

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

JOINT COMMITTEES ON CIVIL SERVICE & LABOR AND LOWER
MANHATTAN REDEVELOPMENT

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May 21, 2009
Start: 11:00 am
Recess: 12:37 pm

HELD AT: Council Chambers
City Hall

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

COUNCIL MEMBERS:
John C. Liu
David Yassky
Rosie Mendez
Mathieu Eugene
Michael C. Nelson
Larry B. Seabrook
Melissa Mark-Viverito

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

Cas Holloway
Chief of Staff
Deputy Mayor for Operations Edward Skyler

Erin Drinkwater
Congressman Jerrold Nadler

Joe Soldevere
Congresswoman Carolyn Maloney

Carmen Cогnetta
Congressman Michael McMahon

Frank Tramontano
Research Director
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Harry Greenberg
Counsel
Correction Captains Association

Patrick Ferraiuolo
Correction Captains Association

Chris McGrath
Correction Captains Association

Alan Tannenbaum
Photojournalist

2 CHAIRPERSON MARTINEZ: Ready?

3 We're going to call the joint meeting of the fire-
4 -not fire no more.

5 MALE VOICE: Flashback.

6 CHAIRPERSON MARTINEZ: We're going
7 to call the joint meeting of the Committee on
8 Civil Service and Labor and the Lower Manhattan
9 Redevelopment to order.

10 Good morning, my name is Miguel
11 Martinez, I am Chair of the Committee on Civil
12 Service and Labor. Allow me to introduce Council
13 Member Chair Alan Gerson for the Committee on the
14 Lower Manhattan Redevelopment.

15 Today, the committees will examine
16 the status of the access to medical care and
17 benefit for uniform municipal workers involved in
18 the recovery effort after 9/11 terrorist attack on
19 the World Trade Center.

20 This hearing will focus on current
21 research on health effects of 9/11 and benefits
22 provided to those individuals involved in the
23 response to the attacks.

24 Also the committee will hear
25 testimony on a proposed resolution urging the U.S.

2 Congress to pass the James Zadroga 9/11 Health
3 Compensation Act. The Zadroga act would provide
4 medical monitoring and treatment for first
5 respondent, area residents, workers, students, and
6 others affected by the 9/11 attack.

7 The rescue and recovery work were
8 exposed to numerous physiological stressor,
9 environmental toxic, and other physical hazard.
10 Many studies have demonstrated that the exposure
11 to the World Trade Center event on or after 9/11
12 resulted in a variety of mental and physical
13 problems immediately after the terrorist attack.
14 Although many recovered within two years after
15 9/11, others continue to experience significant
16 problem. Health problems include asthma,
17 posttraumatic stress disorder, other 9/11 related
18 illness may take years to develop.

19 The Act would provide all person
20 exposed to toxic of Ground Zero a right to be
21 medically monitored and confer upon anyone who is
22 sick as a result of the exposure a right to
23 treatment.

24 The City Council supports the Act,
25 however, we object to Congress requiring New York

2 City to fund 10% of the entire treatment and
3 monitoring costs for those illegible. This amount
4 could equal as much as 500 million over 10 years.
5 As New York is already forced to cut vital program
6 due to the weak economy, we ask Congress to revamp
7 the requirement funding.

8 We look forward to the hearing,
9 and, at this point, I'm going to call on Council
10 Member Alan Gerson, Chairman of the Lower
11 Manhattan Redevelopment.

12 CHAIRPERSON GERSON: Thank you very
13 much, Mr. Chair. First of all, let me state what
14 a pleasure it is to conduct a joint hearing with
15 you and with the Committee you Chair in your still
16 recently relatively new capacity as Chair, and
17 this should be the beginning of many ongoing
18 endeavors. Though we have worked closely together
19 and collaborated on countless other endeavors, I
20 look forward to continuing the collaboration in
21 these capacities.

22 Mr. Chair, my friends, our city,
23 our state, our nation bears no higher moral
24 imperative and no greater policy imperative than
25 to assure that anyone and everyone who

2 participated in any of the rescue activities at
3 Ground Zero and the surrounding area receives all
4 the medical care they deserve, and that must
5 include all medical care that reasonably can be
6 said to relate to their activities at Ground Zero.

7 When it comes to these heroes, the
8 heroes of our uniformed services, our police, our
9 fire, our EMS corps, the heroes of our laborers
10 and workforces, the heroes of the residents of the
11 surrounding community, who, as I witnessed, when
12 the fires were burning and, indeed, when the
13 buildings were falling, walked into danger, rather
14 than away and remained thereafter to carry out
15 life-saving and community saving activities. We
16 dare not engage in bureaucratic--normal
17 bureaucratic goings-on, normal bureaucracy, we
18 dare not try to skimp or find loopholes to deny
19 coverage to these people. It would be morally
20 wrong and, as a matter of policy, it is wrong in
21 terms of the message it sends, not only to those
22 affected, but those who will be asked in the
23 future, God forbid, to go into harm's way.

24 So this is an extraordinarily
25 important hearing. We will hear from the

2 Administration and then we will hear from the
3 representatives of the Congressional sponsors of
4 the Zadroga bill in Washington and then we will
5 hear from representatives of the heroes to whom I
6 just referred.

7 But the purpose of this is to make
8 sure that we on the Council are doing what we need
9 to do to support efforts to review the pending
10 legislation in Washington, to see where, if at
11 all, it needs any alteration or adjustment.

12 However, the fundamental purpose of the Zadroga
13 bill is clear and we need to congratulate and
14 thank Congress members Carolyn Maloney and Jerry
15 Nadler for their leadership role in cosponsoring
16 and pushing the Zadroga bill and we need to work
17 with them to make sure that this bill is passed
18 and fulfills its promise. And, of course, we need
19 to make sure that the bill is passed in a version
20 which is fiscally responsible to the city of New
21 York, but not at the expense of providing the
22 necessary benefits to the individuals who need--
23 for whom this health coverage is a matter
24 literally of life and death.

25 And then, of course, in this

2 hearing we need to explore what more beyond the
3 bill we need to do as a city in order to do right
4 by the heroes of 9/11.

5 So I look forward to hearing from
6 all. And let me just also, as I always do at the
7 beginning of the hearing, because otherwise I
8 might forget, I want to--although I would never
9 forget in gratitude, I would want to thank Lyle
10 Frank, who is the Counsel to the Lower Manhattan
11 Redevelopment Committee, who is actually attending
12 another hearing in progress and will be joining us
13 in progress, and I want to thank Patrick
14 Mulvihill, who is the Policy Analyst for the
15 Committee on Lower Manhattan Redevelopment, for
16 their work in preparing this hearing. And I also
17 want to extend my gratitude to the team and the
18 staff of the Civil Service and Labor Committee
19 working under the leadership of Chair Martinez.

20 With that, I'll turn the mic back
21 to Chair Martinez to call our first witness.

22 And actually, I'll thank Cas
23 Holloway in advance of your testimony of--you
24 know, we've partnered together on Lower Manhattan
25 and Ground Zero issues and our community, as well

2 as our city, of course, is better off for it for
3 that partnership and for your leadership and your
4 commitment to the revitalization process, which I
5 know you agree must include doing right by the
6 heroes of 9/11.

7 Mr. Chair?

8 CHAIRPERSON MARTINEZ: Sure, would
9 you just identify yourself for the record and
10 start your testimony?

11 MR. CAS HOLLOWAY: My name is Cas
12 Holloway, I am Chief of Staff to Deputy Mayor for
13 Operations Edward Skyler and a special adviser to
14 Mayor Bloomberg.

15 Good morning. Thank you, Chairman
16 Martinez, Chairman Gerson, as well as the other
17 distinguished members of the Council, for
18 convening this hearing on the health problems and
19 treatment options for 9/11 responders and on
20 Resolution 1924, which calls on Congress to pass
21 the 9/11 Health and Compensation Act known as HR--
22 which has been introduced as HR 847.

23 I also at this time want to thank
24 Congresswoman Maloney, Congressman Nadler,
25 Congressman King, and Congressman McMahon, as well

2 as Senators Schumer and Jill Brand for their
3 strong support for this legislation and moving it
4 forward, and we look forward to working together
5 to ultimately hopefully presenting a bill that can
6 be passed this year.

7 I also want to thank Council
8 Speaker Quinn and the entire Council for making it
9 a priority to support legislation to establish a
10 sustained long-term 9/11 health program.

11 While the full extent of the health
12 effects resulting from the World Trade Center and
13 terrorist attacks is unknown, medical evidence
14 suggests a variety of short-term and medium-term
15 impacts. Additionally, the Centers of Excellence
16 in the World Trade Center Health Registry continue
17 to generate necessary research adding to our body
18 of knowledge about 9/11 health effects.

19 Addressing the long-term effects of
20 this attack on America will require a sustained
21 federal commitment to monitoring and treatment.

22 In addition to being Deputy Mayor
23 Ed Skyler's Chief of Staff and adviser to the
24 Mayor, I was Executive Director of a panel
25 convened by Mayor Bloomberg at the fifth

2 anniversary of the attacks to assess the health
3 impacts of 9/11. That report called for a
4 sustained long-term program to provide monitoring
5 and treatment to address the health impacts.

6 Before going into the particulars
7 of HR 847, I would like to just review some of the
8 essential facts about the scope of the 9/11 health
9 problem and the considerable efforts the city has
10 made to address it.

11 As Resolution 1924 notes, more than
12 90,000, and by some estimates more than 100,000,
13 New York City firefighters, police officers, other
14 first responders and recovery workers responded to
15 Ground Zero and participated in the rescue,
16 recovery, and cleanup of the site and hundreds of
17 thousands of residents and area workers,
18 schoolchildren and other community members were
19 directly impacted by the attacks. Although
20 Congress has appropriated funding on an ad hoc
21 basis to monitor and treat these groups, the
22 uncertainty of that funding requires that we seek
23 new appropriations every year and we were only
24 recently able to access some of these federal
25 funds for the only Center of Excellence currently

2 open to residents, area workers, and other non-
3 responders--that's the World Trade Center
4 Environmental Health Center that is run by the
5 city's Health and Hospitals Corporation.

6 Two and a half years ago, I
7 mentioned a minute ago that the Mayor convened an
8 executive panel to look at this, the report that
9 that panel published six months later established
10 beyond question that many people who were in or
11 near the area around the World Trade Center on
12 September 11th and the days following are
13 suffering from a variety of physical and mental
14 conditions. The report made clear that the
15 ultimate scope of these health effects is still
16 unknown, that they must continue to be studied,
17 and that those who are sick or who could become
18 sick must be monitored and treated with the best
19 possible care.

20 New York City has not waited for
21 federal funds to meet the health needs of those
22 who are sick in the aftermath of 9/11. New York
23 City taxpayers have, for example, borne the
24 expense of free screening and treatment for
25 thousands of people at the World Trade Center

2 Environmental Health Center at HHC, and we've
3 launched a number of public outreach campaigns
4 about 9/11 health problems and how to address
5 them. In addition, the Department of Health and
6 Mental Hygiene in 2008 launched the 9/11 Mental
7 Health Benefit and Substance Use program, which
8 actually steps into the shoes of an American Red
9 Cross program that preceded it. This provides
10 benefits payment for people who qualify and seek
11 mental health treatment for 9/11 related
12 conditions.

13 I also want to recognize Jeffrey
14 Hahn [phonetic] , who is sitting in the front row
15 here, one of the recommendations in the Mayor's
16 report was that a 9/11 health liaison be appointed
17 by the Mayor. Jeffrey is that liaison, he's been
18 working with the Department of Health now for
19 almost two years, I think.

20 I don't mean to suggest by this
21 that the federal government has done nothing in
22 this area. NIOSH grants and the annual
23 appropriations that Congress has made over the
24 last several years, due largely to the tireless
25 work of the New York delegation in Congress, have

2 funded the World Trade Center program at Mt. Sinai
3 and the longest-running health response to the
4 World Trade Center attacks--that's the FDNY World
5 Trade Center monitoring and treatment program.

6 Through that program about 15,000
7 firefighters are eligible and have received at
8 least one World Trade Center monitoring exam--
9 that's 97% of those eligible. More than 85% have
10 returned for a second exam and 75% for a third, so
11 that's an incredible participation rate and Dr.
12 David Pasrant [phonetic] who is not here, but I'm
13 sure is known by members of this committee, as
14 well as Dr. Kelly are instrumental to ensuring
15 that people for those responders that they get the
16 care they need.

17 In addition, federal funding
18 enabled the establishment of the World Trade
19 Center Health Registry, which the bill, HR 847,
20 will continue to fund on a permanent basis. The
21 Registry is a partnership between the city and the
22 federal government and is the largest effort of
23 its kind in history. It includes more than 71,000
24 people exposed from every state in the country and
25 from every congressional district. Over 20% of

2 people in the Registry are from outside the New
3 York metropolitan region. This is a reflection of
4 the numbers of people from throughout the country
5 who were in New York who responded to the city's
6 request for help in recovering from the 9/11
7 attacks. It is truly--though it gives you a sense
8 that it is truly a national problem.

9 Efforts like the Registry and the
10 reports generated by the medical working group
11 that Mayor Bloomberg created following the report
12 that we put out in 2007 ensure that the newest
13 research is brought to bear on addressing 9/11
14 health problems and that resources are committed
15 to where the science tells us they're most needed.
16 Registry data confirm continued high levels of
17 reported post-9/11 asthma and posttraumatic stress
18 disorder among enrollees five to six years after
19 the attacks. Adverse health symptoms reported
20 among rescue and recovery workers have also been
21 reported by lower Manhattan residents.

22 Let me just talk for a few minutes
23 about HR 847 and the Resolution that the Council
24 has supporting it. As the committee members, if
25 you've looked at the bill may know, the bill

2 provides long-term funding to monitor and treat
3 those who are sick or who could become sick as a
4 result of 9/11, including funding for three
5 Centers of Excellence, the Mt. Sinai program, the
6 FDNY program, and the Health and Hospitals
7 Corporation program. It also continues funding
8 for the World Trade Center Health Registry, and,
9 finally, the bill reopens the victims compensation
10 fund so that people who were harmed by the
11 terrorist attacks can get compensation fairly and
12 quickly without having to prove that the city, its
13 contractors, or anyone else but the terrorists
14 were at fault for the attacks.

15 The bill has a number of important
16 safeguards in it to ensure that federal funding
17 goes only to those who you can have a demonstrated
18 connection, whose illnesses have a demonstrated
19 connection to the 9/11 attacks. This is important
20 to Congress and important to the city and we fully
21 support those measures in the bill, which I'm
22 certain others who will testify can go through in
23 some detail.

24 I want to say just a couple of
25 words about reopening the victims compensation

2 fund and then just give you the city's position on
3 HR 47. As I noted, the bill does reopen the
4 victims compensation fund and we think that's a
5 critical step that's long-overdue. The
6 compensation fund worked well and approximately
7 5,500 claimants opted to accept rewards, rather
8 than to pursue a lawsuit. However, eligibility
9 limitations made it unavailable to many workers at
10 Ground Zero. This means that they are actually
11 forced to litigate, rather than getting
12 compensation in the no-fault scheme that was the
13 victims compensation fund. The downsides of
14 litigation are well-known--the outcome is
15 uncertain and the process is prolonged and costly,
16 and even if plaintiffs are successful, much of the
17 compensation awarded will not go to them, but to
18 their lawyers. Most regrettably in the situation
19 we're currently in, this litigation actually pits
20 the city against the heroes who helped the city to
21 recover from the 9/11 attacks, but the victims
22 compensation fund and reopening it will solve this
23 problem. It will assure that the only blame goes
24 to those who are responsible for the attacks--
25 that's the terrorists, and it can help the city to

2 fully recover from 9/11.

3 As I noted at the outset of my
4 testimony, overall, this legislation is an
5 important step forward, it actually achieves all
6 three of the major goals that Mayor Bloomberg laid
7 out in the report that was published in 2007--
8 that's sustained federal funding, reopening the
9 victims compensation fund, and supporting
10 research. However, as Chairman Gerson, Chairman
11 Martinez, you noted at the outset of the hearing,
12 the bill and also the Resolution notes this, the
13 bill requires the city to contribute 10% matching
14 cost share of the entire health program, which the
15 Congressional Budget Office estimated at over \$500
16 million over 10 years. City taxpayers would be
17 required to fund the 10%, not only of the
18 community program, but also of the Mt. Sinai
19 program and any program that ultimately is funded
20 under the bill, regardless of whether New York
21 City residents are recipients of care.

22 This is simply too high a cost for
23 city taxpayers to shoulder alone for what clearly
24 must be a national response to an act of war
25 against our country. I also don't need to tell

2 the members of these Committees that the city is
3 still in the throes of a fiscal crisis that is
4 requiring us to take repeated and deep cuts, the
5 budget caps that we're showing in Fiscal Year 2011
6 is now up to \$4.5 billion, in the out years it
7 goes to above \$5 billion. The point of those
8 numbers is that the city and the city government
9 is focusing and must focus, as it should, on
10 providing essential services and getting the
11 economy turned around. Because addressing the
12 health needs of 9/11 is so clearly a national
13 responsibility, we think it is unfair that 10% is
14 too high for New York City residents to have to
15 bear, it's a disproportionate burden under the
16 bill.

17 Also, because some of the programs
18 that we would required to fund are not run by the
19 city, we need to have some kind of audit provision
20 or oversight provision to ensure that whatever
21 cost share is agreed to in the final legislation,
22 that the city has the ability to make sure that
23 public dollars are well spent.

24 We're confident, however, that
25 working with our partners in Congress we can

2 address both of these issues and ultimately fully
3 support legislation that we hope, as I said at the
4 outset, will be presented for President Obama's
5 signature before another anniversary of the
6 attacks passes.

7 I want to thank the members of the
8 Council again for your attention to this issue and
9 as, just to make explicit, the city supports
10 Resolution 1924 and I will be happy to take any
11 questions you might have.

12 CHAIRPERSON GERSON: Again, thank
13 you very much Mr. Holloway. Just to be clear on
14 the record, other than the change in the amount of
15 compensation, the bill would demand of the city
16 from 10% to 5%, are there any other changes or
17 adjustments the Administration would propose to
18 the Zadroga bill?

19 MR. HOLLOWAY: Well, one other
20 change that is substantive the--pardon me.

21 MALE VOICE: Sure.

22 MR. HOLLOWAY: But on the
23 contribution part, let me just say a word on that.

24 CHAIRPERSON GERSON: Please.

25 MR. HOLLOWAY: Mayor Bloomberg is

2 not opposed to the city putting in some
3 contribution and has actually made that clear to
4 Speaker Pelosi and to the members of the New York
5 delegation, because he recognizes that, by having
6 a stake in the program financially you have the
7 proper incentives to ensure that care is provided
8 as efficiently as possible.

9 In an earlier version of the bill
10 that was circulating up until last fall that Mayor
11 Bloomberg himself went down and testified in full
12 support of, the city was committed to pay 5% of
13 the overall costs of any HHC Center of Excellence.
14 Now, there are currently three parts: Elmhurst,
15 Gouverneur Hospital, and Bellevue Hospital are
16 currently participants in the World Trade Center
17 Environmental Health Center, which is the HHC
18 Center of Excellence. Under the bill, it's
19 possible that that actually could be expanded and
20 other city funded institutions could join that
21 group, so we had offered the 5%.

22 The ultimate bill that was
23 introduced had the city paying 10% of the entire
24 health care costs, that would include the national
25 program, the Mt. Sinai program, which is a

2 wonderful program, but it's run by Mt. Sinai and
3 any other program, without giving us what is the
4 second substantive issue with the bill--

5 CHAIRPERSON GERSON: [Interposing]
6 The Mt. Sinai program though benefits city uniform
7 personnel.

8 MR. HOLLOWAY: Certainly,
9 certainly. It's a great program, I mean, and it's
10 a vital program. The Mt. Sinai program, I think
11 30% of their currently 12,000 enrollees are
12 estimated to be related to the city in some way,
13 although we don't have full transparency and all
14 of their data, but Mt. Sinai actually participates
15 on the Mayor's medical working group and we have
16 worked closely with them in a number of things.

17 The point is though that for the
18 kinds of dollars we're talking about certainly,
19 you know, if it ended up staying at 10% and the
20 Congressional Budget Office estimates are correct,
21 you're talking about half a billion dollars over
22 five years, over 10 years. The city would need to
23 have an ability for whatever it's going to fund to
24 at least go in and audit and ensure that the funds
25 are being properly spent. Right now, there is no

2 provision for that in the bill. With HHC, we're
3 totally comfortable because the city runs HHC, so
4 you don't have that problem.

5 So the two substantive issues are
6 the size of the share, we're not opposed to any
7 share, but just a reasonable share that is
8 primarily geared towards incentives to provide
9 efficient healthcare. And then the appropriate
10 oversight, call it auditing rights to ensure that
11 whatever programs the city is obligated to
12 contribute to, and it would be mandatory under the
13 bill, that we have the ability to ensure that
14 those funds are properly spent and or, you know,
15 check them, so to speak.

16 CHAIRPERSON GERSON: So the 5% city
17 payment to which you referred in your testimony,
18 that refers to the HHC Centers of Excellence.
19 Does the administration have a position as to what
20 would be a reasonable percentage of the overall
21 bill, less than 10 that the city could agree or
22 could support in any final bill, given the fact
23 that apparently the bill drafters, for whatever
24 reason, have positioned the city's share as
25 relating to the overall costs. So do you have a

2 viewpoint that if that formula is kept, would
3 there be an acceptable percentage from the city
4 standpoint, from the administration standpoint?

5 MR. HOLLOWAY: Well I can say that
6 there is an acceptable percentage. In terms of
7 what that number is, there's a couple things that
8 we don't know that we need to know. First of all,
9 the half billion dollar estimate that is the best
10 information that we have right now is old and it
11 applied to a version of the bill that's no longer
12 the bill. As part of the legislative process,
13 when the bill picks up momentum in the House and
14 actually moves, we'll have a new congressional
15 budget estimate, we'll actually have information
16 to see how are the dollars actually--had do they
17 come out and then we will have a discussion, you
18 know, we certainly are open to--we've gone down to
19 DC to do this a number of times to kind of, I
20 guess, call it hashing out what is a reasonable
21 percentage, something between 10% and the 5% of
22 the agency program that the Mayor had already
23 offered. But in terms of what it is, there are
24 just really too many unknowns.

25 CHAIRPERSON GERSON: Has there been

2 any discussion of combining a percentage with a
3 cap so that the city, given the uncertainties to
4 which you testified and the fact that the program
5 is, for the most part, not going to be under city
6 control, that the city, if we're agreeing to pay a
7 proportion of the overall, that there be a cap in
8 dollars on that? Does that make any sense? Has
9 that been discussed?

10 MR. HOLLOWAY: It definitely makes
11 sense, there's actually a cap in the bill right
12 now at \$500 million, so that's how we know the
13 \$500 million figure is at least an upper limit.

14 CHAIRPERSON GERSON: So you would
15 support retaining some cap.

16 MR. HOLLOWAY: Yes, certainly,
17 because it's a hedge against the uncertainty of
18 what happens here. For example, if we agree to a
19 percentage between 10% and the 5%, you know, that
20 percentage is going to have some projected or
21 estimated dollar figure associated with it, that
22 would be a reasonable cap.

23 CHAIRPERSON GERSON: Okay. All
24 right, I just want to cover the medical response
25 and the research response to the 9/11 catastrophe

2 and, because as you pointed out, that is very
3 important. Are there, going forward in order to
4 assure that victims receive the best possible
5 care, are there any aspects of research that the
6 Administration feels needs to be covered in the
7 bill that are not as currently proposed or are you
8 satisfied with the range?

9 MR. HOLLOWAY: As a general matter,
10 we are satisfied with the range, there is always
11 the ability to ensure that it is comprehensive and
12 covers both all of the pathways you want to go
13 down in terms of responders and non-responders.
14 But I should note that the bill establishes a
15 scientific committee, scientific and technical
16 committee, it establishes both a responder
17 committee and a non-responder committee who are
18 going to meet and they don't conduct research, so
19 to speak, but it's kind of modeled on the Centers
20 of Excellence and the way they're structured now.
21 There is additional--there is the additional
22 research that is funded and then the World Trade
23 Center Health Registry is funded on a permanent
24 basis.

25 Now, in addition to the clinical

2 programs, the Centers of Excellence that it
3 certainly provide wonderful research, I believe
4 the fire department has published 25 peer-reviewed
5 articles at this point. The World Trade Center
6 Health Registry, though, is the largest effort of
7 its kind, the federal government we really--the
8 ATSDR worked with the Department of Health and
9 Mental Hygiene and now we have something that will
10 truly enable us, we think, to, not only keep up
11 with this population, but also to understand what
12 are the effects that potentially could emerge that
13 we don't know about now.

14 So maintaining the funding for
15 those things in whatever the final bill is, is an
16 absolute necessity.

17 CHAIRPERSON GERSON: And I agree
18 with that 100% and I'm glad because I wanted to
19 get that statement from you on the record.
20 There's one aspect though scientific research that
21 you did not cover in your testimony and I'm not
22 sure would be covered by the bill, but one way or
23 another I hope we can agree needs to go forward
24 and that is hard scientific research beyond the
25 epidemiological research stemming from the Health

2 Registry and I am referring to, if you will, a
3 slide and microscope, hard-core science to
4 experimentation and studies in order to ascertain
5 the metabolic effects, the effects of the 9/11
6 toxins on human cells, the cellular response to
7 exposure. I guess what I'm trying to say is basic
8 scientific laboratory research, taking the toxins
9 or their elements and experimenting with them and
10 seeing what type of reactions they trigger in
11 human organisms or cellular organisms. As best
12 that I know, there's one laboratory set up
13 dedicated specifically to that and that's out of
14 the NYU Bellevue complex, a joint HHC NYU program
15 between the respective departments of pulmonology,
16 under the leadership of Dr. Rahm, but with Dr.
17 Ryman, you know, bridging, you know, participating
18 and bringing the epidemiological elements. I know
19 the Center for Disease Control probably has done
20 some of this as part of their overall, but the NYU
21 Bellevue complex has in the past received City
22 Council capital funds and I believe NIH, or
23 they're in the process of applying for NIH
24 operating funds, but that type of laboratory
25 research specifically into the effects of the 9/11

1 toxins seems to me should be part of the overall
2 picture so we can combine that with the
3 epidemiology and do everything we possibly can to
4 assure going forward that we develop the best
5 possible therapies, maybe even cures, knowing that
6 this type of exposure often triggers effects
7 decades after the exposure.
8

9 So can we agree in principle on the
10 need to support laboratory research related to
11 9/11?

12 MR. HOLLOWAY: We can agree in
13 principle that any research that would advance our
14 understanding of what the health impacts of 9/11
15 are would be beneficial and to the extent that,
16 you know, that kind of research--and I'm not a
17 researcher, so I don't want to characterize what's
18 possible based on--

19 CHAIRPERSON GERSON: [Interposing]
20 You always struck me as a researcher type of a
21 guy.

22 MR. HOLLOWAY: I like research.

23 CHAIRPERSON GERSON: There you go.

24 MR. HOLLOWAY: But I'm not an
25 expert health researcher, so I don't want to speak

2 to the specifics, but you know what I can do, Dr.
3 Rahm actually, who participated in the panel that
4 put the report out and, of course, Dr. Ryman who
5 continues day to day to be on the front lines of
6 this--

7 CHAIRPERSON GERSON: [Interposing]

8 And they're both terrific by the way--

9 MR. HOLLOWAY: Yeah.

10 CHAIRPERSON GERSON: --that
11 deserves to be stated on the record, their
12 dedication, combined with their scientific acumen
13 I mean really has benefited us in countless ways,
14 but please proceed.

15 MR. HOLLOWAY: Absolutely. What we
16 can get back to you on as I would love to get Dr.
17 Ryman's view on whether this and in what way, you
18 know, we can certainly make a suggestion about how
19 to supplement the research that is already
20 specifically identified in the bill.

21 I do want to mention one other
22 thing about research and that is the medical
23 working group that the Mayor formed, it's
24 important to note because it is actually the only
25 forum that pulls together all of the various

2 groups with an interest in both clinically and
3 then from a research perspective, that group
4 convenes several times a year and issues an annual
5 report on the latest research and what the
6 findings are and it's a forum where there's an
7 effort to reach consensus on what is the medical
8 evidence telling us and then actually linking that
9 to resources.

10 CHAIRPERSON GERSON: Is Dr. Rahm a
11 part of that group? I'm just trying to recollect.

12 MR. HOLLOWAY: I think the HHC
13 representative is Dr. Ryman, correct?

14 MALE VOICE: Yes--

15 [Off mic]

16 MR. HOLLOWAY: So we can get back
17 to you on the type of research.

18 CHAIRPERSON GERSON: Okay. Just on
19 this point, so can we leave that you'll follow-up
20 speaking with both Dr. Ryman and Dr. Rahm and get
21 a handle? It may be that we may not need to amend
22 the bill because between the capital money the
23 city provide and the NIH operating funds, that may
24 suffice for the laboratory work, but I think we
25 need to make sure whether it's through the Zadroga

2 bill or through city support or through other
3 federal support that we--you know, too often in
4 general in this society, we overlook the
5 importance of hard-core scientific research, and
6 that's been a problem in many sectors of our
7 society. But certainly here we don't want to
8 overlook the importance of that type of laboratory
9 research and we certainly want to make sure that
10 we have funding streams, capital and operational,
11 to make sure that the research out of this lab
12 goes forward and that it is complemented as
13 needed.

14 I know our Chair has a conflicting
15 committee obligation, so I want to at this time
16 pass the microphone to Chair Martinez and then I
17 shall return.

18 CHAIRPERSON MARTINEZ: Thank you,
19 Mr. Chair.

20 As you mentioned, I may have to
21 excuse myself to go across the street to vote, but
22 I just wanted to get an update on some of the
23 litigation that the city is involved with first
24 responders and others who have become ill. What
25 is the aggregated amount of claims filed so far?

2 MR. HOLLOWAY: That is an
3 interesting question, we don't have from the
4 plaintiff side in the lawsuits and I believe the
5 number now is up to 10,000 lawsuits, something
6 approaching that number. ut there has not been
7 put forward an aggregated amount of damages that
8 they're claiming, so that actually, we assume,
9 that it's, you know in the multi-billions.

10 CHAIRPERSON MARTINEZ: And with
11 that in mind, will the congressional act reopen
12 the 9/11 victim compensation fund?

13 MR. HOLLOWAY: Yes, it would and it
14 would essentially reopen the victims compensation
15 fund and it would be the same mechanism that
16 existed with the adjustments in scope. I mean the
17 way that the fund was legislated, initially it set
18 strict limitations on time and then who was
19 eligible, you expand those, you leave everything
20 else the same and then the fund operates in the
21 same way that it did.

22 CHAIRPERSON MARTINEZ: And I know
23 there's been some dispute in terms of some of our
24 first responders, particularly those in uniform,
25 responders being recognized or having assets to

2 the medical being covered by the city for medical
3 health needs, particularly between, you know,
4 recognizing that the fire department, because of
5 the nature of the job are covered for lung illness
6 and so forth. However, some other responders that
7 are not covered, will this Act enable the city to
8 provide the same type of medical recognition for
9 lung disease?

10 MR. HOLLOWAY: Do you know what
11 the--the way that question is phrased, it's a
12 little difficult to answer. Let me tell you what
13 the bill actually--what the bill does is it funds
14 the Centers of Excellence, sets up mechanisms for
15 adding additional Centers of Excellence. Then to
16 get into those programs, you have to qualify, to
17 qualify for the programs, for any of the programs,
18 you have to establish certain criteria that puts
19 you in an eligibility pool, so it's either
20 location or where did you work, and then a doctor
21 with experience treating World Trade Center
22 related illness has to do an individual
23 examination--this is some of the controls that I
24 talked about, made quick reference to in my
25 testimony--to ensure that there is a link between

2 the ailment and 9/11. Once that's established,
3 any condition that is, you know, connected with
4 that would be covered basically under the bill and
5 there's a long list of conditions in the bill,
6 conditions can be added to that list also, there's
7 a mechanism for doing that. But that list of
8 conditions is based on the latest medical
9 evidence.

10 In terms of what the city is
11 covering or not covering, I guess I would need a
12 little more specifics in terms of what information
13 you're looking for.

14 CHAIRPERSON MARTINEZ: No, in terms
15 of that, and if you don't have the answer, it's
16 fine, but from some of the issues that have come
17 to my attention in terms of some of our first
18 responder uniform, first responders, such as fire
19 department, they're covered under the, by the
20 nature of the job any lung disease after 9/11 have
21 been discovered by any of those responders are
22 immediately covered under or recognized in the
23 city as covering their medical needs. However,
24 you kind of went into some of the answer in term
25 of the, they say police, sanitation officers, and

2 so forth that are not by nature covered under lung
3 disease are going through the process that you
4 just mentioned, which they have to be evaluated,
5 find out where they're at and so forth and not
6 getting the recognition immediately for coverage,
7 is that right?

8 MR. HOLLOWAY: Well to the extent
9 that any of those individuals is actually, for
10 example, either already participating in or is
11 looking to participate in the Mt. Sinai program,
12 if it's a firefighter or all evidence shows, I
13 think that we have like a 99% participation rate
14 by firefighters, then there's always the World
15 Trade Center health program, which accepts
16 anybody--responders and non-responders.

17 In terms of health determinations,
18 you know, if you're talking about [off mic]
19 determinations or by individual agencies about
20 what conditions are covered, I would definitely
21 want to get back to you because, you know, I think
22 that is not a different question, it's certainly a
23 related question, but I want to absolutely be
24 clear about what information, you know, you're
25 looking for, what we're talking about in terms of

2 what a city employee who just goes through their
3 agency, whether something's 9/11 related or not.
4 And then what's available through these programs
5 for 9/11 related conditions, if you qualify.

6 CHAIRPERSON MARTINEZ: Thank you.
7 I have to excuse myself, I'll be back, but I have
8 to go vote across the street, they're calling.

9 CHAIRPERSON GERSON: Thank you very
10 much, Mr. Chair. Just following up on Chair
11 Martinez's points, there's always going to be a
12 gray area, there's always going to be a degree of
13 uncertainty, as you pointed out in your testimony,
14 this is new scientific ground. I'm going to ask
15 you a question I'm going to ask most of, if not
16 all, of the other witnesses and that is are we
17 setting up a mechanism so that for responders, for
18 sick responders who, without question, were
19 present at Ground Zero during or after 9/11 and
20 without question were exposed that, where we
21 cannot rule out a 9/11 related illness, we are
22 giving and it's reasonably possible that something
23 that could be related to 9/11, not, you know,
24 something that's totally no way, no how, but where
25 we're in that gray area, are we giving these

2 people the benefit of the doubt in terms of
3 coverage?

4 MR. HOLLOWAY: Well I guess the
5 best way to answer that question is to talk about
6 how individual cases, how individuals are deemed
7 to be eligible, okay? Under the bill and I'm
8 paraphrasing here, a doctor with expertise and
9 experience treating 9/11 related conditions and
10 that would be--you know, that's why the Centers of
11 Excellence in part were created, to develop that
12 expertise--has to make a determination that a
13 particular condition on a case-by-case basis, that
14 an individual condition, there's a reasonable
15 chance that it is substantially connected and I
16 might be transposing those things, but that's the
17 standard in the bill.

18 [Crosstalk]

19 CHAIRPERSON GERSON: That's the
20 reasonable chance of substantial relation.

21 MR. HOLLOWAY: Of substantial
22 relation, something akin to that, I mean, don't
23 quote me, but it's in the bill, and the way that
24 that's established is through questionnaires,
25 through--first of all, there's an examination by a

2 doctor, so it's not just a paper file, but then
3 there are also standardized questionnaires that
4 are supposed to be--that will be developed that
5 are actually population specific so it's not one-
6 size-fits-all. So I guess I would say in terms of
7 the benefit of the doubt, I think there is enough
8 recognition of the difference of potential
9 eligible populations in the bill and it identifies
10 a number of populations and then it mandates the
11 creation of instruments that are standardized, but
12 also specialized, for specific groups and then
13 requires that individual medical determination to
14 be made so that, you know, at bottom, it becomes a
15 medical judgment of a doctor. But, you know, all
16 of the mechanisms are in place to get every piece
17 of evidence you can to make a determination about
18 whether it's connected to 9/11.

19 CHAIRPERSON GERSON: I was informed
20 that we're going to hear testimony later this
21 morning that certain types of cancers are
22 ineligible from coverage in this bill. Do you
23 have any knowledge about that or do you have any
24 concerns?

25 MR. HOLLOWAY: Well right now the

2 bill has a list of eligible conditions, okay, and
3 that is based on the experience that we have to
4 date and the medical evidence to date. There are
5 mechanisms in the bill both for making
6 determination that something that's not on that
7 list is 9/11 related and I don't want to quote it
8 because it's--but it's there.

9 Then there's also a mechanism for
10 adding additional conditions to the list and that
11 has to be based on medical evidence. Now that, we
12 think, is the right way to do it. What should be
13 covered is what is demonstrated to be connected to
14 the World Trade Center attacks, and that's what
15 the bill seeks to do. It's not perfect, but I
16 think it's pretty good.

17 CHAIRPERSON GERSON: Okay. We have
18 been joined by Council Members Dr. Mathieu Eugene
19 and Rosie Mendez of the Committee on Lower
20 Manhattan Redevelopment and Council Member Michael
21 Nelson, I presume with the Committee on Civil
22 Service and Labor.

23 Council Member Nelson.

24 COUNCIL MEMBER NELSON: I just have
25 a question. Years ago I visited this detox unit,

2 it was run by, I think, the Scientology church, so
3 that made it controversial and there was an
4 insurance problem with that as well. But I saw
5 people there who, it wasn't like a Cook's tour,
6 they were coming in from Virginia, from
7 Connecticut, wherever and they were actually
8 getting a lot of these toxins out of their system.
9 Of course, this is anecdotal, I don't have
10 scientific proof of this, but these people swore
11 by it and you could see it was coming out of their
12 pores all types, even metal, you know, minute
13 pieces of metal and almost microscopically. But I
14 was wondering if the city has looked into that as
15 a possible way of taking care of these people or
16 is it just considered hocus-pocus?

17 MR. HOLLOWAY: I don't want to
18 characterize it. I can tell you that for the both
19 the Centers of Excellence and the programs that
20 are established and have been running, that
21 particular program is not part of it.

22 COUNCIL MEMBER NELSON: Okay. Just
23 if it could be looked into it again, because,
24 again, I was very impressed with it and I have no
25 horse in this race, other than the safety and the

2 health of the first responders and, in fact,
3 anybody who's around that area at the time,
4 civilians as well. So just as a thought because I
5 was very impressed with it and then I sort of lost
6 contact with the whole issue and only that it's
7 being brought up today, not that particular issue,
8 but in framework of what we're discussing today,
9 that I just wanted to throw that out there.

10 MR. HOLLOWAY: Sure, I will
11 certainly take that question back to the
12 Department of Health because I know that they have
13 weighed in even more specifically than I just did
14 on this so...

15 COUNCIL MEMBER NELSON: Thank you
16 very much.

17 MR. HOLLOWAY: You're welcome.

18 COUNCIL MEMBER NELSON: Okay.

19 CHAIRPERSON GERSON: Mr. Holloway,
20 in the interest of time, I'm going to ask if you
21 would be so kind as to follow up this hearing by
22 providing this Committee with a status report on
23 the captive insurance fund currently, you know,
24 within the city's control, what is the level of--
25 well how much money do we have in the fund, how

2 much has been disbursed since its inception, and
3 what standards or criteria does the city use for
4 disbursement. You know, if you can follow up and,
5 particularly with the numbers, rather than go
6 through that now, because we do want to get to
7 other representatives of our Congressional
8 sponsors and the other witnesses, I'll leave it
9 there. Just ask if you want to comment at all now
10 on the captive insurance fund or just get back to
11 us with all of that.

12 MR. HOLLOWAY: We will get back to
13 you.

14 CHAIRPERSON GERSON: Okay.

15 MR. HOLLOWAY: There's nothing to
16 say in 30 seconds that would--

17 [Crosstalk]

18 CHAIRPERSON GERSON: [Interposing]
19 Okay. So if we could continue, that is something
20 that I just want to make it clear that is
21 something that is of great concern to the
22 Committee, it doesn't directly relate to the
23 Zadroga bill, but it relates to the broader issue,
24 so if you would provide us that information and
25 then we will certainly follow up both on ongoing

2 dialogue and, if necessary, in a follow-up hearing
3 specifically on the city's handling on the captive
4 insurance fund.

5 I know we are going to have
6 testimony about that by other witnesses later this
7 morning. So we will, you know, continue to work
8 on that issue and work with you.

9 MR. HOLLOWAY: Certainly, you know
10 what, there is one thing I can say quickly. The
11 relation to the Zadroga bill is pretty significant
12 here because, you know, in the city's view, if you
13 reopen the victim compensation fund, then that is
14 going to provide a sure non-fault-based way for
15 people who have been harmed to get help and then
16 the need for the captive insurance fund proceeds
17 and it's more complicated than this, so I want to
18 get back to you specifically--

19 CHAIRPERSON GERSON: Sure.

20 MR. HOLLOWAY: --you know,
21 diminishes in some relation that we think will be
22 significant.

23 CHAIRPERSON GERSON: And I concur
24 in that my point was that the captive insurance
25 fund has a legal status that is independent of the

2 Zadroga bill obviously because the bill has not
3 yet passed.

4 MR. HOLLOWAY: Yes, absolutely.

5 CHAIRPERSON GERSON: Okay. Well we
6 have been joined by Council Member John Liu of the
7 Lower Manhattan Redevelopment Committee.

8 Okay, well, Mr. Holloway, we will
9 certainly continue to be in touch and continue--

10 MR. HOLLOWAY: Thank you.

11 CHAIRPERSON GERSON: --on these
12 very important matters and make sure that we do
13 right--

14 MR. HOLLOWAY: Thank you for the--

15 CHAIRPERSON GERSON: --by the
16 people in need.

17 MR. HOLLOWAY: Thank you very much
18 for the opportunity to testify and we'll get back
19 to you.

20 CHAIRPERSON GERSON: We will now
21 hear from representatives of the Congressional
22 sponsors of the Zadroga bill, each of the sponsors
23 we know and appreciate are very busy working for
24 our city and the needs of our city and country in
25 Washington, but we're very happy to have with Erin

2 Drinkwater representing Congress member Nadler;
3 Joe Soldavine?

4 MR. JOE SOLDEVERE: Soldevere.

5 CHAIRPERSON GERSON: Oh that's an
6 R, I'm sorry, Soldevere, representing Congress
7 member Carolyn Maloney; and representing Congress
8 member Michael McMahon, who we miss every day on
9 the Council, but we have Carmen Condi--oh there
10 you are, Carmen, someone who is no stranger to us,
11 so welcome back to the City Council, Carmen.

12 MR. CARMEN COGNETTA: Well, it's
13 very nice to be here--

14 [Off mic]

15 CHAIRPERSON GERSON: Yeah, there
16 you go, now we can--

17 [Off mic]

18 CHAIRPERSON GERSON: Yeah, well now
19 you know what you put everyone else through all
20 these years.

21 Erin, I know you have a an
22 appointment upcoming, so we'll begin with you.

23 MS. ERIN DRINKWATER: Great, thank
24 you.

25 In the interest of time, I'm going

2 to summarize Congressman Nadler's testimony today.

3 Chairman Gerson and Chairman
4 Martinez, thank you for convening this hearing and
5 inviting my colleagues and me to testify before
6 you today. I also want to thank everyone who has
7 worked on this bill to help us achieve our long-
8 standing goal of providing a stable long-term
9 program to help the responders, the area
10 residents, workers, students, and others who were
11 injured by the attack on our country on September
12 11th.

13 Representative Maloney and I, along
14 with Representatives King and McMahon, have
15 introduced HR 847, the 9/11 Health and
16 Compensation Act of 2009 to ensure that the living
17 victims of the September 11th terrorist attacks
18 have a right to health care for their World Trade
19 Center related illnesses and a route to
20 compensation for their economic losses.

21 Now as many of my colleagues know
22 and many of us sitting in this room know, we have
23 come together many times since the towers fell
24 almost eight years ago holding press conferences,
25 testifying at hearings, and releasing countless

2 pages of information detailing the environmental
3 impacts and health effects created by the attack
4 on our country. Yet each time we presented our
5 case for comprehensive solution, we were told
6 better luck next year.

7 Well a new year has come and here
8 we are again on behalf of those who continue to
9 suffer. Undaunted and, due to considerable
10 efforts by all of the stakeholders, we have
11 modified the bill to achieve what have been our
12 dual goals from the very beginning. One, to
13 establish a stable, long-term approach that builds
14 on the successful and existing programs to provide
15 much-needed care for those who are affected by the
16 attacks, regardless of whether they were first
17 responders, area workers, residents, students, or
18 others; and, two, doing so in a fiscally
19 responsible manner.

20 Earlier this year, we held two
21 hearings in the United States House of
22 Representatives on the bill. First, I chaired a
23 joint hearing of two judiciary subcommittees: the
24 subcommittee on the Constitution, Civil Rights and
25 Civil Liberties, and the subcommittee on

2 Immigration, Citizenship, Refugee, Border
3 Security, and International Law. At that hearing,
4 lawmakers considered issues related to the
5 economic losses resulting from the health problems
6 for 9/11 victims, as well as the need to ensure
7 that the city and its contractors can respond to
8 emergencies like this without risking financial
9 hardship. And all sides agreed that a reopening
10 of the victims compensation fund was the best way
11 to solve these issues.

12 The second hearing was held in the
13 Energy and Commerce Committee, where I testified
14 about the overwhelming need for federal action to
15 stem the health crisis affecting thousands of
16 first responders, workers, students and community
17 members who were exposed to the World Trade Center
18 contaminants after 9/11.

19 Now as the legislative session
20 moves forward, we expect committee markups of the
21 legislation in the near future as we push for
22 House passage in the coming weeks. Additionally,
23 it is expected that there will be companion
24 legislation introduced in the United States
25 Senate, bringing us one step closer to the 9/11

2 Health and Compensation Act of 2009 being signed
3 into law by President Obama.

4 Passage of the 9/11 Health and
5 Compensation Act would mark an end to the current
6 problematic approach and ensure that a consistent
7 source of funding is available to monitor and/or
8 treat the thousands of first responders and
9 community members already affected by 9/11 related
10 illnesses, as well as those whose illnesses may
11 become apparent in the future. It would ensure
12 that no matter where an affected individual lives
13 in the future, he or she could get care.

14 Building on the expertise of the
15 Centers of Excellence, the bill would fill gaps in
16 how we are currently providing treatment and
17 monitoring. The bill would also provide for
18 substantial data collection regarding the nature
19 and extent of World Trade Center related
20 illnesses--this is a particularly critical
21 provision as there is still much we have to learn
22 about these illnesses and how they affect
23 different exposure populations.

24 And finally, as you know, this
25 legislation would provide an opportunity for the

2 compensation for economic damages and losses by
3 reopening the 9/11 victims compensation fund.

4 Today, every member of these
5 committees has an opportunity to help us make a
6 necessary final push. I urge you again to join
7 with those of us in this room who have been
8 fighting for this funding for eight long years,
9 with those of us here in New York, and throughout
10 the country who continue to grapple with the
11 consequences of the 9/11 attacks. With your help
12 via the passage of City Council resolution 1924-A,
13 we will strengthen the growing support of the 9/11
14 Health and Compensation Act of 2009 and bring us
15 one step closer to giving the heroes and victims
16 of 9/11 the peace of mind they deserve by
17 providing for their health needs and other losses.
18 Please join me in supporting the 9/11 Health and
19 Compensation Act and please help us move this
20 important legislation forward so it can finally be
21 brought to the House for a whole vote.

22 Thank you, again, Mr. Chairman and
23 members of the Committee, for holding this
24 hearing, and I look forward to the testimony of my
25 colleagues and other witnesses.

2 CHAIRPERSON GERSON: As Ms.

3 Drinkwater may have to leave before this panel
4 concludes, let me just ask her, if you gentlemen
5 will indulge me just one question, and, by the
6 way, first and foremost, of course, as always,
7 express our appreciation to Congress member Nadler
8 for his terrific work.

9 Do you have any thoughts in
10 response to the testimony of Mr. Holloway about
11 any aspects of the bill in particular, the city
12 contribution part of it?

13 MS. DRINKWATER: Sure, as you can
14 see in part of the testimony that I did not read,
15 you know, the congressman recognizes that this was
16 an attack on our nation and that the burden should
17 be borne by the federal government. However,
18 given the opportunity that the city can contribute
19 to the extent that is fiscally responsible for
20 them and to ensure that, you know, they have the
21 oversight over the programs, we support that and
22 are in full support of the resolution that has
23 been introduced today.

24 CHAIRPERSON GERSON: Okay. Thank
25 you again very much. Gentlemen.

2 MALE VOICE: Seniority rules in
3 Congress.

4 CHAIRPERSON GERSON: There you go.

5 [Off mic]

6 MALE VOICE: Okay. That's very
7 kind of you, thank you.

8 The House, as you know, is in
9 session today and, if it were not, the
10 Congresswoman would be here herself, but she's
11 prepared some testimony--

12 [Crosstalk]

13 CHAIRPERSON GERSON: [Interposing]
14 As she has been here on countless occasions, but
15 we appreciate your presence, as well as her work
16 in Washington.

17 MR. SOLDEVERE: Thanks very much.
18 So this is the Congresswoman's statement.

19 I want to thank Chairman Gerson and
20 Chairman Martinez and members of the Committees on
21 Lower Manhattan Redevelopment and Civil Service
22 and Labor for inviting me to testify today on HR
23 847, the James Zadroga 9/11 Health and
24 Compensation Act, which I introduced with
25 Representatives Nadler, King, and McMahon and with

2 the support of the entire New York congressional
3 delegation. I also want to thank Mayor Bloomberg
4 and Speaker Quinn for their ongoing dedication to
5 providing health care for World Trade Center
6 responders and community members. I regret the
7 votes in Washington prevent me from testifying in
8 person this morning.

9 On September 11th, 2001, thousands
10 lost their lives. More than seven years later, we
11 know that thousands more have lost their health.
12 Within hours of the collapse of the World Trade
13 Center towers, firefighters, police officers, and
14 EMTs labored alongside construction workers,
15 volunteers, and others without regard for their
16 own health or safety--all were told the air was
17 safe to breathe.

18 Unfortunately, we now know better.
19 The cloud that they worked in was a poisonous
20 cocktail of thousands of tons of coarse and fine
21 particulate matter, pulverized cement and glass,
22 asbestos, lead, and other toxic pollutants. To
23 the mix were added 24,000 gallons of burning jet
24 fuel and plastics, which created a dense plume of
25 smoke containing a combination of toxins probably

2 never seen before and that hopefully we'll never
3 see again. All of this went into the mouths,
4 throats, and lungs of tens of thousands of first
5 responders. In addition, thousands of residents,
6 area workers, and schoolchildren breathed in the
7 very same toxic air.

8 Although most of these people live
9 in the New York, New Jersey area, at least 10,000
10 people came from across the country to help in the
11 aftermath of the attacks. They hail from every
12 state in the union and incredibly nearly every
13 congressional district in the country--431 out of
14 435.

15 Now over seven years later, we are
16 seeing the potentially deadly effects of those
17 toxins. There are numerous peer-reviewed
18 scientific studies showing that the exposures at
19 Ground Zero are causing people to become very ill.
20 Their illnesses include respiratory and
21 gastrointestinal conditions such as asthma,
22 interstitial lung disease, chronic cough and GERD,
23 and mental health conditions such as PTSD.

24 HR 847 helps the sick by providing
25 medical monitoring and treatment to World Trade

2 Center responders and community members who were
3 exposed to the toxins of Ground Zero. To do this,
4 it builds on the existing monitoring and treatment
5 program by delivering expert medical care for
6 these unique exposures at Centers of Excellence.
7 The bill also provides compensation for those who
8 suffered economic losses by reopening the
9 September 11th victim compensation fund.

10 We are making important strides in
11 Congress towards passing this landmark bill. In
12 the last two months, we have had hearings on the
13 compensation and health care provisions of HR 847
14 in the House committees of jurisdiction. With the
15 support of President Obama and Speaker Pelosi, we
16 are hopeful that we will finally pass the 9/11
17 Health and Compensation Act by the eighth
18 anniversary of the attacks.

19 The solutions provided in HR 847
20 are neither easy nor inexpensive, but they are
21 part of our country's moral obligation to care for
22 those who are harmed by an act of war. We must
23 take care of the people who took care of us in the
24 days and weeks after 9/11, and indeed all of the
25 victims of the terrorist attacks. It is the least

2 we can do as a grateful nation. Thank you.

3 CHAIRPERSON GERSON: Thank you.

4 And if you would just remain for a few more
5 moments and Mr. Cогnetta, this your debut--

6 MR. COGNETTA: Well good morning.

7 CHAIRPERSON GERSON: --testimony
8 before the Council or...?

9 MR. COGNETTA: It is my debut
10 testimony before the Council.

11 Thank you very much. My name is
12 Carmen Cогnetta, and I am here on behalf of
13 Congressman Michael McMahon, who, like his
14 colleagues, are in Washington involved with many
15 votes. And he would first like to thank his
16 former colleagues, Chairman Miguel Martinez, who
17 had to leave, and the members of the Committee on
18 Civil Service and Labor and Chairman Alan Gerson
19 and the members of the Lower Manhattan
20 Redevelopment Committee for allowing him to
21 testify today and, more importantly, for moving
22 this resolution forward.

23 And I'm not going to go through the
24 testimony, we've had enough testimony, we know
25 what's in the bill, we know why we're here.

2 Congressman McMahon made it one of
3 his first acts when he got down to Washington to
4 make sure that he was involved in this legislation
5 and became a cosponsor with his colleagues and
6 made sure that this was of his primary concern
7 when he got down there and will continue to be.

8 Just to speak briefly to the two
9 issues that were brought up. As was said by Mr.
10 Holloway in terms of new or existing conditions
11 like cancer or other areas that are not
12 specifically named in the bill, there are
13 provisions so that those can be added in the
14 future and that they can also get the same
15 treatment as the already-designated illnesses get.

16 And with regard to the contribution
17 by the city, Congressman McMahon also understands,
18 having sat through seven years of budget hearings,
19 exactly what the situation is with the city today
20 and realizes that there needs to be an acceptable
21 contribution by the city that would not put them
22 in any kind of fiscal irresponsible--in a fiscally
23 responsible situation, so they are working on
24 that.

25 And, as my colleagues said, this

2 bill will begin markups--markups is a fancy word
3 in Congress for amendments and changes--so as the
4 bills go through and the negotiations start, those
5 are the issues that the Congress delegation will
6 be working on.

7 As, also my colleagues said, you
8 realize that they've been trying to get this
9 passed for eight years, the Mayor went down
10 himself and testified last July on this bill.
11 There were two bills introduced last year to try
12 to get it passed, one in July and then changes
13 were made in September to try to ensure its
14 passage, but even with that, it failed. So this
15 year with the new president and with the support
16 of the Speaker, there is great hope that this bill
17 would pass.

18 Having worked with the Council,
19 sometimes we always wonder what effect resolutions
20 have. Some people say why is it with Council
21 waste their time on resolutions. Well, let me
22 tell you, being in Congress now, you realize that
23 resolutions from governmental bodies, especially
24 those directly affected by what the legislation
25 deals with, are an important tool in making sure

2 that when our congressional representatives talk
3 to congressional representatives from around the
4 country that they have that ammunition, they can
5 say the New York City Council has voted in session
6 to say that this bill needs to be passed.

7 So, in conclusion, I would just
8 like again to express Congressman McMahon's
9 support and gratitude for the Council for the
10 introduction of this bill and calls upon the
11 Council to pass it and lend their voice to this
12 important piece of legislation. Hopefully, it'll
13 get passed by the anniversary, but at the latest
14 by the end of the year, so we're looking forward
15 to that. We appreciate your support and your
16 help.

17 CHAIRPERSON GERSON: Well thank you
18 both very much. And thank you for the point about
19 the significance of our resolutions. And we do
20 miss you.

21 Let me just ask, are the two
22 Congress members in support of the Council
23 resolution as drafted or do you have any suggested
24 changes to our resolution?

25 MR. SOLDEVERE: Yeah, the

2 Congresswoman is in support of the resolution and
3 she's grateful, as she's been for years for the
4 support, not only of this committee and the
5 Council and we feel like it's been an invaluable
6 part of the push to get this bill done and it's
7 one of the reasons why we're as far along in the
8 process as we are. And I have no doubt that the
9 various stakeholders in this bill will be having a
10 series of discussions as we move forward the final
11 passage of the bill to make sure that it's
12 something that everyone can support wholeheartedly
13 and is proud of.

14 MR. COGNETTA: Yes, the Congressman
15 is in support of the resolution as it stands and,
16 as my colleague said, there'll be many discussions
17 and I'm sure the bill will not be in exactly the
18 form it is today when it finally gets passed, and
19 hopefully those changes will be important and
20 significant and will make the bill passable by the
21 Congress--remember we're not dealing with 51
22 members, now we're dealing with 435 from all over
23 the country.

24 CHAIRPERSON GERSON: Which is
25 harder?

2 MR. COGNETTA: Well sometimes the
3 51 were pretty hard, but I mean, it is interesting
4 when you deal with people from around the country
5 and the sponsors Congresswoman Maloney and Nadler
6 have been over the years very diligent in
7 explaining to the various congressmen from around
8 the country that there are people in your
9 congressional district, there is someone in every
10 congressional district that was affected or has
11 some kind of illness related to coming and helping
12 on September 11th and its aftermath. So we're
13 making sure that they understand the gravity of
14 the situation. I think many, we travel the
15 country, 9/11 holds a different place in New York
16 City than it does around the country today.
17 Unfortunately, I think people are perhaps
18 forgetting a little too soon what happened on that
19 day and, more importantly, what happened after
20 that day. They remember what happened that day,
21 but they don't realize what went on for the three,
22 four, five months afterwards and the thousands of
23 people that helped out on the pile--the
24 firefighters and police officers who were down
25 there looking for their comrades. It is sometimes

2 unfortunate to have to remind people about what
3 happened.

4 So, again, it's important for the
5 resolution, the congressman supports the
6 resolution, we'll work on whatever we need to, to
7 make sure that this bill gets passed and we
8 appreciate your help again.

9 CHAIRPERSON GERSON: Well thank you
10 both very much and please send our best and our
11 gratitude to former Council members, both, and
12 Congress members Carolyn Maloney and Mike McMahon.
13 Thank you.

14 MR. COGNETTA: Thank you.

15 CHAIRPERSON GERSON: We will now
16 hear from some of the representatives from the
17 very able representatives of some of the first
18 responders. Frank Tramontano of the Patrolmen's
19 Benevolent Association, Harry Greenberg of the
20 Correction Captains Association, and Patrick
21 Ferraiuolo? Also from the Correction Captains.

22 [Off mic]

23 MALE VOICE 1: ...first.

24 MALE VOICE 2: Thank you.

25 MALE VOICE 1: He's going to go

2 first.

3 MALE VOICE: Okay.

4 CHAIRPERSON GERSON: Please state
5 your name and affiliation for the record.

6 MR. FRANK TRAMONTANO: My name is
7 Frank Tramontano, I'm the Research Director at the
8 Patrolmen's Benevolent Association. I also have
9 with me Chris McGrath and David Morris, who
10 provide legal counsel to the PBA and they've
11 assisted me in preparing today's testimony.

12 We'd like to thank the Speaker and
13 her staff, as well as the Civil Service Committee
14 and its Chairperson Miguel Martinez, as well as
15 the Lower Manhattan Redevelopment Committee and
16 its Chairperson Alan Gerson, for having this
17 hearing on this important piece of legislation.

18 We're here today to voice
19 opposition to this resolution as currently drafted
20 and our main concern is the cancer. The proposed
21 resolution would call upon Congress to amend 847,
22 as you know, the Zagroda bill, to eliminate the
23 city's annual required contribution. The Zagroda
24 bill, in addition to reopening the compensation
25 fund, would grant permanent funding for treatment

2 centers to provide medical care for victims of the
3 World Trade Center attack. In order to qualify
4 for this medical care--and this is very important--
5 -under the bill, the first responders and citizens
6 must be found by a physician to suffer from an
7 enumerated WTC-related health condition. So the
8 conditions of which they're going to treat for are
9 in the bill--just want to make that clear.

10 The physician must determine that
11 the exposure to the airborne toxins resulting from
12 9/11 attacks was substantially likely to be a
13 significant factor in aggravating, contributing
14 to, or causing the condition.

15 The WTC-related health conditions
16 currently enumerated in the bill are aero-
17 digestive disorders, mental health disorders, and
18 musculoskeletal disorders--not cancer.

19 So the bill does not list cancer as
20 a health condition, so the omission of cancer, we
21 believe, leaves a gaping hole in the current
22 legislation and is contrary to what we believe the
23 evidence is to date.

24 Approving this resolution which
25 requests changes to the Zagroda bill, right now

2 your Reso is asking for changes, but omitting
3 cancer as a qualifying condition, another change--
4 by omitting to have cancer changed and added to
5 that bill as eligible for treatment we think
6 ignores what we all know is true--that people are
7 getting cancer as a result of their exposure to
8 the airborne toxins during and after the 9/11
9 attacks. Cancer must be added to the health
10 condition covered in the Zagroda bill because
11 those who participate in the rescue, recovery, and
12 debris cleanup, as well as those who live and work
13 in lower Manhattan, were exposed to carcinogens in
14 some of the highest concentrations and for the
15 longest periods of time ever recorded. Cancer
16 must be added as a health condition covered in
17 Zadroga because of all the unusual types of
18 cancers we've been seeing in the young men and
19 women who were in perfect health prior to the 9/11
20 attacks and whose physicians in statements to
21 medical boards have linked their cancer to
22 exposure to 9/11.

23 We've been working with Dr. James
24 Melius [phonetic], he's the chairman of the Mt.
25 Sinai WTC Steering Committee, to have cancer

2 included in the bill. He has told us that the
3 inclusion of cancer as a qualifying condition is a
4 position he will be advocating in Washington. He
5 knows, as all of us know, that carcinogens cause
6 cancer and those WTC respondents and community
7 residents were exposed to high level of
8 carcinogens for a significant period of time. Dr.
9 Melius, who was--

10 [Crosstalk]

11 CHAIRPERSON GERSON: [Interposing]

12 Excuse me one second, could the sergeant--where is
13 the sergeant? Okay, I was going to ask the
14 sergeant to close the door, there's a lot of
15 activity outside. Okay, thank you very much.
16 Thank you. Let me just put a little thing so
17 [pause] jar slightly. Please continue.

18 MR. TRAMONTANO: Dr. Melius, who
19 was recently in Washington attempting to garner
20 support for an amended Zadroga bill, has told us
21 that he believes cancer must be recognized as a
22 WTC-related health condition as soon as possible
23 in order to ensure prompt expert medical
24 treatment. Dr. Melius believes that waiting years
25 to include cancer on a list of qualifying WTC-

2 related health condition would deny deserved
3 medical care to individuals, thus slowing their
4 recovery and becoming a financial burden to them.

5 The individuals already suffering
6 from 9/11-related cancer know that their illness
7 is related to the exposure from 9/11 and can not
8 and should not accept the federal government
9 denying medical treatment to them. I'd like to
10 point out to this Committee that the state
11 legislature and the governor approved legislation
12 in 2005 recognizing cancer as a health condition
13 qualifying for WTC accident disability for all
14 those who meet the criteria of that law, which is
15 very similar to the criteria in the Zadroga. As a
16 result, the city's budget that you pass every year
17 includes funding for WTC accident cancer accident
18 disabilities, so in doing so, the city already
19 acknowledges that cancer is a medical condition
20 resulting from the attack on 9/11.

21 And even if we're successful in
22 having this legislation be amended to include
23 cancer as a qualifying condition, unlike the state
24 law, which presumes that cancer is the result of
25 9/11 attacks, there's a chance that not every

2 cancer victim will be covered and that's because
3 of the safeguards that Cas Holloway talked about.
4 The Zadroga bill requires that an eligible
5 individual must be found by a physician to have a
6 WTC-related health condition in which exposure to
7 airborne toxins, other hazards, or adverse
8 conditions resulting from the 9/11 attacks was
9 substantially likely to be a significant factor in
10 aggravating, contributing to, or causing the
11 condition. These limitations, we believe, will
12 work as a filter, making certain only those with
13 cancers found by a competent physician to be
14 substantially related to their exposure at an
15 identified WTC site will be provided treatment.

16 The federal government failed us
17 with the EPA press release on September 18, 2001,
18 reassuring the people of New York that the air was
19 safe to breathe. We are relying on the City
20 Council to ensure the federal government doesn't
21 do it again. We need you to amend your Reso and
22 call for cancer to be added as a qualifying WTC-
23 related health condition covered in the Zadroga
24 bill, thus granting quality, cost free medical
25 treatment to those individuals who have gotten

2 seriously ill as a result of the terrorist attacks
3 against our nation and our city on September 11,
4 2001. Thank you.

5 MR. PATRICK FERRAIUOLO: Thank you.
6 My name is Pat Ferraiuolo, I'm the President of
7 Correction Captain's Association.

8 Before I begin, I'd like to thank
9 the Chairman and the Committee for hearing me
10 today.

11 I'm here to support HR 847, but I
12 want to state before I read my written testimony
13 that I do concur with the adding of the cancer
14 and, even beyond adding cancer, because I believe
15 that we're still in some preliminary status with
16 not knowing exactly what type of symptoms people
17 are going to suffer. We don't know, we just don't
18 know and it's unfortunate, it's tragic, so I do
19 definitely want to state for the record that the
20 bill should be amended to add cancer and not to
21 exclude any unforeseen medical conditions that
22 might occur in the future. We just don't know,
23 it's just so preliminary. But thank you.

24 As I said, my name is Patrick
25 Ferraiuolo, I'm the President of the Correction

2 Captains Association, representing more than 900
3 active and 1,500 retired New York City correction
4 captains. Correction captains perform the duties
5 of first-line supervisors in the city of New York
6 Department of Corrections.

7 Correction captains were part of
8 the large number of employees and other brave
9 people that responded to the terrorist attacks on
10 September 11, 2001.

11 I believe we can all agree that we
12 witnessed an extraordinary response by the men and
13 women who were the first responders to the
14 terrorist attacks and that took place on September
15 11, 2001. This was an attack on the United States
16 of America, not just New York. The horrors that
17 we witnessed on that tragic day are unacceptable.
18 The deaths of innocent members of the public and
19 the public employees are, to say the least,
20 tragic. We responded to a national tragedy in
21 much the same way that the heroic first responders
22 did at the Pentagon and in Pennsylvania on
23 September 11, 2001.

24 And I'm sure we can all agree that
25 all of those brave men and women who responded to

2 this unprecedented horrific attack to save as many
3 lives as possible and thereafter obtain evidence
4 and clean up toxic debris should not be forsaken,
5 and those who survive should not have to worry
6 about any illnesses or injuries that they received
7 as a result of their heroic acts. We must not
8 forget those that perished.

9 I stand before you today to support
10 Resolution number 1924-A calling upon United
11 States Congress to pass HR 847 the James Zadroga
12 9/11 Health and Compensation Act to reduce the
13 share of the costs borne by the city of New York
14 to address those who, when sick and injured,
15 responding to 9/11 attacks and the aftermath. It
16 is my belief that the citizens of this great
17 country would, without reservation, even in this
18 economy, support the passage of this bill, which,
19 by the way, requires the city to fund only 10% of
20 the entire treatment and monitoring costs for the
21 eligible heroes.

22 One example of these heroes I'm
23 referring to is Phil Rizzo [phonetic], a
24 correction captain, a 22 year veteran of the New
25 York City Department of Correction gave me

2 permission today to testify about his case. He
3 was one of the first responders to Ground Zero at
4 the World Trade Center and he continued performing
5 duty at the World Trade Center site for the weeks
6 and months that followed September 11, 2001. He
7 performed search and rescue duty without regard to
8 his own health and safety, as did many others
9 without the proper health and safety equipment.
10 Captain Rizzo develop pulmonary problems and had a
11 surgical procedure called vocal cords stripping.
12 His treatment and medication were paid through the
13 Mt. Sinai World Trade Center treatment program.
14 He is now awaiting a decision from the New York
15 City employment retirement system, NICERS, on his
16 disability application.

17 I am informed that the New York
18 City law department is having a problem approving
19 payment for Captain Rizzo's treatment. I am
20 informed that if not for the WTC program, these
21 hospital bills would have not been paid by the
22 city. Captain Rizzo is also having a difficult
23 time with his disability pension application. He
24 would have been here today, but instead he's being
25 examined for the fourth time by city doctors

2 because the doctors from WTC program disagree with
3 the city doctors. The WTC program doctors found
4 Captain Rizzo to be disabled.

5 This WTC program provides a vital
6 service and must be continued and funded. The
7 passage of the resolution of number 1924-A,
8 calling upon Congress to amend and pass HR 847
9 would keep a fully funded program with the cost
10 being divided between the city and the federal
11 government. If this bill is enacted into law, it
12 would be a good result for many members, a good
13 result for the city, and would reduce the costs of
14 the city of this important program, while
15 continuing to provide services and benefits to
16 these heroes. However, make no mistake,
17 regardless of this possible partial shift of
18 funding to the federal government, this World
19 Trade Center 9/11 program must continue. We need
20 to ensure our heroes receive the best medical care
21 to address their illnesses and injuries. Once
22 again, I thank you.

23 MR. HARRY GREENBERG: My name is
24 Harry Greenberg and I'm counsel to the Correction
25 Captains Association.

2 There's really not much left to be
3 said, so I'll just make two points. One is I
4 think my colleague to the left, one of his points
5 were who's to be covered and what's the criteria.
6 To limit the criteria of who is to be covered by
7 this monitoring and medical and health benefits, I
8 think is not only ridiculous, but doesn't serve
9 the heroes when they ran into that fire in that
10 horrific area, they didn't say, you know, am I
11 going to be covered for my illness. They did what
12 they had to do and I think it's the obligation of
13 the city and the United States government not to
14 put a dollar amount on.

15 And as far as Mr. Holloway talked
16 about ability to pay. There is no ability to pay
17 here. These people did what they had to do, some
18 died and some are very sick, and to put criteria
19 in a piece of legislation to say on some
20 technicality, you're out I think is ridiculous and
21 I hope you agree. Thank you.

22 MR. FERRAIUOLO: Yes, I just want
23 to add on one other thing. Just on a personal
24 note, it's very difficult to face a member that
25 comes to my meetings, month after month and I see

2 that their health is deteriorating and I hear
3 about the hard times that they have when it comes
4 to coverage and the runaround that they get even
5 with this enacted, okay. It's not as simple as
6 everybody is being taking care of. There is
7 people that have a financial concern and I just
8 want to reiterate that this should have no
9 financial concerns. These are heroes, you can
10 call them responders, but whether there was a man
11 that was bringing food, whether he was the guy
12 just from the Salvation Army bringing extra
13 blankets or food or if it was the chief of the
14 fire department, whoever went into that site is a
15 hero and they should be recognized and they should
16 not be forgotten and there should be no financial
17 burden on this whatsoever. Thank you.

18 CHAIRPERSON GERSON: I cannot agree
19 with you more, that was precisely the point of my
20 questioning as to the standard and to make sure
21 that we give the benefit of any doubt in terms of,
22 you know, technical causation to the heroes. If
23 they were there and if they're sick and if it
24 could be, they should receive compensation, I
25 believe that's the intention of the Congressional

2 sponsors. We will certainly work following this
3 hearing to make that clear in our resolution.

4 I just want to ask Mr. Tramontano
5 and any of you to clarify the concern over the
6 exclusion of cancer as a covered ailment in this
7 sense. As you pointed out, the bill refers to
8 aero-digestive disorders, as well as
9 musculoskeletal disorders as covered. Is the
10 concern that cancers of the aero-digestive and
11 musculoskeletal systems might somehow, you know,
12 not be covered by the reference to disorders or is
13 the concern that there are other forms of cancer
14 that are not related to those two systems that,
15 you know, might not be covered or both or do we
16 have both?

17 MR. TRAMONTANO: Chris McGrath is
18 our resident--

19 CHAIRPERSON GERSON: Please, yes,
20 we--

21 MR. TRAMONTANO: --expert on this
22 issue.

23 CHAIRPERSON GERSON: We know Mr.
24 McGrath well and we're glad to have him with us.

25 MR. CHRIS MCGRATH: Thank you,

2 thank you very much.

3 It's our thought that with regard
4 to musculoskeletal conditions and aero-digestive
5 conditions, they do not form a subset with regard
6 to cancer. If they are separate from cancer and
7 are separate type of illnesses, musculoskeletal
8 being perhaps orthopedic injuries, aero-digestive
9 perhaps being respiratory injuries and that cancer
10 is not in the list at all with regard to any type
11 of cancer. And what we're finding additionally is
12 that we're having trouble with cancers in general,
13 but also especially cancers that deal with the
14 cleansing organs of the bodies of young persons
15 who were healthy before 9/11 and thereafter have
16 cancers with regard to all different parts of
17 their body, but certainly the cleansing parts of
18 the body that concern lungs, pancreas, bile duct,
19 liver, not something that you generally see in
20 young, healthy individuals.

21 CHAIRPERSON GERSON: Okay. Well I
22 appreciate that very, very important clarification
23 and I can assure you that we will follow up on
24 that as we proceed.

25 Thank you very much. Please extend

1 the Council's best wishes to Captain Rizzo, tell
2 him that he was very much in our thoughts in the
3 course of this hearing, and of course to all of
4 your members who, you know, put themselves on the
5 line during those fateful days.

6
7 MR. MCGRATH: Thank you very much.

8 CHAIRPERSON GERSON: Thank you all
9 very, very, very much.

10 Okay. We are now going to--yeah,
11 we'll be in touch. We are now going to call Alan
12 Tannenbaum, I believe Mr. Tannenbaum, who is very
13 well-known to me and to this committee and is one
14 the brilliant documenters related to 9/11 and
15 photographers in general. And who has made it his
16 concern, his personal concern and crusade to
17 assure coverage for the folks who helped save the
18 community of which he is a part.

19 So, Alan, thank you very much for
20 being here. Now are you able to proceed from
21 you're sitting or do we need to bring the
22 microphone up or...

23 [Off mic]

24 CHAIRPERSON GERSON: Okay. So
25 Sergeant is there a way to bring a microphone...

2 [Off mic]

3 CHAIRPERSON GERSON: All right, how
4 about if we move one of these, yeah.

5 MR. ALAN TANNENBAUM: Okay. Well
6 let me just preface this--

7 CHAIRPERSON GERSON: [Interposing]
8 Well you need to just state your name for the
9 record.

10 MR. TANNENBAUM: Yeah, Alan
11 Tannenbaum, I have been a photojournalist since
12 the early 70s, still working professionally. I've
13 covered stories in the city and all over the world
14 and, as it turned out, ironically, I got one of my
15 biggest stories of my life and one of the most
16 dangerous stories on September 11th when Arab
17 Islamist terrorists attacked the World Trade
18 Center, our city, our state, and our nation. And
19 I went down there to cover, I photographed the
20 events and saw the terror and the devastation of
21 that day and knew that we had lost thousands of
22 people, but I don't think anybody ever imagined on
23 that day that years later more and more people
24 would be getting sick and dying as a result of
25 these terrorist attacks.

2 So about 3 1/2 years ago I became
3 aware that people were getting sick--first
4 responders, recovery workers--and I started a
5 project that I called 9/11 Still Killing, which is
6 what's happening. So I've photographed and
7 interviewed about three dozen of these people and
8 I have just have about 12 pictures to show here to
9 give you a cross-section, put a human face on,
10 tell their stories because I also interview them
11 and have done a little video work as well. So let
12 me just show these pictures and I can take your
13 questions after.

14 [Long pause]

15 This is Joseph Zadroga, the father
16 of James Zadroga and that's James Zadroga's
17 daughter, Tyler Ann, and her grandmother, Mrs.
18 Joseph Zadroga, that was at a rally down at Ground
19 Zero. Unfortunately, James Zadroga's wife had
20 also passed away so the responsibility for taking
21 care of Tyler Ann has now fallen upon the
22 grandparents. So they're in their 60s and they're
23 taking care of a young girl. And, as we all know,
24 James Zadroga was the first death post-9/11 to be
25 attributed to 9/11 ailments.

2 The first person I photographed
3 when I started this story had just passed away.
4 This is Deborah Reeve, she was a paramedic in her
5 early 40s who had died of mesothelioma, which is
6 an asbestos caused cancer. She worked at the
7 morgue at Ground Zero and mesothelioma is a
8 disease that usually takes about 25 or 30 years to
9 develop, so it's very strange that she would come
10 down with this disease and die from it just a few
11 years after working at Ground Zero. Her husband
12 Dave is also a paramedic and he's raising their
13 two kids.

14 This is a former firefighter Ralph
15 Geidel, he lost a brother on 9/11, he was retired,
16 but he came from California to work on the pile
17 and do search and recovery. He subsequently was
18 diagnosed with tongue cancer and, as you can see
19 from the photograph, he had to undergo a radical
20 neck dissection.

21 This is a former police officer,
22 Chris Baumann, he suffered all the usual range of
23 illnesses and one of his problems is PTSD. He's
24 had to retire, it's affected his family and his
25 work, and this is typical of a lot of people who,

2 in the prime of their life, can no longer do the
3 viable functions that they performed for the city.

4 Besides the firefighters and police
5 officers and corrections officers and paramedics
6 and EMTs, there are a lot of people who were
7 affected and this is one of the many, many people
8 who came down to the Ground Zero area to work as
9 cleaners in the office buildings there and they've
10 also gotten sick, they can no longer work and a
11 lot of them, like this person, is an undocumented
12 worker.

13 Area residents who, in the previous
14 versions of the Zadroga bill, were not covered,
15 will be covered in the new bill. This is a
16 family, Mariama James, her father, and her kids
17 who live in South Bridge Towers it's on East side
18 downtown and they were affected by all the toxins
19 that were released. So there are many, many area
20 residents who also have been affected by the toxic
21 exposures of 9/11.

22 This is the Vito Valenti, he has
23 pulmonary fibrosis. He was working at DC 37,
24 which is right down on Murray Street, he went to
25 help on the pile for two days and just two day's

1 exposure on the pile, this is the result, that's
2 him with his medications, his oxygen tanks, he has
3 to sleep sitting up in a chair.
4

5 Another police officer Reggie
6 Hillaire, he has lymphoma.

7 A corrections officer, former
8 corrections officer Greg Quibell, and this was
9 formerly when he was healthy, a big strapping guy,
10 and this is him in the hospital last summer and he
11 passed away this past summer from leukemia--cancer
12 of the blood. Blood cancers are commonly caused
13 by substances like benzene, which was present in
14 the form of burning jet fuel at Ground Zero.

15 Freddie Noboa, former paramedic,
16 this is at the WTC, the Mt. Sinai clinic in
17 Queens, and he has enormous problems with
18 breathing, just about every 9/11 illness that you
19 can think of. He loved his work, he can no longer
20 work, and he's lost his car, almost lost his
21 apartment. The financial effects of these
22 illnesses are just devastating on a lot of
23 individuals and their families.

24 And this is John McNamara, former
25 firefighter. He has a two-year-old son, about 2

2 1/2 maybe now, he's had all kinds of cancers. He
3 had a colostomy, now he has an inoperable tumor in
4 his esophagus, and he's in his early 40s. He was
5 a healthy guy and this is a result of his
6 exposures of 9/11 and sad to say, he probably will
7 not be with us too much longer.

8 This is John Feal, John Feal is an
9 iron worker. Many of the recovery workers, not
10 just the uniform responders, but--also have a lot
11 of problems. He lost half a foot working on the
12 pile in the recovery effort and he also has
13 enormous problems such as respiratory problems and
14 he has turned around and started an organization
15 called the FealGood Foundation, which in my
16 experience, is one of the few organizations that
17 really does something in terms of getting funds
18 and getting them to responders and other people
19 who needs them.

20 So that's it for now, I showed my
21 website before, and still killing--9/11 Still
22 Killing and there are more pictures there, and
23 more stories.

24 And I think it's really important
25 that we support this resolution. I had no idea

2 that cancer was not listed as one of the things,
3 but we have to do everything we can to get help to
4 the responders, the recovery workers, the
5 returning workers, and the downtown residents.

6 Thank you.

7 CHAIRPERSON GERSON: Well thank
8 you, Mr. Tannenbaum, and thank you for putting the
9 human face on the testimony.

10 And I think the points that you've
11 made in your documentary also accentuate the
12 previous testimony as to the need to make sure
13 that, you know, cancer, cancer-related illnesses
14 are covered. Many of the victims you've shown do
15 have cancer. We're a better community, a better
16 city because of you. Thank you very much.

17 I believe there are no other
18 witnesses at this time. I believe all that needs
19 to be said for the moment has been said and I
20 guarantee each and everyone of you here that this
21 Committee will follow up and we will do everything
22 we can to do right by the people who we saw in the
23 film and everyone else they represent. Thank you
24 all. This hearing is adjourned.

25 [END TAPE 1, SIDE A]

2 [START TAPE 2, SIDE A]

3 COUNCIL MEMBER YASSKY: Thank you,
4 Mr. Chairman. First of all, I want to apologize
5 for being late to the hearing because I was across
6 the street at a Land Use hearing on an item in my
7 district. I'm going to return to that now, but I
8 did want to come and just thank you for your
9 persistent leadership on the issue of health care
10 for first responders. I believe that future
11 decades will regard this as a shameful failure of
12 the government to take care of people who
13 heroically came to the aid of their neighbors and
14 their city, and we still have done way too little
15 to stand by the brave men and women who responded
16 that way.

17 So I just want to say I thank you,
18 Mr. Chairman, for your continued leadership on
19 this and I stand ready to support you in your
20 continued efforts and I thank you for that.

21 CHAIRPERSON GERSON: Well thank
22 you, Council Member Yassky. You've been a member
23 of this Committee from its inception and your
24 support and your work and your outspoken advocacy
25 for the heroes of 9/11 has helped them and helped

2 us make progress for them and we'll continue to do
3 so, so thank you very much. And, with that, this
4 hearing is now adjourned.

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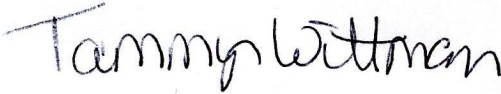
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C E R T I F I C A T E

I, Tammy Wittman, 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_____

Date June 15, 2009_____