we're  
5 seeing in the responder population.

6 CHAIRPERSON GERSON: Would you  
7 reopen the Registry, create a new registry  
8 equivalent or--

9 MS. FLYNN: [interposing] I don't  
10 think I would reopen the registry.

11 CHAIRPERSON GERSON: What is your  
12 remedy.

13 MS. FLYNN: I think what we need  
14 here is a monitoring program where exposure  
15 assessment and information--I'm not saying to get  
16 rid of the Registry. The Registry has its uses  
17 but it is not adequate to this situation where  
18 these unprecedented exposures are driving new  
19 illnesses. And so what we need is we need  
20 exposure assessment and we need people to be  
21 followed, whether they are symptomatic or not and  
22 that is critical.

23 You can only come to Bellevue,  
24 Gouverneur and Elmhurst if you have symptoms. If  
25 you have symptoms that you recognize it may

1  
2 somehow be linked to 9-11. Nine years after the  
3 city so actively disconnected all the dots between  
4 what people were experiencing and what they were  
5 breathing. What we need to do is we need to just  
6 open up a screening program, at least for kids,  
7 people exposed as kids, people who had heavy  
8 exposures. Clean up workers had exposures  
9 comparable to responders. There are residents who  
10 have had exposures comparable to responders, 125  
11 Cedar Street is an address that comes to mind.

12 We need those people to be screened  
13 now. We need a database now. We need an active  
14 surveillance program now like the Mt. Sinai  
15 program for people in the community. Otherwise,  
16 these illnesses, people are just at large getting  
17 treatment anywhere and everywhere and who knows  
18 what quality treatment. There will be no  
19 possibility of detecting the emergence of these  
20 new disease patterns that were documented in the  
21 Mt. Sinai multiple myeloma article.

22 CHAIRPERSON GERSON: Well, we still  
23 and to their credit. And I will have the  
24 representatives of the World Trade Center Health  
25 Group present so I'm going to act as we conclude

1  
2 this panel. I'm going to ask you to take this  
3 point under consideration to go back to the group  
4 and see if there's a way to create the type of  
5 monitoring and screening you've heard equivalent  
6 to what's done in Mt. Sinai for responders for the  
7 community that you've heard requested by multiple  
8 representatives of the community. Thank you all  
9 very, very much.

10 Our next panel--actually I'll  
11 direct counsel to follow up with a letter. Our  
12 next panel Bayrohn Chin, Miga Nagasaki, Laurie  
13 Pandolpho. We have Laurie Pandolpho from two  
14 different addresses. I don't know if there are  
15 two individuals by the same name? Okay. So we  
16 have one. James Mileus. Then following this we  
17 will have our concluding panel.

18 [pause]

19 Just from my left to right, Dr.  
20 Mileus, please just.

21 DR. JAMES MILEUS: My name is Jim  
22 Mileus. I'm an occupational health physician and  
23 epidemiologist. I work for the Laborer's Union of  
24 Health and Safety Trust Fund. And been involved  
25 with World Trade Center since the time of the

1  
2 event. We represent many workers who work there  
3 as well as people who live in the communities that  
4 were affected. I also, for the last several  
5 years, have chaired the Steering Committee for the  
6 World Trade Center responder program, the medical  
7 monitoring and treatment program. I've also  
8 worked with the Registry and with the community  
9 program, the Bellevue program.

10 So I'm very familiar with some of  
11 the issues, at least many of the issues that  
12 you've been discussing here this afternoon. I  
13 just would sort of preface my remarks by pointing  
14 out that in some ways I'm very glad that you're  
15 having this hearing and paying attention to this  
16 area. There's a tendency to become complacent  
17 about this issue, as we have federal funding,  
18 other funding. To think that all the issues are  
19 being addressed. They certainly aren't as you've  
20 heard today and will here. It's very important to  
21 have some oversight and people advocating for  
22 better programs and more coverage and so forth.

23 You've already criticized the 2009  
24 Report from the Medical Working Group for New York  
25 City. And I think much of your criticism has been

1  
2 on point. I think it really was for the most  
3 part, simply a compilation of the reports in the  
4 medical literature. But it's been published,  
5 medical journal reports, peer reviewed and so  
6 forth. Therefore I think it's limited in the  
7 information that's contained. I think it's also  
8 information in its ability to reach conclusions  
9 relative to the particular programs that we're  
10 talking about.

11 I think there are two major areas  
12 and I outlined them in my testimony where it falls  
13 short relative, some of the issues we're  
14 discussing today. First of all, it really doesn't  
15 recognize the fact of what a toll these illnesses  
16 and conditions that are being treated and not been  
17 recognized are taking on the people that were  
18 exposed. We have literally thousands of people  
19 become disabled, no longer able to work. That's  
20 both people in the community as well as people  
21 that worked at the World Trade Center.

22 Their needs in terms of medical  
23 care are not always being met. Their needs in  
24 terms of disability worker's compensation so far  
25 they're also not being met. So they're really

1  
2 struggling. Often it takes for compensation  
3 claims or for their line of duty disability  
4 pension claims years for those to be recognized.

5 In the federal hearings and from  
6 talking to these people, realizing people losing  
7 homes, also to financial and other struggles  
8 because of what happens to them. Those issues are  
9 not at rest are really not picked up by the report  
10 that the city's Medical Working Group produces  
11 each year. And therefore, it provides an  
12 incomplete picture of what's going on.

13 The other issue that you brought up  
14 and that you've talked about earlier is the issue  
15 of the limited number of health conditions that  
16 are covered by the current programs. And I think  
17 it's important, at least helpful to separate out  
18 the different situations. Up until really early  
19 2007, any medical care that was provided for in  
20 terms of treatment, it was being provided for  
21 people or for the community working at the World  
22 Trade Center or community residents. Was provided  
23 either through the city, very small program than  
24 was in place at Bellevue. And the programs at Mt.  
25 Sinai and some of the other medical centers, most

1  
2 of which were getting any money for treatment from  
3 charitable, philanthropic organizations.

4           Early, late 2006 the federal  
5 government started to provide treatment. And at  
6 that time, they provided treatment for what at  
7 that point in time was recognized at World Trade  
8 Center related conditions. Working on the medical  
9 Steering Committee, others put together a list of  
10 conditions that reflected not only what was in the  
11 scientific literature at the time but also what  
12 people's clinical experience was in terms of  
13 providing and monitoring treatment.

14           As it turns out, I think a well  
15 grounded, well scientifically sound list. But it  
16 was at that single point in time and it was  
17 limited. I think it's also important to recognize  
18 that at that time funding for these programs have  
19 also always been limited. So for our federal  
20 level we were working with an administration that  
21 was not, best to say they were not favorable to  
22 this program, worst to say they were outright  
23 hostile and did not want to provide additional  
24 funding. Has always provided pretty significant  
25 restraints on the use of that funding for

1 treatment purposes as well as for other purposes.

2 I think, with the change of an  
3 administration, we now have the opportunity to be  
4 able to expand that list of conditions relative to  
5 the responder program. And we are in the process  
6 of doing that, the multiple myeloma which you've  
7 talked about at length here. We currently have a  
8 group that I'm chairing that's meeting relatively  
9 to the Steering Committee to go over multiple  
10 myeloma, other cancers, review the available  
11 information and make recommendations to NIOSH to  
12 provide funding for the treatment of those  
13 conditions in the responder program.

14 Now secondly, there's a list.  
15 Those list of covered conditions also made its way  
16 into the legislation that's currently before  
17 Congress, HR847. And they did that because with  
18 sum basis. We also may be able to convince  
19 Congress and those in Congress that were skeptical  
20 about funding and additional funding for New York  
21 for this type of program, that there was a good  
22 medical basis for the conditions that were being  
23 treated. There wasn't just any condition there  
24 was some ability to choose that.  
25

1  
2 So we built into the legislation,  
3 also, mechanisms not only for individuals to be  
4 able to essentially petition for their condition  
5 to be treated as well as groups as additional  
6 medical conditions to be added to the program.

7 Then thirdly, I'll be brief now. I  
8 know my time is up--

9 CHAIRPERSON GERSON: [interposing]  
10 We really got to hold people to the five minutes.  
11 We've been very liberal but the time is really  
12 passing by and we still have quite a few people so  
13 please summarize.

14 DR. MILEUS: Okay. So I think  
15 there's more of the work that needs to be done in  
16 this area. I think many of the issues that were  
17 raised here are in the process of being addressed.  
18 There are resource problems, there are going to be  
19 issues at the federal level as to how much funding  
20 we can expect to keep this program going. I think  
21 it's very good that these issues get raised and  
22 that we become aware of them and that steps be  
23 taken.

24 Finally, I think it's important  
25 that we recognize that it's not going to be

1 perfect science or causal relationships. You said  
2 it very well earlier, Mr. Gerson, that this is  
3 information that we have to be able to make  
4 decisions as we're going along, based on what  
5 information we have that we're not denying people  
6 coverage for a condition, medical care for a  
7 condition until we've had the final scientific  
8 proof, that may be many years in the future.  
9 That's not fair to anybody and we need to set up a  
10 mechanism to make sure that that can happen.  
11 Thank you.

12 CHAIRPERSON GERSON: Thank you.  
13 Thank you very much. Ms. Pandolpho. I'm just  
14 going to move on as noted because of the time  
15 element but we want to hear all of your testimony.

16 LAURIE PANDOLPHO: I'm Laurie  
17 Pandolpho. I'm here as a representative of the  
18 Concerned Stuyvesant Community, a group that was  
19 formed around these issues and having to do with  
20 representing the students at that time. Now  
21 keeping in mind that--

22 CHAIRPERSON GERSON: [interposing]  
23 I take it we're referring to Stuyvesant High  
24 School?  
25

1  
2 MS. PANDOLPHO: Well, Stuyvesant  
3 High School but I feel that I can speak on behalf  
4 of most parents of students of all the schools. I  
5 think I can presume to speak on their behalf  
6 because I believe they'll have similar concerns.  
7 And because also I've been attending and remained  
8 active by working on the advisories for some of  
9 the scientific studies that are being done by the  
10 Department of Health and Mental Hygiene through  
11 the Health Registry so I'm involved in that. I've  
12 been on top of the issues.

13 I just want to remind everyone that  
14 the students had really no option to return to the  
15 school after the area was contaminated. Of  
16 course, as parents we had false reassurances of  
17 safety and inaccurate reports about the clean up.  
18 So actually as you know and as we've testified  
19 many times, the toxic brew of materials both in  
20 the school that ran through their ventilation  
21 system and outside. With the hazardous debris  
22 barge dumping operation continued this exposure  
23 over many months between the time they returned in  
24 November through the end of the school year and  
25 beyond.

1  
2 And I reiterate a lot of the points  
3 that people have made before that the Zadroga Bill  
4 is deficient in some ways in that their  
5 surveillance needs to be expanded because in the  
6 current version it's lacking a monitoring program  
7 for the residents, students and area workers who  
8 are not included in the responder population.  
9 It's only looking at illnesses that come out of  
10 the Registry, again that point was made earlier,  
11 which is a very limited size. And only through  
12 people that have opted in to that are we really  
13 getting any information.

14 The monitoring needs to be expanded  
15 and I appreciate what Dr. Mileus said about  
16 including other diseases because as a parent of a  
17 former cancer patient, I'm very concerned about  
18 that. She went through this exposure as well and  
19 who knows what that predisposition would open her  
20 up to and many other students who might have that  
21 same situation. So far we know only anecdotally  
22 of cases that mimic the things that they're  
23 finding such the multiple myeloma study and other  
24 strange cancers that may or may not--who knows if  
25 they're supposed to show up in this population.

1  
2 But we can only hear about it anecdotally now  
3 because it's not being--

4 The information is not being  
5 gathered in any systematic way for this group. So  
6 yes, the list of the disorders beyond aero,  
7 digestive and mental needs to be seriously  
8 considered. There should be some way of  
9 predicting probable expected diseases based upon  
10 the mix of those chemicals that were found there.  
11 They know that asbestos was found and that's  
12 illegal in the school. They had the dumping  
13 operation right next to the school. Asbestos and  
14 lead were found so scientists can extrapolate the  
15 consequences of that. That's another reason why I  
16 think that other diseases need to be included.

17 Also the capacity is being expanded  
18 but to a very small degree from what I can tell.  
19 15,000 slots seems extremely minted based upon  
20 40,000 or so is the number I heard of that  
21 students might have attended.

22 Lastly, the most important issue  
23 that I don't think was brought up here which I  
24 think I came here to be sure is said, is that  
25 attention has to be given to the fact that this

1  
2 group in particular are transitioning between  
3 being children to adults, adolescent to adult  
4 transition. I think that this opens them up to  
5 being overlooked during their health care because  
6 first of all most of them are probably in denial  
7 and not going to be paying attention to this much.  
8 It's kind of like what I always say, we don't know  
9 what we don't know. People won't be thinking  
10 about that, it won't be on their mind unless  
11 there's some kind of systematic study of this.

12 This transition between pediatric  
13 and adult, I keep bringing that up on the  
14 advisories as well. Eight years has passed so  
15 students went from children to adult and this has  
16 to be has to be addressed in some way for the  
17 planning for the future health care and monitoring  
18 of these groups.

19 CHAIRPERSON GERSON: Thank you.

20 MS. PANDOLPHO: Okay.

21 CHAIRPERSON GERSON: Is that it?

22 Thank you very much. Ms. Chin.

23 BAROHN CHIN: [Providing testimony  
24 in foreign language]

25 CHAIRPERSON GERSON: Do you want to

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

translate?

MS. CHIN: [Via translator] My name is Bayrohn. Immediately after 9-11 I was working in China Town--

CHAIRPERSON KOPPELL: [interposing] Put the microphone right in front of you.

MS. CHIN: Okay. My name is Bayrohn. After 9-11 I was working in China Town and I also went to the Ground Zero area many times. However, the air was very toxic. There was no way to avoid breathing it in. At the time the government said the air was safe but it wasn't true.

In the beginning of 2006, I suffered from a chronic cough and sore throat. When I saw my family doctor, they found a problem with my lungs. I continued to work and also get treatment but my health didn't improve. So later I joined the Bellevue 9-11 program. Bellevue gave me a specialized lung check up but they also couldn't find what was wrong. They referred me to an outside hospital but they told me they can't be responsible for these health problems and I would have to pay on my own. What could I do? Who is

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

going to take care of my health problem?

Up until now my lung and health problems have worsened and my skin is breaking out in rashes. I'm very worried about my current health condition. I'm urging you to demand the federal government take responsibility for all of our 9-11 health problems. They can't continue to neglect our lives. Thank you.

CHAIRPERSON KOPPELL: Have you sought coverage as a victim of 9-11 at the Bellevue Center or anywhere else.

MS. CHIN: Yes.

CHAIRPERSON KOPPELL: And they turned you down, is that correct?

MS. CHIN: I'm continuing to go to the Bellevue program but only for--they said I have a problem in my lung that they wouldn't treat so they referred her to an outside hospital where I have to pay on my own for that.

CHAIRPERSON KOPPELL: They wouldn't treat it because they said it was not related to the 9-11.

MS. CHIN: They just said they wouldn't cover it.

1  
2 CHAIRPERSON KOPPELL: What are they  
3 covering her for?

4 MS. CHIN: I've gotten x-ray, chest  
5 x-ray at Bellevue.

6 CHAIRPERSON KOPPELL: But the lung  
7 condition is not being attended to?

8 MS. CHIN: They referred me to an  
9 outside hospital.

10 CHAIRPERSON KOPPELL: Could we  
11 look, talk to her afterward, maybe and look into  
12 that? It's not clear to me why. In referring her  
13 did they say they would cover her treatment or no?

14 MS. CHIN: They told me I needed to  
15 pay on my own.

16 CHAIRPERSON KOPPELL: I don't know  
17 if she's eligible for Medicaid or not but we maybe  
18 speak to counsel afterward and we'll look into the  
19 situation.

20 CHAIRPERSON GERSON: Excuse me.  
21 Ms. Nagasaki.

22 MIGA NAGASAKI: Yes, my name is  
23 Miga Nagasaki and I represent Chinese Staff and  
24 Workers Association, which is a workers center  
25 based in the China Town community. Immediately

1  
2 after 9-11 we were door knocking and providing  
3 relief assistance for residents inside and outside  
4 boundaries of federal relief assistance programs.  
5 For the past eight years we have seen how the  
6 government arbitrarily excluded thousands of  
7 affected workers and residents from the Health  
8 Registry by establishing eligibility cut offs at  
9 Canal and Chambers Street.

10 The city has consistently ignored  
11 the most vulnerable, the low income communities of  
12 color through constant exclusion from government  
13 relief and even from the protection of the  
14 rezoning most recently under the Bloomberg  
15 administration. In the past eight years we have  
16 seen how the government has displaced 9-11  
17 affected workers and residents by prioritizing  
18 luxury development in the aftermath of 9-11. And  
19 most recently by passing a racist rezoning plan to  
20 displace low income residents of color.

21 The 2008 East Village Rezoning Plan  
22 is already displacing countless residents and  
23 businesses from China Town. Many sick workers and  
24 former residents affected by 9-11 now live in  
25 outer boroughs like Brooklyn, far from the

1  
2 Environmental Health Centers and must decide  
3 whether to pay for private medical attention or to  
4 let their ailments go untreated.

5 To address the lack of adequate  
6 studies in our communities, we recently released  
7 the We Count survey as part of the beyond ground  
8 Zero Network. The survey findings show that a  
9 significant number of workers and residents  
10 experience persisting illnesses that are  
11 undermining their ability to work and thus  
12 affecting their income.

13 On the other hand, those who are  
14 seeking private medical attention are not being  
15 counted as affected by 9-11. I urge you to look  
16 over the We Count survey that I just submitted to  
17 you today along with this testimony. In  
18 conclusion, everyone affected, including patients  
19 who seek private medical attention must be  
20 included in studies, treatment and compensation  
21 and relief efforts. Furthermore the city must  
22 stop rezoning plans that displace working people  
23 from their communities.

24 CHAIRPERSON GERSON: Thank you. I  
25 am also going to ask again that we appreciate that

1  
2 you're remaining. But there's a reason I would  
3 ask that the representatives of the World Trade  
4 Center group follow up on the point last made with  
5 respect to the We Count report and with respect to  
6 this issue of their access to care and evaluation  
7 of incidents among population who do not reside in  
8 the south of Canal Street area. That was  
9 something which we had fought years ago and  
10 remains, as you've heard, a long going issue. I'd  
11 like to respond to the Council how the World Trade  
12 Center group would propose to take into account  
13 those workers either who never lived south of  
14 Canal Street, those individuals, whatever their  
15 status who never lived south of Canal Street or  
16 those who did but no longer, as you just heard  
17 testified.

18 I thank you all very, very, very  
19 much. Ms. Chin will you follow up with counsel on  
20 your and Ms. Nagasaki we will follow up with any  
21 response we receive. We will continue to demand a  
22 response from the World Trade Center group to  
23 those points that you raised. We have our final  
24 panel, Ann Arlen, our friend from Community Board  
25 2. Please forgive me if I mispronounce this

1  
2 Arklinsa Thomasaraska. Did I come close at least?  
3 Not even, okay. Well, I recognize you so it's  
4 good to see you again. Victor Nino. Mr. Nino we  
5 are expecting a translator eminently so come  
6 forward. No, no, please take your seat but we  
7 will call you last to give the translator tie to  
8 arrive. And Joe Paulette. There you are. You  
9 all get the patience prize and we appreciate  
10 you're waiting. We're certainly very eager to  
11 hear your testimony in the order in which I called  
12 everyone. Ms. Arlen.

13 ANN ARLEN: Thank you Council  
14 Members. Thank you Chairs Koppell and Gerson and  
15 Alan, before I go any further, thank you for your  
16 service. During your tenure as a Council Member,  
17 you've done a lot in areas that--

18 [Applause]

19 --we both hold of high value. And  
20 you've done a lot and thank you.

21 CHAIRPERSON GERSON: Thank you all  
22 very much.

23 MS. ARLEN: I want to say first  
24 that the Zadroga Bill, it's like this very mixed  
25 blessing. It has the potential for us in Board 2

1  
2 to be really quite dangerous because there's a cut  
3 off at Houston Street. It's one of the those  
4 boundaries. It appears to be very arbitrary. As  
5 you know, the original boundary was at Canal. Now  
6 that was a satellite generated boundary. They  
7 looked at the plume from a satellite photograph  
8 and decided that that was where the cut off ought  
9 to be but we also know what their motivations were  
10 and how little they paid attention to what the  
11 hazards were.

12 At the time of the 9-11 attack on  
13 September 11 I was chair of the Environment  
14 Committee of Community Board 2. Our committee had  
15 worked a lot with asbestos. So an email, our  
16 phones were out, I got an email from a filmmaker  
17 on September 11th who had filmed the construction  
18 of the World Trade Center for the Port Authority.  
19 He said that they new for sure there was 40%  
20 asbestos in that building and that people should  
21 be, any workers down there should be protected.

22 On 9-11 I wrote a very short  
23 resolution, short Alan, the resolves are that  
24 every effort should be made to have rescue workers  
25 wear high quality respirators. And to see to it

1  
2 that they are provided with showers and other  
3 proper means of decontamination when they leave  
4 the site so that the health of their families is  
5 protected from the contaminants at the World Trade  
6 Center. And be it finally resolved that the  
7 required covering and wetting down of debris being  
8 trucked from the site must be followed in order to  
9 protect the health of the people along the truck  
10 route, Stuyvesant including residents of Staten  
11 Island who live near Fresh Kills where the debris  
12 is deposited and FBI agents and others who were  
13 searching the debris at Fresh Kills who should  
14 also be provided with high quality respirators.

15 This was common knowledge. And  
16 there were a lot of other things like this that  
17 were common knowledge. One of the reasons they  
18 weren't followed, in my view, was that there was  
19 so much spin put on. Don't worry, the air is safe  
20 to breath and so forth. On the 12th, this was  
21 passed by the Executive Committee of Community  
22 Board 2 and passed by the whole board on the 20th.

23 Walking over to our community board  
24 on the 12th so that was just a little bit above  
25 Houston Street, wearing a bandana like everybody

1  
2 else. And like everybody else, grinding the grit  
3 that was in the air between my teeth in case  
4 anybody thought, this area wasn't affected.

5 We really can not support a bill  
6 that divides our community board in the middle and  
7 says people above Houston Street are not going to  
8 receive care, people below Houston Street are.  
9 That's the same thing as the Canal Street  
10 boundary. We were involved with the Bellevue CSC.  
11 We're actually founding members of 9-11  
12 Environmental Action. One of our jobs was to get  
13 the boundary extended above Canal Street. It went  
14 finally to 14th Street. It looks like that's been  
15 abandoned in the Zadroga Bill and that's just not  
16 okay.

17 The 15,000 cap is--there's an awful  
18 lot of damage limitation going on here. And it  
19 would be at the expense of the people who need  
20 care. 15,000 cap is one of them. I'm going to  
21 read you our letter very short also.

22 I'm writing to ask your committee--  
23 this is from Jason Mansfield who is now Chair of  
24 the Environment Committee of Board 2. I'm writing  
25 to ask your committee to support the residents of

1  
2 Manhattan Community Board 2. It is very important  
3 that Council request the language in the Zadroga  
4 Bill placing the boundary for 9-11 health care not  
5 be drawn across Houston Street, which would divide  
6 our district between 9-11 haves and 9-11 have  
7 nots.

8                   There is extensive empirical  
9 evidence that those who lived and worked up to and  
10 beyond 14th Street need treatment for the health  
11 effects of 9-11. Furthermore it is imperative  
12 that there be a uniform standard of care for all  
13 those who were impacted by the WTC attack. We ask  
14 that you ensure the firefighters, school teachers,  
15 student, police, clean up workers, residents,  
16 first responders, etc, all be given the same  
17 access to medical and mental care regardless of  
18 what role they played. I won't finish because I  
19 heard the bell go off.

20                   CHAIRPERSON GERSON: Thank you.

21                   MS. ARDEN: But we need you to get  
22 our voices into the Zadroga Bill because it could  
23 hurt a lot of people otherwise. Thank you.

24                   \*L Thank you, thank you.

25                   ARIK TOMACHEVSKI: Thank you for

1  
2 having the hearing about the 9-11 health issue.  
3 My name is Arik Tomachevski. Soon after 9-11  
4 happened many people from National Mobilization  
5 Against Sweatshops, especially those people who  
6 got injured on the job came to lower Manhattan to  
7 do the door knocking, to meet with people to ask  
8 people what their problem is. We breathed this  
9 air together with the residents and like many  
10 residents, we won't have treatment.

11                   What we see right now and what we  
12 did survive, we can't. 72% of people,  
13 unfortunately going to the private doctors. How  
14 it happened that 72% of people going to the  
15 private doctors? That's a question and I did a  
16 lot of outage. 72% of people are unsatisfied with  
17 the treatment. The treatment is not full  
18 treatment; it's just partial treatment. How can  
19 you divide the problems that people have? Only  
20 you have a lung problem, a throat problem, a sinus  
21 problem, in the meantime don't see that people  
22 have the cancer and don't treat them. Or don't  
23 see that people have a headache or rashes or  
24 gynecological problems or neurology problems.

25                   We all live in 21st century in a

1  
2 civilized world. We should be ashamed. Don't  
3 spend the money for basic treatment, for full  
4 treatment. We should be ashamed. We have to make  
5 our pressure on Congress as much as possible to do  
6 it, to make pressure to give them money for the  
7 treatment. People need it.

8                   72% of people, I am sure that at  
9 the least, 40% of these people just left this  
10 country. AT least of 40% of these people left  
11 this country and never going to come back over  
12 here. I know a lot of people who died from  
13 cancer, from many different problems, stroke, skin  
14 cells. Just two months ago a woman she died and  
15 she was not counted at a 9-11 health issue  
16 problem.

17                   She went to the private doctors to  
18 get the treatment because the treatment at the 9-  
19 11 Health Clinic was not enough for her, was not  
20 full treatment. So that what kind of problem we  
21 have to investigate. Besides, we need the  
22 scientists to see and to tell us what kind of  
23 problems medically from the lead, asbestos. We  
24 can do the research, just do the research what the  
25 lead is doing to the human body, what mercury is

1  
2 doing to the human body. Just do the research and  
3 all this information about health problem, what  
4 kind of health problem people are going to have by  
5 breathing all these chemicals, we have right now.  
6 Thank you for your time.

7 CHAIRPERSON GERSON: Thank you very  
8 much. Ms. Paulette.

9 JOE PAULETTE: I'm Joe Paulette I  
10 live at 105 Twain Street. It's a 52 story  
11 building. On 9-11 there were many, many children  
12 living in that building who continued to live in  
13 the building. Just quickly, in addition to the  
14 respiratory effects which have been acknowledged,  
15 major concerns of pediatric environmental health  
16 experts who do not have a WTC related COI are the  
17 potential for neural, developmental and endocrine  
18 effects and cancers in exposed children. That is  
19 because fetuses, infants and children are many  
20 times more susceptible to harm from the toxic  
21 substances that were released on and in the months  
22 after 9-11 than are adults.

23 What you won't know from reading  
24 the 2009 Medical Working Group report is anything  
25 about the findings of the WTC pregnancy study.

1  
2 Now that's a five year longitudinal study out of  
3 Columbia University led by the noted molecular  
4 biologist, Frederica Perera. Findings of that  
5 study are that the children born to women who were  
6 pregnant on 9-11 and were exposed on 9-11 or in  
7 the six week period after, were an increased  
8 likelihood of being born small for gestational  
9 age. Their risk for cancer later in life was  
10 increased ten fold and that there were mild  
11 cognitive, neuro cognitive defects found in the  
12 three year olds who were also exposed to  
13 environmental tobacco smoke.

14 That finding is of great concern  
15 because those defects don't show up as much as  
16 three as they do later. So we're awaiting the  
17 study on the five year olds. Any pediatric  
18 environmental health expert could have told you  
19 and should have told you that children should not  
20 have been exposed to those substances and they  
21 should not went back.

22 So I guess as far as monitoring for  
23 the community and particularly for children  
24 because if children were monitored, if there was  
25 enough of a cohort to find what might happen then

1  
2 protective measures can be taken. We would ask  
3 please do not refer our request for monitoring to  
4 the city. The city's relationship to these issues  
5 is far too complex for a useful response. Instead  
6 please write it into the resolution that will be  
7 coming out of this hearing as a necessary  
8 amendment to the 9-11 health bill. We need a  
9 monitoring program for children. Thank you.

10 CHAIRPERSON GERSON: Thank you very  
11 much and I'll have a final comment. But first our  
12 final witness for this hearing, Mr. Victor Nino.  
13 Having been informed that Mr. Nino will testify in  
14 Spanish I've asked Patricia Owen of our office to  
15 provide translation. Mr. Owen will you first ask  
16 on the record, Mr. Nino, if he will accept you as  
17 translator.

18 [Agreed to in Spanish]

19 CHAIRPERSON GERSON: Okay, Mr. Nino  
20 if you please testify with the microphone, thank  
21 you.

22 VICTOR NINO: [Providing testimony  
23 in foreign language. Testimony via translator]  
24 Thank you for listening today. My voice has  
25 suffered greatly since 9-11. I have come here as

1  
2 an immigrant with my family hoping to better my  
3 life. And I have worked at World Center six  
4 months.

5 On a scale of one to ten, I  
6 performed my job very well, on a scale of ten.  
7 However, today I can only work at a 4.5% capacity.  
8 I and many other workers have suffered from sinus  
9 attacks, gastroenteritis among other illnesses and  
10 other afflictions. And there are many  
11 undocumented workers who have come to work in New  
12 York and have suffered from this as a result. Not  
13 only that but they have no insurance; they can't  
14 go to a doctor.

15 According to many doctors who I  
16 have visited, I and many other who suffer like me  
17 must use an inhaler for the rest of my life  
18 because I we suffer from sinus conditions and  
19 gastro intestinal condition. I conducted a study  
20 between Bellevue and Mt. Sinai in regard to the  
21 medications that were prescribed and they are more  
22 or less the same.

23 I'm thankful for the program that  
24 affords me this inhaler but there are also side  
25 effects. There's a lot of acid reflux with the

1  
2 gastro intestinal side effects. I feel that this  
3 is highly experimental and I feel like I and my  
4 other co-workers feel like lab rats because of  
5 this medication. I feel this way because this  
6 medication contains cortisone. If it contains  
7 cortisone and combined with the acid reflux,  
8 what's happening is that we're getting bone  
9 cancer.

10                   The same thing happens with the  
11 inhaler, due to constant use instead of getting  
12 better we're getting worse. I'm only able to  
13 perform maybe work at a 25% capacity and due to my  
14 condition I have to wear this mask because I  
15 replace floors, I replace flooring, I do painting;  
16 I do a little bit of everything. Before I would  
17 wear a mask for dust and whatever else but not  
18 this type of mask, which refines the air that I  
19 breath.

20                   CHAIRPERSON GERSON: I ask that  
21 since the time has expired. I know he's been  
22 translated but can we ask that he just summarize  
23 what he recommends to us today.

24                   MR. NINO: I would like to ask if  
25 there's a way for us to obtain Medicaid for life.

1  
2 I would like to know if it's possible to have  
3 Medicaid for life just so they can continue living  
4 and to guarantee that when we do get older the  
5 Medicaid will not run out and we will still have  
6 access to funding for programs for their  
7 conditions.

8 CHAIRPERSON GERSON: I'm sure that  
9 if Council Member Gerson and I are around we want  
10 to guarantee that. In fact, I think both of us, I  
11 speak for myself, I support a national health care  
12 system that would guarantee such care for  
13 everyone. For the moment we're pleased that the  
14 city provides such care. There's no citizenship  
15 qualification on such care. Certainly it would be  
16 our intention to continue that.

17 MR. NINO: Thank you very much.

18 CHAIRPERSON KOPPELL: Thank you  
19 very much.

20 CHAIRPERSON GERSON: Thank you all  
21 very much. Just in 30 seconds to note first one  
22 of the many travesties of 9-11 were the fact that  
23 laborers, documented and undocumented were not  
24 only allowed but encouraged to go back on to the  
25 site to assist without being adequately equipped

1  
2 with basic face masks and respiratory protection.  
3 We must make sure that those workers are included  
4 along with anyone else in the care, expanded care,  
5 that must be provided by the Centers for  
6 Excellence.

7 I want to thank all of you. We  
8 will follow up with a resolution, with  
9 modifications including many suggested. To me, we  
10 know asbestos is a carcinogen. We know people  
11 were exposed. There should be no question but  
12 that if they were there at the site and they have  
13 this presumption, it should be that they should  
14 receive treatment. I will continue to press for  
15 that. I want to thank Council Member Koppell not  
16 only for being here throughout the whole hearing  
17 and co-sponsoring this hearing but for his great  
18 leadership, which I know I trust will continue.  
19 Do you want to say anything?

20 CHAIRPERSON KOPPELL: Only Alan,  
21 we'll miss you.

22 CHAIRPERSON GERSON: With that, the  
23 fight will continue, the cause will continue and  
24 this hearing is adjourned. Thank you.

25 [Applause]

C E R T I F I C A T E

I, Amber Gibson, certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature Amber Gibson

Date December 20, 2009