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**TESTIMONY OF LIEUTENANT EDWARD BOLES, TREASURER,
UNIFORMED FIRE OFFICERS ASSOCIATION
BEFORE THE CITY COUNCIL COMMITTEE ON CIVIL
SERVICE AND LABOR AND COMMITTEE ON HEALTH
September 24, 2007**

Good afternoon, my name is Lt. Eddie Boles and I am here on behalf of UFOA President John McDonnell. The UFOA represents 2,500 Lieutenants, Captains, Battalion Chiefs, Deputy Chiefs, Medical Officers and Supervising Fire Marshals of the FDNY.

I wish to first thank Councilmember Addabbo and the Civil Service and Labor Committee Members, as well as Councilmember Rivera and the members of the Committee on Health for having a hearing on this extremely important issue.

Our union has been proactive and supportive of seeking legislation whether it be from the City, State or Federal Government to provide the necessary funding for the monitoring, diagnosis and treatment of our members who responded and worked at the WTC site on and during the months after 9/11. As you may be aware, more than 11,500 firefighters participated in the work at Ground Zero in an extremely toxic atmosphere. To date, more than 3,000 FDNY members have sought respiratory treatment and more than 700 have developed permanent respiratory disability, which has led to premature retirements. Additionally, we have countless members battling various illnesses including cancers, gastrointestinal, esophageal, and sinus illnesses, both among our active and retired members. Besides our members battling physical illnesses, nearly 14,000 FDNY members have sought counseling through the FDNY Counseling Unit, with the CSU seeing an average of 260 cases per month compared to an average of 50 cases per month before 9/11.

Dr. Kelly and Dr. Prezant, the Chief Medical Officers of the FDNY, have done an exemplary job in overseeing the healthcare of our members since 9/11. Both doctors have worked tirelessly on addressing the complexity of delivering healthcare to our members as well as monitoring the effects from their exposure. They lead one of the three Centers of Excellence for WTC but their efforts need to be supplemented with funding to keep it operating.



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One very positive program that they implemented with a \$25 million Federal grant the FDNY received in the fall of 2006 was providing a prescription drug program for our members. Before this program, the cost of dealing with a WTC illness was being shouldered by the member and our union. Co-payments from the health carriers and prescription drug costs were being directly paid by our members and the unions. These costs are usually in the thousands of dollars. So our members not only have to endure the emotional and physical stresses associated with their illnesses, but they deal with the financial strains incurred by their illnesses.

Members of our Executive Board have made several trips to Washington, DC to lobby for the 9/11 Heroes Health Improvement Act. We are grateful for the persistent efforts of many of our local legislators including Senators Clinton and Schumer and Congressmembers Nadler, Maloney and Fossella, and we applaud their united lobbying for bipartisan support on this important bill. Additionally, we are thankful for the support from Mayor Bloomberg and his staff, especially Deputy Mayor Skyler, who are fighting for support.

The 9/11 Heroes Health Improvement Act in an historic bill that will play a substantial role in relieving the financial strain on our members and their families. This bill will address the monitoring, diagnosis and treatment of WTC illnesses, which will help reduce or eliminate the financial worries of dealing with an illness. Additionally, this bill will help save lives since it will promote more careful monitoring and earlier medical intervention and treatment for those who become ill. This bill symbolizes the commitment of our Federal Government to those whose selfless acts helped to rebuild this nation after such a horrific blow.

The complexity of dealing with the health issues from the WTC is monumental. I compliment the two Committees' effort in addressing many of those issues, but what we need is the entire City Government, City Agencies, the Unions and our members to join as one and collectively lobby the Federal Government to do the right thing and pass the 9/11 Heroes Health Improvement Act, which will provide nearly \$2 billion to monitor, diagnose and treat all New Yorkers affected by 9/11.

The citizens of NYC provided the first line of defense for the entire country when our country was attacked on 9/11. Now the entire country must step up and assist our City with the necessary funding to help our citizens who become ill from this horrific chapter in our history.



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Statement of

Linda Gibbs

Co-Chair of Mayor Bloomberg's World Trade Center Health Panel and
New York City Deputy Mayor for Health and Human Services

Oversight: An update on Access to Medical Care and Benefits for Uniformed Municipal
Workers Involved in the 9-11 Recovery Effort

September 24, 2007

Before the

New York City Council Committee on Civil Service and Labor and Committee on Health

Thank you Chairmen Addabbo and Rivera and members of the Committee on Civil Service & Labor and the Committee on Health for inviting me to testify at this hearing, and for your ongoing commitment to addressing 9/11 health issues. I am pleased to be able to share with you what has transpired since the City Council held a hearing on this issue last March.

As you know, Deputy Mayor Ed Skyler and I co-chaired a panel of City agencies that Mayor Bloomberg convened on the eve of the fifth anniversary of the WTC attacks to explore what we know about 9/11 health, and to develop recommendations to ensure that affected individuals get first-rate medical care. The panel cast a wide net: we surveyed every City agency; reviewed the science; consulted with experts; and held forums with community organizations, area residents, local schools, businesses, unions, and immigrant worker groups.

The product of these efforts was a comprehensive examination of 9/11 health impacts, including 15 recommendations to ensure the sufficiency of 9/11 health resources and a coordinated, citywide approach going forward. The Mayor accepted all the recommendations, and in the seven months since the report was released, we have made substantial progress implementing each of them.

My testimony today will summarize the highlights of our inquiry and our accomplishments to date, as well as the challenges that lie ahead.

Panel Findings

9/11 Health Effects

There is no doubt that thousands of people experienced physical and mental health conditions that were caused or exacerbated by exposure to the attacks and their aftermath. The most common are respiratory illnesses, such as asthma, and mental health conditions such as Post-Traumatic Stress Disorder (PTSD) and depression.

Indeed, two studies published just last month based on data from the New York City Health Department's WTC Health Registry demonstrate the seriousness of 9/11 health impacts. One shows that 3.6% of 25,000 previously asthma-free rescue and recovery workers in the Registry reported developing asthma after working at the WTC site—12 times higher than the national average. A second study shows that more than 12% of rescue and recovery workers —about 1 in 8—developed PTSD after working at Ground Zero—a rate three times higher than one sees in the general population.

While first responders and those caught in the dust cloud were the most affected, area residents, school children, and commercial workers also report a variety of 9/11-related conditions, some of which persist to this day.

But there is still much that we have to learn. For example, we do not yet know how long these conditions will remain or whether all of them can be treated successfully, nor do we know whether late-emerging conditions, such as cancer and pulmonary fibrosis, will arise in the future. That is why we must build the capacity to detect and respond to conditions that may be revealed in the future.

WTC Health Treatment and Research

Fortunately, world class care is available for those suffering from WTC-related illnesses at the three WTC health Centers of Excellence that have emerged since the attacks:

1. The New York City Fire Department's program, which provides free monitoring and physical and mental health treatment for firefighters and EMS workers who took part in WTC rescue and recovery;
2. A free monitoring and treatment program for other first responders, including nearly 6,000 NYPD employees, coordinated by Mt. Sinai Medical Center, which has affiliated centers in the metropolitan area and across the nation; and
3. The WTC Environmental Health Center at Bellevue Hospital, a City-funded program that is open to anyone with 9/11-related symptoms, including local residents and office workers, regardless of their insurance or immigration status.

These programs provide a virtual lifeline to tens of thousands of individuals. And the research generated by these programs and by the Health Department's Registry—the largest effort of its kind in history, with more than 71,000 people—and the NYPD, which collects and analyzes data from its WTC-related screening and referral program, have led to important scientific studies examining 9/11 health effects. They have also informed the development of clinical guidelines for diagnosing and treating 9/11-related health problems.

That is the good news. But the panel found that these efforts and the important research they generate are in jeopardy because of a lack of a sustained federal financial commitment, and that there are troublesome gaps in information about WTC health effects and treatment. The report's recommendations address these shortcomings.

City Employees

The Panel also reviewed WTC-related health policies at City agencies, including the availability of treatment and health information to the 59,000 City employees who participated in WTC operations.

The panel found that uniformed agencies—particularly the FDNY and NYPD, who employed 85% of all City rescue and recovery workers—undertook vigorous efforts to identify participants in WTC operations and share WTC health information with these individuals. Overall, however, the Panel found that most agencies could do a better job identifying and keeping up with its employees and retirees.

The Panel also reviewed 9/11 health care programs available to City employees. FDNY's WTC program is open to all employees and retirees who responded to the attacks, but no other City agency has a comparable in-house treatment program—which is not surprising, since FDNY has long provided care to address the unique hazards that firefighters face.

Other uniformed employees primarily use the Line of Duty Injury (LODI) system to get treatment for work-related medical conditions, including those resulting from participation in WTC operations. Once an agency medical professional determines that a condition is work-related, the employee is entitled to free health care services. Retirees, however, must get treatment through their private health insurance.

For active-duty civilian personnel, workers compensation and disability benefits are the primary means to get reimbursed for job-related injuries. Post-retirement benefits are handled through the pension system.

The availability of mental health services also varies by agency. FDNY offers treatment directly through its Counseling Services Unit (CSU), and NYPD through two independent programs: COPE and the Police Organization Providing Peer Assistance (POPPA). Civilian employees also have mental health coverage under their City-provided health insurance, though services typically require co payments.

Notably, City workers who participated in WTC operations are eligible for physical health and mental health care through the Sinai and Bellevue WTC programs. But civilian employees in the past have had to use sick leave to do the initial screening for Mr. Sinai or an evaluation at Bellevue—a barrier to use of these services.

Pension and Disability Determinations

Pension issues are of particular interest to City employees involved in WTC operations, so let me briefly describe the way pension and accident disability decisions are made.

The City has five separate pension systems: Fire, Police, Teachers, the Board of Education and NYCERS. Each system is governed by a Board of Trustees typically comprised of ex-officio officers from the City and various unions.

Uniformed services members must go through a two-tiered process to receive an accidental disability pension. First, they must undergo a medical exam by an

independent medical board that determines whether the member is disabled and should be retired because he or she cannot perform, for example, full police or fire service. If the member is found to be disabled, the medical board will also note whether it believes the disability was received in the course of City service. While the medical board determines disability, the Board of Trustees makes the final decision on causation—meaning, whether a disability is job-related.

In most cases, a member must demonstrate that the injury was the result of an accident in City service in order to receive an accident disability pension. However, under various “presumption bills” enacted by the state, if an employee passes a pre-employment physical exam and is later diagnosed with a qualifying illness, it is presumed that the illness is job-related. The WTC Presumption bill is one of five presumption bills enacted by the state (others include the Heart Bill and Lung and Cancer Bills, which apply to employees of various City agencies).

Specifically, the WTC Presumption applies to any City employee who took a physical exam prior to joining City service, is diagnosed with certain qualifying conditions, and participated in WTC operations for at least 40 hours. Members must file a Notice of Participation with their respective pension funds as having worked at a qualifying location for the requisite 40 hours. Civilian employees with a 9/11-related condition who did not have a pre-employment physical are not eligible, though they may still receive a job related disability pension through the non-presumptive process.

Medical Boards

The medical boards associated with each pension system are independent of the uniformed agencies’ medical divisions, which screen and treat employees. Though the DOHMH Commissioner has the authority to appoint some of the physicians to the medical boards for NYCERS and the Police and Fire Funds (no new appointments to these boards have been made since 9/11), DOHMH does not influence the Boards’ disability decisions.

DOHMH, in collaboration with clinicians from FDNY, Mt. Sinai and Bellevue, has developed and distributed Clinical Guidelines for Adults Exposed to the WTC Disaster to physicians throughout New York State, including members of the independent medical boards. While these guidelines were not created solely to be used in disability determinations, they do provide research-based information to the medical boards about 9/11-related physical and mental health conditions.

Communications and Outreach

The Panel also reviewed agency communications about 9/11-related health issues, especially to employees who participated in WTC operations. With the exception of FDNY, most City agencies do not currently have formal communication mechanisms in place. Overall, the Panel found that most agencies with large numbers of employees who participated in WTC operations could do more to inform them about WTC-related health issues. We also determined that the City's WTC health practices vary and could be better coordinated. The Panel's recommendations address those issues.

Panel Recommendations

You can find a list of all 15 recommendations and the progress we've made on their implementation on the City's new WTC health Web site, at www.nyc.gov. I will outline today some of the highlights of these recommendations.

WTC Health Coordinator and Website

The Panel found that there was no coordinated strategy for communicating WTC health information to affected populations and no central repository of information about WTC health treatment and research. For this reason, the Panel called for the appointment of a Citywide WTC Health Coordinator to oversee a "one-stop" website of WTC health information, promote coordination of WTC health policies, and ensure effective communication with affected populations.

In June, the Mayor announced the appointment of Jeffrey Hon as the City's World Trade Center Health Coordinator, and I am pleased to say that Jeffrey "hit the ground running". Notably, Jeffrey oversaw development of the nation's first and only comprehensive WTC health website, which the Mayor unveiled at the 6th anniversary of the attacks—a time when demand for 9/11 health information peaks.

The website consolidates the latest information about health research and services, offers advice about what people who are sick can do to get better, and provides links to more than 100 different WTC health and social service resources. Spanish and Chinese translations of the site are underway and should be completed soon. The website also includes research findings about the different groups who were affected, such as rescue and recovery workers, residents, children, and city employees.

Jeffrey also responds to numerous inquiries from the public generated by both the website and 311, and he has met with many labor, community, and business groups, and health care providers—including all three Centers of Excellence and their medical directors—to identify common areas of interest so that we can work together effectively.

WTC City Agency Liaisons

To address the communications and coordination issues I discussed above, the panel also recommended that the Mayor direct relevant agencies to appoint Liaisons to work with the WTC Health Coordinator to distribute WTC information to current and former employees and retirees who participated in WTC operations and to meet regularly to review issues that span across agencies. Senior-level liaisons from 16 agencies with the highest numbers of WTC rescue and recovery workers were appointed in early August—you can find a list of them on City Employees section of the WTC health website—and have begun meeting with Jeffrey Hon.

These liaisons are the "go-to" people for employees who have questions about what the city is doing to address the health impacts of 9/11. Among other things, they are undertaking a renewed effort to identify current and former agency personnel who

participated in WTC operations and will make sure these individuals are armed with the latest and best information about WTC health and treatment options.

The liaisons will continue to publicize, for example, the new policy that the Panel recommended and that Mayor Bloomberg implemented in July, that allows all City employees who are not currently participating in either the Sinai or Bellevue WTC health programs to have an initial screening or evaluation at one of these centers on City time—with up to four hours of paid time off—another panel recommendation. And liaisons will remind employees about important deadlines, for example the 2008 deadline to file for WTC-related Workers Comp and Disability under the presumption law.

WTC Medical Working Group

The panel also called for the establishment of a Medical Working Group of clinicians and researchers from within and outside City government to review the scientific data on WTC health and communicate the results throughout the City. The Mayor appointed members to the group, which I chair with the Health Commissioner, Dr. Tom Frieden. The group has met twice since its appointment and has begun reviewing scientific data on WTC health and identifying gaps in WTC knowledge and service.

Expansion of WTC Environmental Health Center at Bellevue

The Panel also recommended that the WTC Environmental Health Center at Bellevue be expanded and actively promoted. The City invested \$50 million over five years to implement this recommendation, and last week the Mayor joined HHC President Alan Aviles in announcing the expansion of the Center to two additional locations: Gouverneur in lower Manhattan and Elmhurst Hospital in Queens. Both centers have begun evaluating patients for WTC-related illnesses and have hired staff that speak Spanish, Russian, Polish and Mandarin. HHC awarded grants to community organizations to promote WTC health services around the 6th anniversary of 9/11, and is planning a broad outreach and advertising campaign for early next year.

Federal Funding for 9/11 Health

The Mayor's panel also recommended that the City vigorously pursue federal funding to support the programs that form the cornerstone of our response to 9/11 health concerns, including the Centers of Excellence, Registry and NYPD research, mental health treatment and outreach to affected populations.

The Mayor has worked tirelessly on this effort, in partnership with the New York congressional delegation. He, Ed Skyler and I have testified several times before the U.S. Congress and met with officials from the Bush administration to press our case. Most recently we announced our support of the James Zadroga 9/11 Health and Compensation Act, cosponsored by every member of the New York House delegation, which would provide federal funding to care for those who are sick. The bill would also re-open the Victim's Compensation Fund, which would enable the City to get out of the courtroom and focus on helping those who continue to struggle with 9/11's aftermath. The Council has been a great partner in this effort, most recently when Speaker Quinn and Council members met with Washington officials to voice support for 9/11 health funding. We were also encouraged that House Speaker Nancy Pelosi pledged her support for federal aid for 9/11 health when she met recently with the Mayor here in City Hall.

Ongoing Challenges

Unfortunately, the FDNY and Mt. Sinai Centers of Excellence and the Registry have had to rely on a combination of City funding and a patchwork of non-recurring philanthropic and federal grants to survive, while the WTC Health program at Bellevue has never received federal funding. These grants certainly help—but the current funding commitments will not keep these programs strong over the long-term.

As the Mayor said when he accepted our report, individuals now experiencing 9/11 health effects were responding to an act of war against this nation and New York City should not bear the responsibility on its own. We are asking the federal government to step up to the plate, to support these brave men and women.

But while we wait for Congress to act, the City is not waiting to make sure that people get the health care they need. In the absence of long-term federal support, the Mayor committed nearly \$100 million to 9/11 health programs through FY 2011, including the expansion of Bellevue's WTC program, a new mental health benefit that will be administered by the Department of Health and Mental Hygiene, and the efforts of Jeffrey Hon and his office, including the launch and upkeep of the WTC Health website

And though we have accomplished much with the launch of the website, expansion of the Bellevue program and other milestones, much work remains to be done to ensure that research continues, that we keep up with the science and communicate health knowledge and treatment options to the people were exposed, so that ultimately, people who are sick get the treatment they need.

Thank you again for this opportunity to testify. I look forward to working with you, Chairman Addabbo and Chairman Rivera, and your colleagues to ensure that we accomplish these ambitious goals.

Congress of the United States

Washington, DC 20515

Testimony of Congresswoman Carolyn B. Maloney Before the New York City Council Committees on Civil Service and Labor and Health September 24, 2007

Good afternoon. I regret that prior commitments prevent me from being with you today, but I am grateful for the opportunity to submit testimony about what Congress is doing to address the health impacts of the 9/11 terrorist attacks. I thank Chairman Addabbo and Chairman Rivera for their leadership and their continued attention to this growing health crisis, which I believe is one of the most important issues facing our city and our nation.

The collapse of the World Trade Center towers took nearly three thousand lives in an instant and released a massive cloud of asbestos, pulverized concrete, and other poisons. These toxins have sickened thousands and have killed at least eight but likely dozens more Americans in the years since 9/11.

In all, more than 70,000 Americans reported to the World Trade Center Health Registry that they were near Ground Zero in the days following 9/11 and have serious concerns about their health. As you would expect, the majority of those registered are from New York, New Jersey and Connecticut. But what many people may not know is that more than 10,000 Americans from outside the Tri-State area have also signed up for the Registry. Amazingly, all 50 states and 431 of the 435 Congressional districts nationwide have someone in the World Trade Center registry.

This is a health emergency on a national scale and it requires a strong federal response. My goal, and that of the entire New York Congressional delegation, is simple: medical monitoring for everyone exposed to the toxins of Ground Zero and treatment for anyone who is sick as a result. It is truly the least our great nation can do.

That's why I and my colleagues Jerrold Nadler and Vito Fossella introduced the bipartisan James Zadroga 9/11 Health and Compensation Act, which would ensure that everyone exposed to Ground Zero toxins has a right to be medically monitored and that anyone who is sick as a result has a right to treatment. This legislation builds on the expertise of the Centers of Excellence, which are currently providing high-quality care to thousands of responders and ensuring on-going data collection and analysis. Expanding care to the entire exposed community, the bill also includes care for area residents, workers, and school children as well as the thousands of people who came from across the country to assist with the recovery and clean-up efforts. Finally, the bill provides compensation for economic damages and loss by reopening the September 11 Victim Compensation Fund. I'm proud to say that our bill is supported by Governor Spitzer, Mayor Bloomberg, the entire New York Congressional Delegation, and the New York State AFL-CIO.

While this comprehensive bill works its way through the legislative process, Congress has been taking important steps to tackle this crisis. This year, the House has passed two items of legislation to make sure that federally-financed 9/11 health clinics, including those run by Mt. Sinai Hospital and the New York City Fire Department, do not have to shut their doors for lack of funding. We included \$50 million for 9/11 health clinics in the Iraq War supplemental spending measure that was signed into law in May, and the Labor HHS appropriations bill passed by the House in July includes another \$50 million for 9/11 health needs.

This is a good start, but it is only a start. The Bush Administration has estimated that it will cost at least \$200 million per year to treat the 32,000 Americans registered at federally-funded 9/11 health clinics.

What's more, this estimate includes only the cost of treating and monitoring first responders. We need to extend proper health care to everyone whose health was affected by the attacks, whether they're a first responder, a lower Manhattan resident, an area worker, or a student at a nearby school. Unfortunately, as of right now, no federally-financed health screening or treatment is being provided to these Americans.

However, while the Bush Administration has yet to address the impacts of 9/11 on the entire exposed community, the City of New York has taken much-needed action. I am grateful for the City's commitment of nearly \$50 million to the World Trade Center Environmental Health Center at Bellevue Hospital, which Mayor Bloomberg announced last week will be expanding to the Lower East Side and to Elmhurst, Queens. The City's Environmental Health Center has truly been a lifeline for thousands of New Yorkers who are suffering as a direct result of 9/11.

The Maloney-Nadler-Fossella 9/11 Health and Compensation Act will give full federal funding to the Bellevue Environmental Health Center and designate it as a "Coordinating Center of Excellence" on par with clinics operated by Mt. Sinai and the FDNY. The bill will also use the Bellevue Center as a model for expanding 9/11 health care to all residents, area workers, and students who were exposed to Ground Zero toxins, and give the Center's patients a guaranteed right to proper monitoring and care.

Once again, this health crisis was caused by an attack not just on New York City, but on our entire country. Only the federal government has the resources -and the reach- to properly address the health and compensation needs of thousands of Americans from across the nation whose health was compromised by World Trade Center attacks.

Our country has a moral obligation to care for those who respond to an act of war. Our predecessors in government understood this. More than 65 years ago, in the aftermath of the Pearl Harbor attacks, American civilians helped recover the dead and salvage what remained of our Pacific fleet. Many of these civilians were killed, injured or made sick as a consequence of their heroic service to our nation.

In passing the War Hazards Compensation Act of 1942, Congress wisely and compassionately extended health care and financial relief to civilian responders in need. It is well past time for Congress and the Administration to do the same for the heroes and victims of 9/11.

Thank you.

Summary of H.R. 3543, the Maloney-Nadler-Fossella 9/11 Health and Compensation Act

In general, the 9/11 Health and Compensation Act would:

- Ensure that everyone exposed to the Ground Zero toxins has a right to be medically monitored and all who are sick as a result have a right to treatment;
- Build on the expertise of the Centers of Excellence, which are currently providing high-quality care to thousands of responders and ensuring on-going data collection and analysis;
- Expand care to the entire exposed community, which includes residents, area workers and school children as well as the thousands of people from across the country who assisted with the recovery and clean-up effort; and
- Provide compensation for economic damages by reopening the 9/11 Victim Compensation Fund.

Specifically, the 9/11 Health and Compensation Act would:

Establish the World Trade Center Health Program, within the National Institute for Occupational Safety and Health (NIOSH), to provide medical monitoring and treatment for WTC-related conditions to WTC Responders and WTC-area Residents and other non-responders, with no cost sharing. The program will be administered by the Director of NIOSH or his designee. The bill would also establish the WTC Health Program Steering Committee and the WTC Health Program Scientific/Technical Advisory Committee.

Define “Clinical Centers of Excellence” and “Coordinating Centers of Excellence” with which the program administrator enters into contracts.

Clinical Centers of Excellence provide monitoring and treatment. They are FDNY, all members of the Mt. Sinai coordinated consortium (currently Mt. Sinai, Queens College, SUNY Stony Brook, University of Medicine and Dentistry of New Jersey), the WTC Environmental Health Center at Bellevue Hospital, and other facilities identified by the program administrator in the future.

Coordinating Centers of Excellence collect and analyze uniform data; coordinate outreach, and develop the medical monitoring and treatment protocols. They are FDNY, Mt. Sinai, and the WTC Environmental Health Center at Bellevue Hospital.

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Provide Monitoring and Treatment for WTC Responders in NY area: If a responder is determined to be eligible for monitoring based on the monitoring eligibility criteria provided for in the bill, then that responder has a right to medical monitoring that is paid for by the program. Once a responder is in monitoring, if the physician at a Clinical Center of Excellence diagnoses a condition that is on the list of presumed WTC-related health conditions in the bill, then that responder has a right to treatment for that condition that is paid for by the program. NIOSH reviews these determinations and provides certification of eligibility for ongoing treatment. The WTC program administrator may add a condition to the list of presumed WTC-related health conditions, taking into account published findings and recommendations of the Clinical Centers of Excellence, with the input of the WTC Health program Steering Committee and the public. In addition, if the physician diagnoses a condition that is not on the current list of presumed conditions, and finds that the condition is at least as likely as not to be related to exposure at Ground Zero, then the program administrator, after review by an independent expert physician panel, can determine if the condition can be treated as a WTC-related condition.

Provide Monitoring and Treatment for WTC Responders outside of NY area: The program administrator will establish a nationwide network of providers so that eligible responders who live outside of the NY area can reasonable access monitoring and treatment benefits near where they live.

Provide Monitoring and Treatment for the WTC area residents and other non-responders: Sets up the same framework for monitoring and treatment eligibility and benefits as for Responders in NY area, but provides for the program administrator and the WTC Environmental Health Center at Bellevue Hospital to develop the appropriate monitoring eligibility criteria and list of presumed WTC-related conditions, based on scientific and clinical evidence.

Provide for Research into Conditions: In consultation with the Program Steering Committee and under all applicable privacy protections, HHS will conduct or support research about conditions that may be WTC-related, and about diagnosing and treating WTC-related conditions.

Extend support for NYC Department of Health and Mental Hygiene programs: NIOSH would extend and expand support for the World Trade Center Health Registry and provide grants for the mental health needs of individuals who are not otherwise eligible for services under this bill.

Reopen the September 11 Victim Compensation Fund to provide compensation for economic damages and loss for individuals who did not file before or became ill after the original December 22, 2003 deadline. The bill would allow for adjustment of previous awards if the Special Master of the fund determines the medical conditions of the claimant warrants an adjustment and amend eligibility rules so that responders to the 9/11 attacks who arrived later than the first 96 hours could be eligible if they experienced illness or injury from their work at the site.

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TESTIMONY OF U.S. REPRESENTATIVE JERROLD NADLER (D-NY 08)

**Before the New York City Council
Committee on Civil Service and Labor and Committee on Health**

**Oversight – An Update on Access to Medical Care and Benefits for
Uniformed Municipal Workers Involved in the 9-11 Recovery Effort.**

September 24, 2007

Good morning. I would like to take this opportunity to thank the Chairman of the Committee on Civil Service and Labor, Mr. Joseph Addabbo and the Chairman of the Committee on Health Mr. Joel Rivera for convening this hearing and inviting me to testify before you today. I would also like to extend my thanks to the other members of these committees who are here with us today.

As the Member of Congress representing Lower Manhattan, I have spent the better part of these last six years attempting to persuade the city, state and federal government to act responsibly in the aftermath of the 9/11 terrorist attacks, both in terms of providing a proper testing and clean-up of World Trade Center toxins that may remain indoors, and, for those already facing environmental health problems from the attacks, providing them with comprehensive, long-term monitoring and treatment.

Last week, I, along with Congresswoman Maloney and Congressman Fossella introduced essential, new legislation that will ensure that everyone exposed to World Trade Center toxins, no matter where they may live now or in the future, will have a right to high-quality medical monitoring and treatment, and access to a re-opened Victim Compensation Fund for their losses. Whether you are a first responder who toiled without proper protection; or an area resident, worker or student who was caught in the plume or subject to ongoing indoor contamination; if you were harmed by 9/11, you would be eligible. You would be entitled to care. It is important to note that this bill builds on the best ideas brought to Congress in the past six years, and on the infrastructure already in place providing critical treatment and monitoring.

The Maloney-Nadler-Fossella *9/11 Health and Compensation Act*, which is strongly supported by the New York State AFL-CIO and numerous resident advocacy groups, and would ensure that everyone exposed to the Ground Zero toxins has a right to be medically monitored,

and that anyone who is sick as a result, has a right to treatment. Building on the expertise of the Centers of Excellence (currently at the FDNY, Mt. Sinai Hospital, Bellevue Hospital, as well as at Queens College, SUNY Stony Brook, and the University of Medicine and Dentistry of New Jersey), which are currently providing high-quality health care to thousands in the local New York Area, the bill would greatly expand access to care. As you may know, the federal government has only provided funding thus far to monitor and treat first responders, and therefore, it has fallen on the City and private donors to provide care to the rest of the affected population in the New York Area. And necessarily, 9/11 volunteers who came from across the country, who don't reside near a current treatment center, have been totally slipping through the cracks. This bill would remedy this by providing an entitlement to coverage for the entire exposed community: residents, area workers and students, and non-local 9/11 responders and even tourist who were caught in the plume, provided that they meet eligibility criteria. Further, the bill would provide compensation for economic damages and losses by reopening the 9/11 Victim Compensation Fund.

The bill would also require the federal government to collect data about and research the extent and severity of WTC-related illnesses. Specifically, the legislation would establish and fund Coordinating Centers of Excellence to collect and analyze data, coordinate outreach, and develop medical monitoring and treatment protocols; and require the U.S. Department of Health and Human Services to conduct or support research about conditions that may be WTC-related, and about diagnosing and treating WTC-related conditions. This is a particularly critical provision as there is still so much we do not know about these illnesses and how they may have affect different exposure populations.

This bi-partisan legislation already has 53 co-sponsors, and the support of Speaker Pelosi, Governor Spitzer and Mayor Bloomberg. I call on the City Council to pass a resolution in full support this bill. Thank you for this opportunity to testify today.

Summary of the Maloney-Nadler-Fossella 9/11 Health and Compensation Act

In general, the Maloney-Nadler-Fossella bill would:

- * Ensure that everyone exposed to the Ground Zero toxins has a right to be medically monitored and all who are sick as a result have a right to treatment;
- * Build on the expertise of the Centers of Excellence, which are currently providing high-quality care to thousands of responders and ensuring on-going data collection and analysis;
- * Expand care to the entire exposed community, which includes residents, area workers and school children as well as the thousands of people from across the country who assisted with the recovery and clean-up effort; and
- * Provide compensation for economic damages by reopening the 9/11 Victim Compensation Fund.

Specifically, the Maloney-Nadler-Fossella bill would:

Establish the World Trade Center Health Program, within the National Institute for Occupational Safety and Health (NIOSH), to provide medical monitoring and treatment for WTC-related conditions to WTC Responders and WTC-area Residents and other non-responders, with no cost sharing. The program will be administered by the Director of NIOSH or his designee. The bill would also establish the WTC Health Program Steering Committee and the WTC Health Program Scientific/Technical Advisory Committee.

Define “Clinical Centers of Excellence” and “Coordinating Centers of Excellence” with which the program administrator enters into contracts.

Clinical Centers of Excellence provide monitoring and treatment. They are FDNY, all members of the Mt. Sinai coordinated consortium (currently Mt. Sinai, Queens College, SUNY Stony Brook, University of Medicine and Dentistry of New Jersey), the WTC Environmental Health Center at Bellevue Hospital, and other facilities identified by the program administrator in the future.

Coordinating Centers of Excellence collect and analyze uniform data; coordinate outreach, and develop the medical monitoring and treatment protocols. They are FDNY, Mt. Sinai, and the WTC Environmental Health Center at Bellevue Hospital.

Provide Monitoring and Treatment for WTC Responders in NY area: If a responder is determined to be eligible for monitoring based on the monitoring eligibility criteria provided for in the bill, then that responder has a right to medical monitoring that is paid for by the program. Once a responder is in monitoring, if the physician at a Clinical Center of Excellence diagnoses a condition that is on the list of presumed WTC-related health conditions in the bill, then that

responder has a right to treatment for that condition that is paid for by the program. NIOSH reviews these determinations and provides certification of eligibility for ongoing treatment. The WTC program administrator may add a condition to the list of presumed WTC-related health conditions, taking into account published findings and recommendations of the Clinical Centers of Excellence, with the input of the WTC Health Program Steering Committee and the public. In addition, if the physician diagnoses a condition that is not on the current list of presumed conditions, and finds that the condition is at least as likely as not to be related to exposure at Ground Zero, then the program administrator, after review by an independent expert physician panel, can determine if the condition can be treated as a WTC-related condition.

Provide Monitoring and Treatment for WTC Responders outside of NY area: The program administrator will establish a nationwide network of providers so that eligible responders who live outside of the New York area can reasonable access monitoring and treatment benefits near where they live.

Provide Monitoring and Treatment for the WTC area residents and other non-responders: Sets up the same framework for monitoring and treatment eligibility and benefits as for Responders in the New York area, but provides for the program administrator and the WTC Environmental Health Center at Bellevue Hospital to develop the appropriate monitoring eligibility criteria and list of presumed WTC-related conditions, based on scientific and clinical evidence.

Provide for Research into Conditions: In consultation with the Program Steering Committee and under all applicable privacy protections, HHS will conduct or support research about conditions that may be WTC-related, and about diagnosing and treating WTC-related conditions.

Extend support for NYC Department of Health and Mental Hygiene programs: NIOSH would extend and expand support for the World Trade Center Health Registry and provide grants for the mental health needs of individuals who are not otherwise eligible for services under this bill.

Reopen the September 11 Victim Compensation Fund to provide compensation for economic damages and loss for individuals who did not file before or became ill after the original December 22, 2003 deadline. The bill would allow for adjustment of previous awards if the Special Master of the fund determines the medical conditions of the claimant warrants an adjustment, and amend eligibility rules so that responders to the 9/11 attacks who arrived later than the first 96 hours after the attacks could be eligible if they experienced illness or injury from their work at the site.

Congressman Vito J. Fossella (NY-13)

Testimony

Committee on Civil Service & Labor

Committee on Health

September 24, 2007

With the sixth anniversary of 9/11 having just passed, it is time to reaffirm our commitment to "Never Forget." We must never forget the people that died on that day, and we must also never forget those who are sick and dying for being heroes and volunteers that day as well.

What many here in Washington have forgotten is that a silent killer is taking the lives of the rescue, recovery, and clean-up workers, as well as the volunteers, area residents and workers and students who were at Ground Zero. All of them breathed the toxic air created by the destruction of the towers, and many of them are suffering as a result.

A New York City Health Department study showed an increased incidence of asthma for those who worked the pile, and a Department of Health and Human Services (HHS) study reported that illnesses as a result of exposure to 9/11 toxins are on the rise.

Progress in helping the sick and injured can best be measured in small steps rather than giant leaps as critical needs continue to be unmet after six years. My colleagues and I have worked across party lines fighting for health monitoring for all who were exposed, adequate funding to treat those who are sick or injured and a comprehensive federal plan to ensure that anyone impacted by 9/11 gets the care he or she deserves.

We have encountered many obstacles along the way, but we have also achieved some successes. Working with Congresswoman Maloney in particular, we restored \$125 million in funding after it had been rescinded. Of that money, \$75 million was dedicated for treatment – the first-ever federal dollars to be directed for that purpose. We were also able to create a health czar, Dr. John Howard, to help coordinate and oversee the Federal response. In addition, we included \$50 million for federally-funded 9/11 health clinics in the Labor HHS appropriations bill to ensure that the unsung heroes of 9/11 have access to the care they need.

This represents steps in the right direction, but there is still so much more to do.

That is why we have drafted H.R. 3543, the James Zadroga 9/11 Health and Compensation Act of 2007– a critical piece of legislation that addresses several key areas to help our heroes who are sick today as well as anyone who falls ill in the future. The bill:

*Ensures that everyone exposed to the Ground Zero toxins has a right to be medically monitored and all who are sick as a result have a right to treatment;

*Builds on the expertise of the Centers of Excellence, which are currently providing high-quality care to thousands of responders and ensuring on-going data collection and analysis;

*Expands care to the entire exposed community, which includes residents, area workers and school children as well as the thousands of people from across the country who assisted with the recovery and clean-up effort; and

*Provides compensation for loss by reopening the 9/11 Victim Compensation Fund.

Over the years, I have heard too many stories about a young firefighter who ran a 6-minute mile in his thirties, but now has trouble walking up a flight of stairs...or the police officer who was forced to retire in his forties because he has become too sick to work.

America cannot turn its back on the men and women who were there to help America recover after the 9/11 attacks. I don't think it is the right thing to do, which is why this legislation is so important.

On a very personal level, I know too many people across Staten Island and Brooklyn who were willing to risk their lives. I know many who risked their lives and gave their lives on September 11. But the untold story, and it will be told for years and years to come, are about so many people who stayed there for the recovery and rescue effort and who now are in need our help. This legislation that we are proposing will help them give a degree of certainty.

I applaud the work of my colleagues for coming together to help those whose health is in danger because of exposure to ground zero on that fateful day. I pledge my full support of these efforts as we move forward, because I truly affirm to "Never Forget."

UNIFORMED EMERGENCY MEDICAL SERVICE OFFICERS UNION

Local 3621

District Council 37•American Federation of State, County and Municipal Employees•AFL-CIO



WTC TESTIMONY TO THE CIVIL SERVICE COMMITTEE

September 24, 2007

My name is Thomas Eppinger and I am the President of the Uniformed EMS Officers Union. I am joined today by Marianne Pizzitola, the Disability Pension and Benefits coordinator for the Union. Our organization represents over four hundred Lieutenants and Captains that make up our front line leadership for FDNY EMS. Our members responded to the World Trade Center attack on 9/11 and did not leave until the last piece of steel was removed. Five years later my members are paying for their unselfish dedication and commitment. Many of them are very ill and feel like they have been forgotten.

First, I wish to once again thank Councilman Addabbo, Speaker Quinn and the members of the City Council and the Civil Service & Labor Committee for their leadership and for holding this hearing today. This is a topic that is still of vital importance to the members of my union.

Councilmember's, my union members still continue to suffer from their dedication to this City and their obligation as Uniformed Members for their response on September 11th. We are here again to discuss issues that affect my members.

I thought the most productive use of my testimony today would concentrate on the following items:

- The NY City Law Department not paying medical bills
- Choice for Medical Monitoring and Treatment
- Lack of promotion for NYCERS #622 and NYS Workers Comp Participation forms

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The New York City Law Department not paying Workers Compensation treatment bills

Our office has been notified by our active and retired members that medical parishioners and treatment centers will no longer accept to care for our members. Members have been advised that due to the NYC Law Department not paying claims, their practitioners and treatment centers will no longer care for them for free. This causes our members to go with out care and treatment that they desperately need. This is having a big impact not only on our WTC responders, but on their hometown doctors.

Solution

The New York City Law Department needs to be immediately audited of its practices regarding payments to medical practitioners and treatment centers. This issue is not new, but we two more case were brought to our attention in the past few weeks. Members have reported that they were notified by their medical practitioners and treatment centers that have never received a single payment for injuries that occurred many years ago. Many medical practitioners in this situation typically write off the outstanding bills as a cost of doing business and desire to help the member. But in this economic climate, how long can they go on without being paid and why should they? The Law Dept repeatedly tells these medical offices that they never received a bill. After 4 years for one member and two for the last, how long can these doctors expect to believe this story?

Choice for Treatment and Monitoring for WTC Health

Currently, active and retired employees of the FDNY are forced to go to the Department Bureau of Health Services WTC Medical Monitoring and Treatment program. The Union believes that as medical professionals we should give members a choice of provider and treatment center for their medical problems just as we do with patients at work. As a labor organization we advocate for our members to go were they feel comfortable. Given the history of unresolved issues, we can not advocate for our members to go to an Employer operated monitoring program for an at work exposure. Currently there is federal legislation that has been introduced that includes a provision for all FDNY members to be forced into the FDNY monitoring and treatment programs for WTC Health. Many of our active members will not admit to their illnesses during this exam out of fear. They are afraid that once they inform their employer they are ill, they will be placed on sick leave and after they exhaust their leave banks they will be without a paycheck and worse terminated. As a result of members not going on record that they are ill, they secretly suffer and the health issues only get worse. We had a member that went through radiation post 9/11 for cancer and came to work right after for weeks out of fear of telling the job. The member should not have had to go through this alone.

Our Retirees should definitely be able to choose where they seek monitoring and health care and should not be forced back to their former employer for this very invasive monitoring program. These members cannot obtain treatment if they refuse the FDNY monitoring program, leaving them at a loss especially when their personal doctors are not getting paid by the Law Department.

Solution

Members of my Union and the EMS Retirees want choice. They want to be able to choose any of the Centers of Excellence in the NY Metro area and outside for their monitoring and treatment needs; whether it is the Fire Department, Mt. Sinai or a Coordinated Consortium.

Lack of promotion by the City for the NYCERS #622 and NYS Workers Comp Participation Forms

Currently both the NYCERS #622 and NYS Workers Compensation WTC12 Participation forms have had their deadlines extended. There has been absolutely no promotion by the city for employees to complete these forms except for a message appearing on payroll checks. I have formally asked the Department to have forms available and a notary present at every FDNY EMS annual physical. All members are required to attend an 8 hour medical that includes the physical and a training session. I did not request anyone to explain anything regarding the form, I only asked for a notary to be present sign them. I advised the Department that my Union representatives will handle all questions or they could forward them to our office; that request was asked almost a year ago and has fallen on deaf ears.

The only groups I see doing any promotion are the unions and NYCOSH for the WTC 12. My union has put the reminders on the front of the union home page, sent out mailings, newsletters, notarized members forms at General Membership meetings and now is preparing to do a poster campaign at all locations where our members work.

Solution

The City must immediately implement an educational campaign for city employees to complete these forms. If they do not, it sends a message to this union that they do not want employees not to participate in filling out these forms to cut down on liability. If the City of NY has money to spend on a campaign to tell New Yorkers how great our water is to drink, and to stop smoking, we should have the funds to advise City workers, their largest asset, to protect their health and benefits.

The City must immediately implement a campaign and a directive for each agency to ensure all employees complete these forms.

On behalf of the members of the Uniformed EMS Officers Union, I cannot express enough my gratitude to you Councilman Addabbo, this Committee and City Council for your commitment to this issue. Marianne and I are happy to answer any questions you may have at this time.

FDNY EMS
Retirees
Association,
Inc.

FDNY EMS Retirees Association, Inc.
Founded & Incorporated in 2006
Members Helping Members

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TESTIMONY TO THE NYC COUNCIL
CIVIL SERVICE & LABOR COMMITTEE

BY STEPHEN HESS
FORMER EMT, FDNY.

ON 9/11 AND MY LIFE AS A RESULT

SEPTEMBER 24, 2007

www.FDNYEMSRetirees.org
PO Box 260153 Bellerose, New York 11426
631-793-9715
Info@FDNYEMSRetirees.org

Good afternoon Chairman Addabbo, Speaker Quinn, distinguished members of the Civil Service and Labor Committee, and guests. My name is Stephen Hess, and I am here today to offer you testimony about what I have had to endure since 9/11.

I am a former Emergency Medical Technician (EMT) with the New York City Fire Department. I was present at the World Trade Center on September 11th, 2001, and was a witness to an unbelievable tragedy. Unfortunately, the tragedy continues for me. People like me did their jobs that day without regard to their own personal safety, became ill and were ultimately tossed aside by their agency, NYC Employee Retirement System and the NYC Law Department Workers' Compensation Division.

New York City's leaders say the city is taking care of the medical needs of the first responders who are now ill; this is just an outright fabrication. Not only are they refusing to take care of my mounting medical needs, they eventually fired me for becoming disabled as a result of 9/11. I have enclosed a copy of the letter I received regarding my employment status from the FDNY. I was only allowed eighteen months of LODI, (Line Of Duty Injury time contractually) and despite the fact that the Fire Department's own doctors stated I was disabled, I was still terminated and NYCERS has repeatedly refused to grant me a disability pension.

The New York City Employee Retirement System should carry an even greater portion of the misconduct I have had to endure. I have been diagnosed with asthma, chronic cough, GERD (Gastro Esophageal Reflux Disease), sleep apnea, reactive arthritis, high blood pressure, an enlarged heart, a bulging disc in my lumbar spine and clinical depression. If it were not for my wife's private health insurance, all of these conditions would be untreated. Initially, The New York City Law Department authorized some treatment, not all, and even then made it difficult for my treating doctor to collect his fees. He has gone long periods of time without reimbursement even after submitting bills numerous times. Since I am longer on payroll, I don't seem to exist in their mind. NYCERS has now refused to accept any further applications for disability from me, and consider this closed. Since I am not retired I cannot even apply under the upgrade bill Governor Pataki signed. I have no options left, and hoping for one last lawsuit against them to help me.

The asthma, chronic cough and GERD were diagnosed early due to the degree of my exposure. I was within a block of the first tower when it collapsed and was unable to get far enough away before the cloud of dust surrounded me and I began to breathe it in. I ran back towards the building to see if I could get our ambulance and equipment after being directed by my Captain to secure my ambulance

Today, I take Advair daily, and use an Albuterol pump to relieve the shortness of breath and chest tightness. Nexium is also used on a daily basis to try and keep the GERD under control. The sleep apnea was finally diagnosed when I complained of trouble sleeping. When I consulted with my doctor who performed a special test, I was told I had a severe case as my breathing stopped an average of 53 times an hour and the longest episode was 40 seconds. I now sleep with a CPAP machine which maintains a constant flow of air to my lungs while I sleep.

I was properly diagnosed with the Reactive Arthritis in February of 2004. This condition is affecting my immune system as well as causing severe joint and muscle pain and chronic fatigue. My doctor had not yet diagnosed me with this condition when I first appeared before the pension board. The doctors at NYCERS, who only saw me for 10 minutes, told me my leg pain was due to the medication. Since the initial diagnosis, the condition has become more severe, as there is constant pain in my joints and muscles. My doctor explained to me that the reactive arthritis is the result of breathing in all the contaminants that were in the air on 9/11. I was also advised that this condition will never get better, only worse, which it has.

Prior to 9/11, I was a healthy person who worked out on a regular basis. I use to be able to bench press 250 lbs and spend an hour on a treadmill. Today, two flights of stairs are a problem, I cannot carry my grandson and have no real quality of life due to being in so much pain and having such a difficult time to breathe has been life altering. The things I use to take for granted like taking my family to the beach or the amusement park are no longer even considered. Generally, I do not have to do anything for this condition to flare up so bad that I am bed ridden. The simple task of getting out of bed in the morning can take an hour if not more. I have to avoid prolonged exposure to the sun, as ultra violet light can cause a severe reaction. In May of 2005, I spent some time in the park with my granddaughter it was a warm sunny day. I brought her home and made a stop to say hello to some friends and I began to sweat profusely, developed extreme muscle pain, cramping and became disoriented. I made an attempt to get in my car and drive home. My friends had to call an ambulance, and I was taken to Staten Island University Hospital. Since that day, there have been a number of occasions I should have gone to the hospital, but refused. That is until Easter Sunday of 2007. We had family at my house for dinner, and later that night I was not feeling well. I took 20mgs.of prednisone and usually the problem lessens within 24 hours. When it hadn't, my doctor again told me to take 20 mgs of Prednisone and come see him the next day. That morning I could not function. My neighbor called and when I did not answer he came into my house and found me unable to move and called my wife (a registered nurse) to come home. Upon her arrival she said we were going the hospital. I tried to stand up, took two steps and collapsed. An ambulance took me to Raritan Bay Medical Center and I was admitted for three days. They diagnosed a lung infection, dehydration, shortness of breath, fever, joint inflammation and a dangerously low potassium level. The treatment for this included IV fluids, IV steroids, IV antibiotics and IV potassium. Due to this episode, I am afraid that this will happen again and no one will there to help me the next time.

I still am able to participate with the Fire Department's WTC Medical program. Included was a mental health question segment, after which you talked with a mental health professional. They too advised me that I am clinically depressed and that I am border line PTSD; not a surprise. No treatment was offered for this problem, however. Through the help of FDNY EMS Retirees Association, I was provided with the information that other 9/11 responders have the same diagnosis and was even provided with a study that was done at the University of Montana in regards to asbestos contamination in the town of Libby and the same diseases I have. Yet no one here has made the connection to my exposure to WTC asbestos on 9/11 and my illnesses.

I have been denied a pension twice by NYCERS, and was even told by their medical board that I was fit for full duty. The doctors there ignored medical evidence from their own peers and my private doctors. I had to hire an attorney to fight for my rights. I filed an article 78, and twice, the State Court told NYCERS that in their opinion NYCERS did not consider all the evidence and should re-evaluate my application. (The Court cannot over rule the medical board but can only tell them to look at it again.) They still denied me. It seems ironic, the NYC pension board turns me down but, the New York State Worker's Compensation Board has awarded me the maximum allowable compensation payment.

I had to take out a home equity loan to keep my house and I'm very close to having to sell it because I can no longer pay my bills without compensation wrongly denied me. Finally, if not for the intervention of people like Marianne Pizzitola of the FDNY EMS Retirees Association, an advocate for the sick and injured from 9/11, and more importantly a great friend, I do not know where I would be. She put me in touch with Mt. Sinai's treatment program. They are overseeing my treatment with my private doctors, and are also giving me rehab therapy for my back. But most importantly, they are treating my depression and PTSD. I am going on a weekly basis and am trying to deal with my anger and frustration regarding my situation and how I have been treated by NYC bureaucracy. I am never going to be healthy again, but my hope is to live and have some quality time with my family and to eventually be approved my pension. I hope my story helps you make changes that will prevent others from having to endure what I have. It is my hope that your Committee can help me realize this before it is too late.

Thank You.



FIRE DEPARTMENT
9 METROTECH CENTER
BROOKLYN, N.Y. 11201-3857



NICHOLAS SCOPPETTA
Fire Commissioner

September 21, 2004

Mr. Stephen Hess
66 Spring Hill Road
Matawan, N.J. 07747

RE: Notice of Termination Under Section 71 of the Civil Service Law

Dear Mr. Hess:

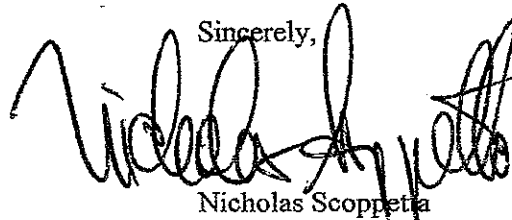
On August 23, 2004 you were sent a letter by mail requesting that you resolve your employment status with this Department by September 13, 2004. As of this date, we have not received a response to our letter.

As you have been absent from and unable to perform the duties of your position as an EMT with the Fire Department from May 3, 2003 to this date, a period of one year or more, by reason of the service-related medical condition described on the attached documentation, and as you have not resigned, retired or otherwise resolved your employment status, your employment with this Department is hereby terminated effective close of business September 24, 2004, under Section 71 of the New York State Civil Service Law. You are required to return all Fire Department-issued equipment, including your identification card and badge. Please do so immediately. Any monies due you will be withheld until these items are returned.

Please be advised that this is a final agency determination. If you dispute this determination, you must pursue an Article 78 proceeding or other legal remedy.

Please note that employees terminated pursuant to Section 71 have certain rights, including the right to apply for reinstatement within one year after the termination of the disability. A copy of the Section 71 law and a summary of the reinstatement procedures are attached.

Sincerely,



Nicholas Scoppetta

NS:oc

September 24, 2004

Statement of Bruce Booker
Sergeant (ret.), NYPD

Thank you for this opportunity to speak on behalf of my fellow officers.

My name is Bruce Booker, I served the New York Police Department for 22 years and recently retired as a Sergeant. At the time of the attacks, I worked at the Manhattan Criminal Court, just 6 blocks from the World Trade Center.

I was at the site the night after it happened, and was on duty there another 10 or 12 times during the rescue and recovery operations.

However, because I worked so close to the WTC, I was exposed to toxic smoke, fumes and dust on a daily basis. We were hit by that horrible cloud the day that it happened, and we lived and worked in its aftermath.

In my case, the effects were not immediately noticeable. I am one of the thousands who developed health problems years after the attacks.

After a couple of years I began to notice my health had gone downhill. I had constant fatigue. I gained weight. My schedule was so hectic that I didn't notice that I had sleeping problems. But I did. I had more difficulty focusing and would forget things.

In 2005, I developed pneumonia in my right lung. My doctors were unable to explain why this happened. It was a long, slow recovery. My immune system was compromised and I developed shingles.

My doctors thought it might be HIV, but the tests came up negative. Every test came up negative. I had biopsies, CAT scans, but nothing came up. There was no rhyme or reason for my problems.

At this point, my doctor and I began to think that the WTC might be to blame. As I looked into it, I noticed that the problems connected to the exposures there were the same as mine – inability to concentrate, immune system problems, sleeping problems, all the same symptoms I was having.

I heard about the detoxification program from someone at my church. I was interested, because this person also worked in law enforcement, but since all the attempts to help me hadn't gone anywhere I was skeptical. But I realized that I didn't have anything to lose, and I enrolled.

I've been on the program for several weeks now, and the changes are dramatic. In the sauna, I have had the sense that toxins are escaping from my body – for about five straight days, I was releasing a very strong ammonia smell.

I now have my energy back. I have the ability to focus again. I'm back to where I was, and where I need to be to enjoy my life.

The rescue workers need to have the option to choose the program they want, and this program should be one of their choices. The funding that has gone to Bellevue and Mount Sinai is making it possible to gather a lot of information, but what we really need is focus on treatment.

We don't have a lot of time. As time passes, we going to see guys getting sicker and sicker.

I would say that this is a 10-13, the code that we use to describe an emergency situation. There is a potential for more people to die because of their exposures than died on that terrible day.

If that happens, it will be because of government neglect. The sooner you move, the more lives can be saved.

The ball is squarely in your court. I thank you for your interest in this program, and I hope that you will find a way to do the right thing for those who need help.

Thank you.

Statement of Jorge Roldan
Recording Secretary, Health & Safety Officer
Laborers Local 78

September 24, 2007

My name is Jorge Roldan. I am the Recording Secretary and Health and Safety Officer for Laborers Local 78. Our members work with asbestos, lead and hazardous waste and were intensively involved in the cleanup efforts following the attacks.

On September 11, 2001 I rushed to the site as I had members of my union working in the building and I wanted to see what I could do to help. Thank God my members got out of the building to safety.

My eyes couldn't believe what they were seeing on that day. I won't describe the horrors that I saw before the buildings collapsed but I will tell you that what I saw changed me forever. Since that day there has not been a minute that went by, that I didn't feel the pain of 9/11 and it was ruining my life. My wife couldn't understand why I couldn't just get over the anger and cough and all of my other symptoms. I couldn't understand why either and I became an angry person but didn't know how or why.

For the past 5 ½ years I was only sleeping 2-4 hours a night; I had a chronic dry cough, muscle aches and joint pain, fatigue so bad that I couldn't drive more than an hour at a time before having to pull over and sleep. I couldn't read, I had rashes, and emotionally I wasn't right.

I came to the detox program about 5 weeks ago after a business trip to Florida. I was playing volleyball at the beach for about three minutes when I had a severe asthma attack and was gasping for air; I thought I was going to die. This had never happened to me before and it frightened me.

Now thanks to you, in just over a month, my life is *totally* changed. After a few days on the program my cough disappeared; I sleep for 10 straight hours after many years of not being able to; I have no pain anywhere; I can read, at work I drive 3 to 7 hours a day and have no problems – my life is completely new and 100% the opposite of what it was.

The things that came out of my body are hard to explain, I was sweating out black and brown stuff, I also had strong odors that were present at Ground Zero come out of my pores after 5+ years, incredible!

It is amazing how much this detox program has done not only for me but for my family as well. I feel like I am a good husband and father again and enjoy spending time at home. I made good friends at the detox project and I feel like I've got another family now.

This program has helped me in ways that regular medicine and many doctors didn't and couldn't. I would like to thank the entire staff, they are the best! They treated me like a person, not a number.

It is essential that this program be one of the choices that is available to our members. It makes no sense that it has not received the same level of support as other programs.

We need you to help change this. Nothing could be more important to our members.

Thank you.



FDNY EMS Retirees Association, Inc.
Founded & Incorporated in 2006
Members Helping Members

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TESTIMONY TO THE NYC COUNCIL
CIVIL SERVICE & LABOR COMMITTEE

BY RETIRED FDNY EMS LT. ANTHONY VANARIA

ON 9/11 AND MY LIFE AS A RESULT

SEPTEMBER 24, 2007

(Due to hospitalization, Anthony is unable to attend today
but wished to submit this for the record)

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Good afternoon Councilman Addabbo, Speaker Quinn, members of the Civil Service and Labor Committee and honored guests. My name is Anthony Vanaria, and I am a retired EMS Lieutenant from the FDNY and have been in City Service since 1986. I wish to offer you my testimony.

I was issued a Disability Pension from NYCERS after Recovery work from the 9/11 Disaster. I developed PTSD, Agoraphobia and Depression and have been under clinical care of a Therapist and a Psychologist since 2002. Since then, I have been taking large doses of psychotropic prescriptions that I fear will eventually have an adverse affect on my health.

I would like to know why we are the forgotten victims. Why is there no help for us as victims with a mental health disease? Why are we the ones being treated differently; the ones who are forgotten because our injuries cannot be seen but just observed by the families we live with? Our injuries are internal and are very real.

I have lost almost everything and I am on the border of bankruptcy all because the Fire Department denied my claims and forced me to return to work even though letters from my private doctor and the FD doctor advised FDNY brass that I should not be working in the field. But they felt otherwise, and forced me to drive to work from Westchester County while taking as much as 4mgs of Xanax and Clonazapan a day. In my opinion, they did not care how I got there or if I was killed while getting to work while being under the influence of a controlled substance. It got to the point where I just could not do it any longer and on 11/22/04, I went out on sick leave and used all of my time to the point where I had no pay for a full year and lived off my credit cards to help feed, religiously teach, clothe and house my family. The FDNY refused to issue me a Line of Duty Injury designation that I was entitled to which would have given me full pay while I was out injured. They also refused my claim for Workers Compensation benefits which is my right as a NYS Worker. Chief Swithers told me my depression and PTSD was an "illness" and not an "injury," therefore I would not be eligible for LODI. I was told in front of a witness that, "If I filed for NYS Workers Comp claim I would be taken

off payroll, and denied Line of Duty Benefits.” Since then, I left the FDNY and I filed a claim on my own with the NYS Comp. Board and was subsequently awarded benefits thanks to the assistance of my witness and Attorney Mr. Bellone Esq. I now have Medical care for my illness.

I obtained a transcript of the Comp hearing so I have proof that I was entitled to have workers Comp, the discrimination I endured at the hands of the Fire Dept as well as the testimony against me by Chief Swithers (Then Capt. Swithers who is in charge of the FDNY Compensation Unit). Chief Swithers appeared as a “secret witness” for the NYC Law Department to support the City’s position that I should be denied benefits and to testify against me. But when I came forward with my Union Representative (EMS Officers Union), Ms. Pizzitola, he changed his tune and basically took the stand and talked about how he knows me and what a great person I was. I believe that he changed his testimony as why would the City present a witness that had nothing to say to support their position that I was not entitled to benefits and help *me*, the plaintiff in this case? Chief Swithers was shocked to see me there with my union representative. What surprises me is that he came on duty, in uniform and in a city car up to Yonkers as a witness for the City against me. Chief Swithers actions, in my opinion were unethical as he is an EMS Chief whose job is to help EMS workers file their claims and authorizations for treatment and collect their medical documents. If he is supposed to be the liaison to us employees, why is he filing our claims for us and later coming out against us as an advocate for the City? He cannot have it both ways; this is unethical behavior.

At the Comp Hearing, the Judge asked the City, “Why are you contesting his claim, medical board Doctors from the NYC Employees Retirement System have already determined him to be disabled as a result of a line of duty injury?” The City came up with one excuse after another and the ALJ could not find anything credible or of legal standing to deny me benefits. After all, the same City that gave me a disability pension for my PTSD and depression, was now contesting my comp claim for the same disability; how much sense does that make?

Please assist me in anyway possible in getting my life back on track. Mental health care is very important, and given the way the FDNY treated me when I was employed, there is no way I would put my life in their hands in retirement. I should have a choice of where I should be monitored and treated. The FDNY has advised me that I cannot seek treatment at another Center of Excellence if I am not monitored at the FD. Since I refuse to return to the FDNY for monitoring as a retiree, I guess this leaves me with nothing.

Many mental health providers do not accept Comp, and many people have to pay their doctors out of pocket. It makes life harder when the Law Department does not cover these bills because they are not "Comp approved." Not only do I ask that mental health providers be covered when not in the comp system as there are not many taking 9/11 patients any more, I beg of you to look into why the City of NY is still fighting all these 9/11 claims. Clearly the problems we are experiencing are legitimate, after all the studies, it just seems that the City does not care about us. It is taxing on me and my family due to my illness, but when we add the increased expense of medical care, and the frustration of the City not paying them as required by NYS Workers' Compensation Law, the problems compound.

Thank You for your time in this serious matter. My family and I thank you for listening to what I have experienced.

Retired EMS Lieutenant Anthony Vanaria

September 23, 2007

Statement of Phyllis Gelb, MD
New York Rescue Workers Detoxification Project
139 Fulton St., Suite 515
New York, NY 10038

Dear Councilmembers:

My name is Dr. Phyllis Gelb. I am a private practice physician overseeing the delivery of detoxification services by the New York Rescue Workers Detoxification Project.

I am not able to be present today, and thank you for allowing my testimony to be read into the record.

On the sixth anniversary of the attacks on the World Trade Center, the *Washington Post* published an article regarding the lingering health effects associated with exposures during the rescue and recovery operations.

One of the scientists interviewed for this article was an environmental health scientist at Johns Hopkins University who spent weeks at the site. Here's what she said:

“First of all, we know nothing about the types of contaminants that were present in the days following the event, because there was no monitoring in place.”

This is a stark contrast to the assurances offered immediately after the disaster. What it means is that there is *no reason* to expect that scientists will *ever* connect the dots between the exposures suffered by the rescue workers and the health problems that they continue to experience.

If this is the case, our only priority should be to identify effective means to relieve the symptoms that rescue workers are experiencing and to restore their quality of life.

In more than 800 cases, the New York Rescue Workers Detoxification Project has done just that. The vast majority of the funding for this work has come from the private sector, from individuals, foundations and corporations who took the time to visit our facility and to see for themselves what we are doing.

In a previous appearance before the council, I shared a summary of outcomes from nearly 500 cases with the council. In the months since that time, I continue to see remarkable reduction in the severity of symptoms associated with chemical exposures among those who complete detoxification. The recoveries are often quite dramatic, as numerous rescue workers have testified before this body.

As a physician, it is my primary responsibility to bring relief. Because I have observed that this program has enabled hundreds of rescue workers to regain the quality of life they

enjoyed before their exposures, I find it deeply troubling that it is not available to more of them.

One important step toward this goal is to complete an independent study that characterizes the benefits of this rehabilitative therapy. A protocol for such a study has been developed and a research team assembled.

Completing this work could help open the door to public funding sources, as well as reimbursement through insurance carriers. This is essential if we are to reach all those who could benefit from this program.

I urge you to help this project find the funds for this project. The private sector has carried the burden of this work for far too long. Moreover, these donors want to see their funds go directly to rehabilitative services.

The scientific data that we will collect is not for abstract purposes, but is directly related to our effort to relieve human suffering. We are not suggesting that it will answer all questions regarding the causes of illness among the rescue workers – no project could accomplish this.

However, there is good reason to believe that we can gather important data about what can be done to help the rescue workers. This is science in the service of mankind – an approach that is especially appropriate for those who gave so much for their fellow citizens.

We are ready to begin this work. Your assistance would make a tremendous difference in the lives of many deserving men and women.

Yours sincerely,
Phyllis Gelb, MD

September 24, 2007

Statement of Jim Woodworth
New York Rescue Workers Detoxification Project
139 Fulton St., Suite 515
New York, NY 10038

Thank you Chairman's Addabo and Rivera for the opportunity to testify before you and the council.

My name is Jim Woodworth and I am the President of the New York Rescue Workers Detoxification Project.

It is my responsibility to manage community services and government affairs for the project, and I am here today on behalf of the rescue workers. It was important to them that the council hears their voice.

I have worked at our Manhattan facility since it opened its doors to the rescue workers in September 2002. I have made numerous presentations and educated thousands of firefighters, police officers, iron workers, laborers, sanitation workers and emergency medical personnel regarding the services our physicians provide to address the toxic effects of 9/11.

I have also conducted in-depth personal interviews with more than a thousand of these men and women. I have heard stories of danger, tragedy, and heroism that are beyond belief. And I can tell you in great detail what the health concerns of these individuals are.

The thing that I have learned that is most relevant to this hearing can be stated in a few words: They are sick and they want their lives and health back.

The more time has passed, the more intense this need has become. It's now been more than six years since their exposures. The last year has brought terrible news – serious illnesses, even deaths. Many physicians now agree that the rescue workers are going to need care for the rest of their lives.

Many of the men and women who come to us are in their 30s and 40s. They want to stay on the job. They want to have enough energy left at the end of

the day to interact with their spouses and children. They'd like to be able to take a deep breath, to get a full night of sleep.

Under the guidance of project physicians, 90% of the 825 rescue workers who have completed our program have accomplished these goals. Those who have recovered are just as baffled as we are that only a handful of city officials seem to find this worth celebrating. This only adds to a concern that many rescue workers have – that they are being forgotten, asked to simply “get on with it” when all the evidence suggests they are at great risk.

Nearly 20 of your council colleagues have toured our facility and met with the rescue workers that we serve since April of this year.

The men and women we have served are extremely grateful to see that members of the City Council care enough to take an honest look at the excellent results we obtain every week. They want to see their fellow rescue workers have the same opportunity to restore their quality of life.

Our physicians understand that a broad range of therapies will be needed to address the aftermath of the 9/11 exposures, and are simply asking for the detoxification program we are providing to be included among the choices available to rescue workers.

The many individuals, foundations and corporations who have supported this non-profit humanitarian initiative agree that it is time for the public sector to expand its efforts to bring relief.

Thank you for your leadership in this effort. You cannot move forward too quickly.