

## QUESTIONS

Joseph P. Addabbo, Jr., Chair, Committee on Civil Service and Labor

Joe I. Rivera, Chair, Committee on Health

September 29, 2008

### An Update on Access to Medical Care and Benefits for Uniformed Municipal Workers Involved in the September 11th Recovery Effort

#### Rima Cohen, Deputy Mayor Linda Gibbs' Office

##### General Questions

1. What do you perceive as the biggest barrier to uniformed workers receiving treatment for 9/11-related ailments?
2. Which recommendation of the WTC Panel still need to be implemented?
3. How many people have enrolled in the WTC Health Registry?
4. How many workers have registered with the State Worker's Compensation Board? How many are eligible but have not enrolled?
5. Please give us an update on the funding situation for the 3 Centers of Excellence? Who are their largest funders? What are their most critical funding needs?
6. How can the Council help to expand outreach and raise awareness for individuals to become involved with the WTC Health Registry and receive care from the Centers of Excellence?
7. As we just recently passed the seventh anniversary of the September 11<sup>th</sup> attacks, are we seeing more chronic and severe conditions than we did just a couple of months and years after the attack? Do we have the capacity to treat these individuals?
8. How has the World Trade Center coordinator improved services to City workers affected by 9/11?
9. How is the system of World Trade Center agency liaisons functioning?
10. The Mayor pledged to allow City workers up to four hours of paid time off from work for 9/11-related screening. Are workers currently receiving that benefit? How many workers have taken advantage of this?
11. The Committee has heard complaints about inequities in the benefits system among uniformed and non-uniformed and active and retired personnel. Is the City doing anything For example, retirees have to use their private health insurance, whereas active

duty civilians are reimbursed for care by the pension and disability system. Is the City doing anything to alleviate the burden of these inequities?

Questions related to the Law Department

12. What is the Law Department's responsibility with respect to workers who are claiming their injuries are 9/11-related? How many 9/11-related cases is the Law Department working on?
13. What is the Law Department's interface with the Worker's Compensation Board? NYCERS?
14. The Committee has been informed that there have been significant delays in payments by the Law Department to doctors treating patients with Workers' Compensation claims. This sometimes forces patients to discontinue treatment. Why is there a delay in paying doctors? What is being done to fix this problem?
15. Who pays for medical expenses while waiting for a pension board decision or the WCB?

Questions related to Police Officers

16. How many police officers are currently being treated for 9/11-related illnesses?
17. How many police officers have retired due to 9/11-related illnesses?
18. Responding to a letter from Council Members Addabbo and Rivera, Police Commissioner Kelly stated that two studies were taking place by the Department. According to the Commissioner, the studies analyzed pulmonary functioning of police officers who served in the aftermath of 9/11 and the other studied psychological screenings of first responders to the attacks.
  - a. What were the results of these studies?
  - b. Is the Department implementing any programs to assist these workers?
19. In the same letter, Commissioner Kelly indicated that to combat high out-of-pocket costs for certain medications and treatments, the Department would be initiating a program in which the Department would pay for all prescription medications for officers injured in the line of duty. The Commissioner stated that this would be applied retroactively. What is the status of this initiative?
20. At the last hearing, concern was expressed over perceived differences between agencies in the treatment of 9/11 illnesses by pension boards. While it was acknowledged that these boards are independent and not subject to NYPD oversight, is the Department taking any steps to handle concerns brought by members including long waits, no reimbursement for care and having to prove causation?
21. Is it more difficult for a family of a deceased officer to obtain benefits if the officer's death is not officially ruled 9/11-related by the Medical Examiner? If so, how?

Questions related to Fire Department Personnel

22. How many firefighters are currently being treated for 9/11-related illnesses?
23. How many firefighters have retired due to 9/11-related illnesses?
24. At the last hearing, concern was expressed over perceived differences between agencies in the treatment of 9/11 illnesses by pension boards. Has the fire department taken any action in relation to concerns raised by employees?
25. We have heard that out-of-pocket costs for certain medication and treatments, particularly those for asthma and mental health, are very high. The Police Department is implementing a program. What steps have to be taken to address this problem?
26. Does FDNY health care cover 9-11 related medical expenses while firefighters await a determination from the Pension Board? If not, are firefighters reimbursed for out-of-pocket medical expenses once they are approved?
27. Is it more difficult for a family of a deceased officer to obtain benefits if the officer's death is not officially ruled 9/11-related by the Medical Examiner? If so, how?

Questions related to EMS Personnel

28. Do EMS workers get paid time off for medical screening or evaluation? For treatment?
29. Can you walk us through the process that EMS workers with 9/11 illnesses go through to get their pensions?
30. Have EMS workers been required to prove that their illnesses are 9/11-related, despite the existence of the WTC Presumption Law?
31. Is it more difficult for a family of a deceased officer to obtain benefits if the officer's death is not officially ruled 9/11-related by the Medical Examiner? If so, how?

Unions

32. Do your members have sufficient health insurance coverage to address their illnesses?
33. What improvements to the WTC monitoring programs would you suggest?
34. Are families of deceased union members having trouble obtaining benefits if their decedent was not officially ruled a WTC-related death?
35. Which WTC Panel recommendations do you view as the highest priority to assist your members?

Statement of

Rima Cohen

Director of Health and Social Services

Office of the

New York City Deputy Mayor for Health and Human Services

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

Before the

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

September 29, 2008

Thank you Chairmen Addabbo and Rivera and members of the Committee on Civil Service & Labor and the Committee on Health for inviting me to testify at this hearing and for your ongoing commitment to addressing 9/11 health issues.

The Mayor's Office especially appreciates the Council's resolution earlier this year in support of the James Zadroga 9/11 Health and Compensation Act, which was reintroduced this summer. We have been actively working with members of Congress to improve that bill's chances of passage and I will be updating you in a moment about our federal advocacy.

There is much progress to report since your hearing on 9/11 health last September. At that time, Linda Gibbs, Deputy Mayor for Health and Human Services, testified that New York City had begun implementing the 15 recommendations made by Mayor Bloomberg's 9/11 Health Panel. The Mayor convened that panel, which Deputy Mayor Gibbs co-chaired with Ed Skyler, Deputy Mayor for Operations, on the eve of the fifth anniversary of World Trade Center attacks. Today, just 18 months after the Panel issued its report, nearly all of these recommendations have been completed or are well underway, along with the City's commitment of \$100 million in funds over five years to implement the 9/11 health agenda.

Appended to this testimony is a full list of those recommendations and the status of implementation for each one. You can also find this list on the City's WTC health Web site, at [www.nyc.gov](http://www.nyc.gov). My testimony today will summarize some of the highlights of our accomplishments since last year's hearing. My colleague Dr. Lorna Thorpe from the City's Health Department will focus on WTC health research and the programs that the Health Department oversees.

### WTC Health Treatment

In terms of ensuring first-rate medical care for all of those with 9/11-related health conditions, the Panel recommended that the WTC Environmental Health Center at the Health and Hospitals Corporation be expanded and actively promoted. As you may know, this is the only program dedicated to treating lower Manhattan residents, school children, office workers who commute from many parts of the city, employees of local businesses, and clean-up workers who cleaned offices in the wake of the attack. This Center of Excellence, which was a small program at Bellevue Hospital at the time the Panel issued its report, complements the City's two other Centers of Excellence that treat first responders at the New York City Fire Department and at the Mount Sinai Medical Center Consortium.

With the City's investment of \$50 million over five years, HHC's program was expanded to two additional locations: Gouverneur Healthcare Services in lower Manhattan and Elmhurst Hospital in Queens. In addition, Bellevue Hospital recently opened a pediatric program that treats 9/11-related physical and mental health conditions in children and adolescents. Services are available at all three locations in the languages spoken by New York City's linguistically diverse communities.

To date, nearly 3,000 people have sought treatment at the WTC Environmental Health Center. Over the coming years many more are expected to do so, especially with the launch earlier this month of a \$5 million multimedia advertising campaign that urges the public to seek care for health problems that could be related to 9/11 with its tagline: "Lived There? Worked There? You Deserve Care." The campaign is designed to reach a broad group of individuals exposed to the attacks with a series of subway, radio and television ads.

HHC also enlisted the help of ten community-based organizations and other groups who are receiving grants of more than \$2 million to conduct grassroots outreach. In just three weeks since the outreach campaign was launched, the

Environmental Health Center's call volume has increased five-fold from about 20 to more than 100 calls per week, and the program is now accepting patients at an average rate of more than 80 per week.

I also am pleased to report that the federal government finally has begun to recognize the need to provide funding for this program. Due in part to the City's strong advocacy, Congress last year appropriated 9/11 health funds specifically for residents and other non-responders. Due to aggressive advocacy by Mayor Bloomberg to the federal Health and Human Services Secretary Leavitt, the Centers for Disease Control recently announced it would award up to \$30 million over three years to monitor and treat non-responders. HHC applied for this funding for its WTC program and is awaiting a response from the CDC.

The Panel also recommended that the City offer financial assistance to all New Yorkers in need of 9/11-related mental health services. Earlier this year the Health Department launched a new benefit program for people still struggling with the effects of the WTC attacks, similar to an expiring program offered by the American Red Cross. Dr. Lorna Thorpe, my colleague at the Health Department, will be providing more details about the New York City 9/11 Benefit Program for Mental Health and Substance Use Services.

#### WTC Medical Working Group

Last year, Mayor Bloomberg appointed a WTC Medical Working Group, co-chaired by Deputy Mayor Gibbs and Health Commissioner Tom Frieden. This blue-ribbon working group was charged with monitoring the constantly unfolding research on suspected 9/11 health effects. The group comprises 16 academic experts, government leaders and representatives from the WTC Centers of Excellence, including Dr. David Prezant, Co-Director of FDNY's WTC Program; Dr. Philip Landrigan, who oversees the WTC Program at Mount Sinai; Dr. Eli Kleinman, Supervising Chief Surgeon of NYPD; and Dr. Richard Leinhardt, Chief Surgeon of the New York Department of Correction.

The group achieved a remarkable degree of consensus about the kinds of 9/11-related health problems that a wide range of individuals may face, including uniformed responders, residents of Lower Manhattan, school children, and employees of local businesses. Dr. Thorpe, a member of the group, will testify about the group's first annual report on the state of 9/11 health, which was issued a few weeks ago.

#### Outreach and Information to City Employees

The 9/11 Health Panel recognized the critical importance of increasing access to information about services for City employees who may have been affected by the WTC disaster. Last year, Deputy Mayor Gibbs reported that a citywide WTC Health Coordinator, Jeffrey Hon, had been appointed to work with WTC Health Liaisons designated at City agencies with large numbers of employees who participated in WTC rescue and recovery operations. During the past year, the WTC Health Coordinator met with the Liaisons on a quarterly basis to keep them informed about the latest developments in 9/11 health, including the availability of new treatment services, the latest WTC health findings, and recent changes in New York State law regarding WTC-related Workers' Compensation and disability pensions. The liaisons provide important feedback about City employees' questions and issues. We think this is an effective tool to ensure that City employees stay informed about developments in this field and have a forum to address any concerns.

In addition to touring the WTC programs at Bellevue and FDNY, the WTC Health Liaisons also have helped to implement the WTC Excused Absence policy. Initiated in October 2007, this policy encourages City employees to be screened at Mt Sinai's monitoring and treatment program or to undergo an initial evaluation at HHC's WTC Environmental Health Center by offering an excused absence of up to four hours, in addition to travel time, to access 9/11 health services on City time. To date more than 50 employees have benefited from the policy.

WTC liaisons have also actively promoted to City employees the City's 9/11 health website, the nation's most comprehensive source of 9/11 health information. The site has been visited more than 300,000 times since it was launched last September.

In addition to the launch of the website and the appointments of the WTC Health Coordinator and Health Liaisons, New York City has actively expanded its direct outreach to uniform service responders. In 2007, it began distributing the *NYC 9/11 Health Update*, a bi-monthly e-newsletter, to nearly 6,000 members of the public, including City employees. Each issue of the e-newsletter includes a complete list of specialized WTC treatment resources and the filing deadlines for WTC-related Workers' Compensation and disability. The Health Department also printed a *9/11 Service Guide* for distribution to City employees without Internet access via the WTC Health Liaisons. One thousand copies already have been ordered by the liaisons at FDNY and Corrections. In addition, more than 9,000 uniformed responders who are enrolled in the WTC Health Registry will receive copies of the Guide in a special mailing next month.

#### Federal Advocacy

When Mayor Bloomberg announced at a press conference earlier this month that the City had made substantial progress in implementing the Panel's recommendations, he also noted that New York City should not have to support these efforts single-handedly. The terrorists who destroyed the World Trade Center were attacking the United States, and addressing the ongoing health effects of 9/11 is a national duty.

Although the federal commitment to date has been adequate to screen, monitor and treat the many thousands of responders who have sought care through the WTC Centers of Excellence at FDNY and Mount Sinai, funding has been episodic and inconsistent. And the Federal government to date has not released

any funding for HHC's program. That is why the Panel recommended that the City vigorously pursue ongoing, stable federal funding to support the programs that form the cornerstone of our response to 9/11 health concerns, including the Centers of Excellence, the WTC Health Registry and outreach to affected populations.

Mayor Bloomberg has done just that. In many different forums, the Mayor and other top City officials have urged federal officials, including Nancy Pelosi, Speaker of the House, to pass the "9/11 Health and Compensation Act." This bill, whose principal sponsors are Representatives Carolyn Maloney, Vito Fossella Jerrold Nadler, and Peter King, would provide consistent Federal support for monitoring and treatment of health problems among eligible 9/11 responders and community residents so that 9/11 health funding is no longer subject to the vagaries of the annual appropriations process. This annual battle has subjected 9/11 responders to uncertainty about their continued health care and inhibited the development of the most cost-effective services possible.

In addition, Mayor Bloomberg and other New York City officials have testified before Congress and briefed editorial boards about the need to reopen the September 11 Victim Compensation Fund (VCF), which closed in 2003 before many 9/11 health problems became evident. The 9/11 Health and Compensation Act would reopen the VCF and establish an already proven and fair means of compensating responders with serious health problems that could be related to their 9/11 work without the delay and uncertainty of litigation. The focus of litigation is to try to show that the City and the contractors who were essential to the recovery and clean up were somehow at fault. We know that it was the terrorists who are at fault for 9/11 and its aftermath. Reopening the VCF is a critical part of a comprehensive federal solution to the nation's recovery from 9/11, and is clearly a national responsibility.

As you may know, a new version of the 9/11 Health and Compensation Act was introduced over the weekend, though it did not come to a vote in the House of Representatives. While that bill was a step towards meeting the obligation to help those who are sick or who were harmed because of the attacks, the City had concerns about the legislation, particularly because of the amount of taxpayer dollars that the bill required the City to contribute – more than \$500 million over the next decade, with a continuing obligation for years after that. This is five times more than we are currently spending on 9/11 health, at a time when the City is reducing its own spending and facing extreme uncertainty in the City's financial outlook. Just as important, that bill did not give the City oversight over the portion of that \$500 million that is spent on programs outside of the City's authority. We will, however, continue to push for legislation that strikes the right balance between the federal obligation and the City's contribution.

As you will hear from Dr. Thorpe, the WTC Medical Working Group has identified the kinds of potentially 9/11-related health problems that require specialized treatment. Over the past year, New York City has firmly demonstrated its commitment to help everyone who was affected by the attacks get the first-rate care they deserve. Now it is up to the federal government to fund the Centers of Excellence so that they can provide this care for as long as necessary.

Thank you again for this opportunity to testify. I look forward to working with you, Chairman Addabbo and Chairman Rivera, and your colleagues to ensure that our City's residents and its responders get the health care they need and deserve.

**PROGRESS REPORT  
FOR MAYOR'S 9/11 HEALTH PANEL RECOMMENDATIONS**

**FIFTEEN RECOMMENDATIONS COMPLETED OR UNDERWAY**

- **RECOMMENDATION:** Appoint a medical working group to review existing and emerging scientific findings on 9/11 health  
**ACTIONS:**
  - Sixteen physicians and researchers, including representatives from the WTC Centers of Excellence, academic experts and government leaders were appointed in June 2007
  - First annual report on state of 9/11 health was released September 2008
  
- **RECOMMENDATION:** Advocate for federal resources to monitor and treat people with World Trade Center (WTC)-related mental and physical health problems  
**ACTIONS:**
  - Mayor Bloomberg has urged federal officials, including Nancy Pelosi, Speaker of the House, and Michael Leavitt, Secretary of Health and Human Services, to provide federal funding for 9/11 health treatment programs in New York City
  - Mayor Bloomberg and other New York City officials have testified before Congress several times about the need to pass the James Zadroga 9/11 Health and Compensation Act
  - New York City officials have worked closely with members of the New York Congressional delegation, federal officials, labor and members of the community to secure funding for 9/11 health treatment and research
  
- **RECOMMENDATION:** Advocate for the reopening of the Victim Compensation Fund authorized by Congress in 2001  
**ACTION:** Mayor Bloomberg, Michael C. Cardozo, New York City Corporation Counsel, and other New York City officials have testified before Congress and briefed editorial boards on the need to compensate individuals with serious 9/11 health problems without holding the City liable for these problems
  
- **RECOMMENDATION:** Appoint a WTC Health Coordinator to foster 9/11 health communication and outreach  
**ACTION:** Position was filled in June 2007 and Coordinator has assisted in the implementation of panel recommendations

- **RECOMMENDATION:** Establish a comprehensive 9/11 health website to provide information about research and services  
**ACTION:** “One-stop shop” website was launched in September 2007 and has received nearly 300,000 visits to date ([www.nyc.gov/9-11HealthInfo](http://www.nyc.gov/9-11HealthInfo))
  
- **RECOMMENDATION:** Expand the distribution of *Clinical Guidelines for Adults Exposed to the WTC Disaster* for use by physicians  
**ACTIONS:**
  - *Guidelines* were revised in June 2008 and distributed to 40,000 health professionals in the New York City area, 200 college health clinics in the Northeast and are accessible at [www.nyc.gov/9-11HealthInfo](http://www.nyc.gov/9-11HealthInfo)
  - National Institute for Occupational Safety and Health promoted use of guidelines to state health departments in all 50 states
  
- **RECOMMENDATION:** Expand and promote the services offered by the WTC Environmental Health Center at Bellevue Hospital Center  
**ACTIONS:**
  - Treatment sites were expanded to Gouverneur Healthcare Services and Elmhurst Hospital Center in September 2007
  - More than 2,800 Lower Manhattan residents, area office workers and students have been treated to date
  - Pediatric treatment services are now available at Bellevue Hospital Center
  - Multilingual outreach and advertising campaigns were initiated in 2008
  
- **RECOMMENDATION:** Offer financial assistance for 9/11-related mental health and substance use treatment services to all New Yorkers in need  
**ACTION:** More than 1,000 people have enrolled in the New York City Benefit Program for Mental Health and Substance Abuse Services since April 2008
  
- **RECOMMENDATION:** Expand outreach to 9/11 affected communities about construction and deconstruction projects that could pose environmental hazards  
**ACTIONS:**
  - Notify NYC offers Lower Manhattan residents advisories about neighborhood disruptions via e-mail and cell phone
  - Lower Manhattan Construction Command Center has convened monthly community meetings with construction project sponsors, contractors, City agencies and consultants

- **RECOMMENDATION:** Review the environmental, health and safety aspects of the City's disaster response plans

**ACTION:** The City is developing a response capacity within the Department of Health and enhancing the response capacity of the Department of Environmental Protection to ensure that environmental dangers—such as asbestos and other hazards—are quickly and comprehensively addressed during any emergency. In addition, DOHMH and DEP are currently working with OEM to strengthen the City's response protocols to environmental hazards, including the use of the proper protective equipment, if necessary, by first responders and other workers at the scene of the emergency and the implementation of any necessary protective actions for community residents

- **RECOMMENDATION:** Appoint WTC Health Liaisons at City agencies to track and disseminate information about 9/11 health issues

**ACTIONS:**

- WTC Liaisons from 20 agencies and 3 pension boards have met quarterly with the WTC Health Coordinator and toured both the Bellevue and FDNY Centers of Excellence
- WTC Liaisons distributed 150,000 postcards informing City employees about the 9/11 health website

- **RECOMMENDATION:** Provide 9/11-related health information to City employees who participated in WTC rescue, recovery and clean-up operations

**ACTION:**

- *9/11 Health E-News* is distributed monthly to more than 5,000 members of the public and City employees

- **RECOMMENDATION:** Offer excused absences to City employees who wish to make appointments to be screened or treated for the first time at the WTC Centers of Excellence if they are eligible for services

**ACTION:**

- Since the WTC excused absence policy was implemented in December 2007, more than 50 employees have scheduled appointments at the Centers of Excellence

- **RECOMMENDATION:** Encourage City employees with 9/11-related mental health and substance use needs to enroll in treatment programs

**ACTIONS:**

- The 9/11 health website includes information about more than 20 local mental health and substance use programs
- A *9/11 Resource Guide* has been printed for distribution by WTC Health Liaisons to City employees without internet access

- **RECOMMENDATION:** Encourage City employees who participated in WTC rescue, recovery and clean-up operations to register with the New York State Workers' Compensation Board and to file WTC Notices of Participation with their retirement systems

**ACTION:**

- The 9/11 health website and e-newsletters prominently feature the registration deadlines and announce changes in the law governing these benefits



**THE CITY OF NEW YORK**  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
*Mayor*

Thomas R. Frieden, M.D., M.P.H.  
*Commissioner*

[nyc.gov/health](http://nyc.gov/health)

Testimony  
Of

**Lorna Thorpe, Ph.D**  
**Deputy Commissioner, Division of Epidemiology**  
**New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committees on Civil Service & Labor and Health**

Regarding

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

September 29, 2008

City Hall  
New York, NY

Good morning Chairmen Addabbo and Rivera and members of the Committee on Civil Service & Labor and the Committee on Health. My name is Lorna Thorpe, Deputy Commissioner of Epidemiology of the New York City Department of Health and Mental Hygiene. On behalf of the Department, thank you for the opportunity to testify on this important issue.

Today I will review recent findings from the World Trade Center Medical Working Group's *2008 Annual Report on 9/11 Health*, describe the New York City 9/11 Benefit Program for Mental Health and Substance Use Services, and discuss the report's policy recommendations.

### WTC Medical Working Group Annual Report

In response to one of the 9/11 Health Panel's recommendations, last year Mayor Bloomberg convened a World Trade Center Medical Working group, co-chaired by the Deputy Mayor for Health and Human Services and the Health Commissioner. The group includes 16 academic experts, government leaders and representatives from the WTC Centers of Excellence at FDNY, Mount Sinai, and HHC/Bellevue. The Group also has medical leadership representation from NYPD and the Department of Corrections.

This Medical Working Group met regularly over the past year to review existing and emerging scientific literature on 9/11 health published in the seven years since the attacks. The first annual report on 9/11 health includes key findings from more than 100 articles published in peer-reviewed journals, identifies gaps in research and service, and concludes with a series of recommendations for policymakers, researchers and other stakeholders who share the Mayor's concern about 9/11 health.

The consensus of the group, reflected in the report, is that findings on physical and mental health ramifications from 9/11 are remarkably similar across studies and potentially exposed groups, including uniformed responders, other rescue, recovery and clean-up workers and volunteers, lower Manhattan residents and area workers.

While the full extent of the health impacts resulting from the WTC attack is unknown, medical evidence has documented a variety of short-to medium-term health consequences. Some of the key conclusions regarding physical and mental health impacts include:

- In the first weeks and months after 9/11, respiratory symptoms were common among people who breathed in the dust, smoke and fumes caused by the WTC collapse.
- Clinical studies of exposed rescue and recovery workers show that respiratory symptoms subsided over time for many workers, but they have persisted for others. While nearly all responding NYC firefighters experienced respiratory symptoms on the day of the WTC attacks, symptoms reportedly have persisted for approximately 25% of firefighters two to four years later. Prior to 9/11, fewer than 5% of NYC firefighters had chronic respiratory symptoms.

- In surveys conducted two to three years after 9/11, rescue and recovery workers, and other exposed groups reported new diagnoses of asthma that were two-to- three times higher than national estimates.
- For several worker groups, pulmonary function tests have documented either decline in lung function or high prevalence of abnormal lung function after 9/11.
- Compared to pre-9/11 levels, new diagnoses of sarcoidosis (an inflammatory condition of lung and often other organs) or sarcoid-like lung disease were elevated among NYC firefighters in the first year after the disaster. Since then, rates have subsided to pre-9/11 levels.
- Studies have been initiated to examine the possibility of WTC-related cancers and to measure overall patterns of mortality among people with exposure to the WTC collapse, but results are not yet available. These and other late-emerging effects, if any, are not expected to be clearly evident for at least a decade after exposure.
- Posttraumatic stress symptoms and disorders were common in the first six months after 9/11 among people both directly and indirectly exposed to the WTC disaster.
- Early symptoms of posttraumatic stress resolved quickly for most people, particularly those who were not directly exposed.
- Among directly exposed populations, however, rates of PTSD were elevated two to three years after 9/11; among rescue and recovery workers, 12% reported symptoms of PTSD, which is three times higher than would be expected if the WTC attacks had never occurred.
- Rates of PTSD among rescue workers ranged from 6% among police to 21% among volunteers. Workers in occupations with less training in disaster rescue or recovery operations—such as DSNY employees whose rate of PTSD was almost 11%—or who worked outside of their areas of training were at increased risk for PTSD.

#### NYC 9/11 Benefit Program for Mental Health and Substance Use

Last year the Health Department received City funding for a financial reimbursement program to increase access to mental health and substance use treatment for any New Yorker who continues to experience psychological distress related to the terrorist attacks. As the World Trade Center Medical Working Group's annual report makes clear, the burden of PTSD, which can be a chronic illness if not properly treated, remains very great among New Yorkers who were directly affected by the attacks. The Health Department also took special care in considering the needs of responders in the developing of this program.

Through the NYC 9/11 Benefit Program for Mental Health and Substance Use Services, many NYC residents, including City employees who live in New York City or six surrounding counties, can seek help through a licensed provider in New York State. The program is

retroactive to January 2007 to ensure continuity of coverage with a similar program that the American Red Cross ended in 2006. It offers an alternative to the WTC Centers of Excellence for responders and other City employees who already have established a therapeutic relationship with a licensed provider or who want to access care at a time and location more convenient to them than hospital-based services. Three hundred uniform and non-uniform responders have enrolled in the program to date.

There is no cap on the benefit for responders, and while other groups of New York City residents and employees eligible for the program must exhaust their private insurance coverage before seeking reimbursement, this requirement has been waived for FDNY and NYPD personnel who chose not to seek services through their employer or through a WTC Center of Excellence. The program is also open to family members of responders, who are not eligible for free treatment at the federally funded Centers of Excellence.

To increase awareness of the NYC 9/11 Benefit Program, the Health Department produced and distributed 150,000 wallet cards, and the World Trade Center Health Registry recently sent a special mailing to all enrollees residing in the New York City area, including more than 9,000 members of FDNY, NYPD and DSNY, informing them of the NYC 9/11 Benefit Program and other specialized World Trade Center treatment programs. Information about the program is also featured in detail on our one-stop shopping 9/11 health information website. Finally, next month we will also provide Registrants with copies of a recently updated *9/11 Resource Guide* which includes information on the benefit program as well as details regarding filing deadlines for WTC-related Workers Compensation and disability.

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#### WTC Medical Working Group Recommendations

Thanks to the Mayor's expansion of the WTC Environmental Health Center and the launch of the Health Department's new 9/11 Benefit Program, 9/11-related mental and physical health treatment and medication are accessible to more New Yorkers than ever before. As part of its report, the WTC Medical Working Group made a number of recommendations to ensure continued access to these important programs and services.

In particular, there is a need for continued advocacy for long-term federal support to fund the continuation of critical activities such as treatment for WTC-exposed populations. This is especially crucial as the City better understands the potential long term effects of the 9/11 disaster through the Centers of Excellence and the Health Department's own World Trade Center Health Registry. The Mayor continues to urge Congress to pass legislation that would establish a permanent funding stream for 9/11 health, and we welcome the Council's advocacy on this critical issue.

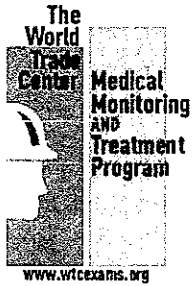
The Medical Working Group also recommended continued support for research and evaluation on the prevalence and persistence of conditions potentially related to 9/11 and associated treatment needs. There are still many unanswered questions regarding the extent of the health impacts resulting from WTC attacks, and it will be important to determine whether cancer, chronic illnesses and other late emerging diseases are elevated among WTC-exposed populations.

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In closing, sustaining 9/11 health programs and research is vital. While existing programs may appear to be meeting current needs in the New York City area, treatment and research cannot be sustained over the long-term without a long-term commitment from the federal government. We appreciate the Council's continued interest in this issue, and ask for your support to ensure that the 9/11-related health needs of uniformed responders continue to be met.

Thank you again for this opportunity to testify.

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September 29, 2008

**The Hon. Joseph P. Addabbo, Jr.**  
**32<sup>nd</sup> Council District**  
**Chair, Civil Service & Labor Committee**

**New York City Council Hearing for 9/11 Rescue Workers**  
**Monday, September 29, 2008**

My name is Wajdy L. Hailoo. I am a physician with a specialization in occupational and environmental medicine. I received my medical training in England and at the Mount Sinai Medical Center in Manhattan. From 1989 to 2006, I was professor and head of the division of occupational and environmental medicine SUNY School of Medicine at Stony Brook University. I currently work for the Center for the Biology of Natural Systems, or CBNS at Queens College, City University of New York. My work with CBNS started in 2001 when we began to see World Trade Center patients. In 2006, I joined the CBNS-based World Trade Center Medical Monitoring and Treatment Program as a senior staff physician and the program medical director.

My involvement with the WTC-exposed individuals goes back to 2001 when I participated in the examination of a group of migrant workers arranged by CBNS shortly after the 9/11 disaster. Over 400 workers who cleaned up office and residential buildings around Ground Zero were examined in a mobile van stationed close to the site. Thereafter, I helped to develop the first CBNS clinic in Queens, where we monitor over 2,000 responders, workers and volunteers under the World Trade Center Medical Monitoring and Treatment Program. We also have 300 responders in our treatment program.

Our World Trade Center Program at Queens College is part of the clinical consortium based at Mount Sinai Medical Center. The WTC

Queens Clinical Center is a full time clinical operation staffed with four specialized senior physicians and supported by professional staff to provide the monitoring and treatment services according to the policies established by the consortium and NIOSH, CDC. We are located in a central location accessible from most work and residential areas of Queens. This fully equipped clinic has established a wide network of hospital and consultant providers to serve the needs of the patients, as determined by the clinical staff and indicated under the program guidelines. A large number of pharmacies have been contracted with throughout the metropolitan area to dispense medications to WTC patients according to the list of covered medications provided by NIOSH.

Our center serves a responder population primarily from Queens, Brooklyn and parts of Western Long Island. We reach out to those examined to continue their annual monitoring exams as well as those who are in the treatment program to follow up on their treatment schedule.

While we have succeeded in establishing a very effective program, we are still hindered in our efforts to provide all the needed services because of a variety of technical and administrative issues.

Our clinic efforts to provide ongoing monitoring of the health of the responders is, in many instances, in conflict with their ability to undergo a 3-4 hour exam without being allowed time off from work without repercussion or loss of pay. Patients who are receiving treatment and are chronically ill, are experiencing difficulty with getting time off from work to seek the care they need. We ask the Council to provide legislation that allows all eligible participants in the World Trade Center Medical Monitoring and Treatment Program time off from their workplace duties for annual monitoring exams and for any and all treatment services deemed necessary by their World Trade Center physicians.

Approximately 35% of our patients are law enforcement personnel. We recognize the unique needs of this group for care within the consortium. We have observed that they are sometimes reluctant to seek evaluation or treatment and may sometimes minimize symptoms that are affecting their health and well-being. Through personal interaction within our

clinic, we understand that this subset of our cohort believes that seeking help for health conditions related to WTC exposures may threaten their employment. We ask the City to address the unique needs of law enforcement, and provide confidential and comprehensive physical and mental health diagnosis and treatment equivalent to the FDNY program.

Many of our Hispanic participants have a need for services that cannot easily be provided through the WTC clinic consortium. Their work, often as day laborers at or near Ground Zero, often involved exposures that are difficult to quantify, many have limited access to health care, are uninsured or under-insured, and have little understanding of the parameters of the programs serving WTC responders. Greater outreach and a broader set of services need to be made available to this subset of our cohort.

Due to a wide array of WTC services and programs that have emerged over the past 7 years, responders have a difficult time understanding what program would best serve their needs. This confusion can easily lead to a loss of continuity of care. Outreach efforts need to be enhanced to ensure that eligible responders receive effective and comprehensive health care through the appropriate program.

Lastly, it is important to mention that the continuity of the federal funding for the program is an ongoing issue for the consortium. The possibility of budgetary cuts threatens our capacity to provide ongoing care as well as our ability to attract skilled staff and assure their long term commitment and stability.

I thank you for the opportunity to speak here today. If any further information is needed, please contact us at our World Trade Center Queens Clinical Center.

Sincerely,

Wajdy L. Hailoo, MD, MSc, DIH



*FDNY EMS Retirees Association, Inc.*  
*Founded & Incorporated in 2007*  
*Members Helping Members*

Testimony to the City Council Civil Service & Health Committees

Marianne Pizzitola  
President

President

Marianne Pizzitola

September 29, 2008

Vice President

Peter M. Hosey

My name Marianne Pizzitola and I am the President of the FDNY EMS Retirees Association. I would like to thank Chairman Addabbo, Chairman Rivera, Speaker Quinn and the members of the City Council, the Civil Service & Labor and the Health Committees for holding this hearing today. We have attended many hearings on the subject of 9/11 health, and while we have made some improvements, there is plenty more to accomplish.

Treasurer

Patricia Parra

At the last meeting here for the resolution to support the 9/11 Health and Compensation act, we advised the council that after multiple attempts to work with Congresswoman Maloney's office to amend her bill granting FDNY responders the freedom to select the center of excellence to provide their care, we were unsuccessful and were frustrated. We advised you then, that contrary to her testimony that all responders could choose the center of excellence for their care, her bill stated the exact opposite. Her office refused to set up a meeting with our officers and her staff insisted that as FDNY responders we did not need choice of participating center, and should all go back to the FDNY. After numerous attempts to meet and requesting in writing that she amend this bill to allow a retiree to select the center of excellence in which they seek care and not be forced back to our former employer, we held a rally in support of amending her bill in front of her office on August 19<sup>th</sup>. It was a successful turnout, and I guess we made them nervous, as now with the support of the FDNY Association of Retired Firefighters our voices got louder and I believe we have been heard.

Recording Secretary

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Since then, the bill morphed into HR 6594, and as of this past weekend, morphed into yet another and was having trouble getting to the floor for a vote before recess. I received calls all weekend from Congressional legislative aides about the status of the bill. I was also advised that part of the problem was that City Hall rescinded its support of this bill as it would require the City accept some of the financial responsibility. I was very disheartened to have learned this, especially when I was advised the Mayor told Congress that he sees no reason why we cannot continue to fund the WTC program with earmarks and expressed to them that there is **no reason to fund this program on a continuous basis**. Knowing that the Mt. Sinai and Consortium programs have had yearly fights for funding and risk running low or short of funds like the Stony Brook program did this past July, it is a no brainer as to why this program should be funded.

Attorney

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Simply, if it is not, the programs risk closing and services to 9/11 responders will not be delivered. In a letter to Mayor Bloomberg September 2008 as part of the Annual Report on WTC Health, Deputy Mayor Linda Gibbs and Health Commissioner Thomas Frieden acknowledged that the WTC programs “only have funding through 2009 and HHC has not seen any Federal Funding.”<sup>1</sup> These same officials, on page 4 of the same document make Key Recommendations, the first being that the City advocate for long term funding.<sup>2</sup> On page 23 of the same report (25 of the PDF file) it states, “The WTC Medical Working Group believes that sustaining 9/11 Health Programs and research is vital. While existing programs appear to be meeting current needs in the NYC area, treatment and research cannot be sustained over the long term without a sustained commitment from the federal government. The James Zadroga 9/11 Health and Compensation Act (HR 6594) would fulfill such a commitment by establishing a long-term funding stream for 9/11 health care and research.”<sup>3</sup> Given that this report states that the Mayor has implemented all of the recommendations of the panel, how is it that he can rescind his own support for the one bill that will help us get much needed federal funding that his own appointees agree we need? I ask the Council to work with the Mayor and convince him he needs to get behind the bill once again.

Today, as we sit here, Wall Street is in crisis, and Congress is struggling to pass a bail out bill and others in addition to our 9/11 bill. Conservatives are concerned that funding this 9/11 bill will set a precedent that may lead to a national health care program funded in whole or in part by the government. For years WTC programs have had to beg for earmarks to support their work, and after all this time, and evidence given to them via medical studies, you would think that a funded plan would be in place and wholly supported by the City, especially when City agencies are denying our members pensions and Workers’ Compensation benefits still today. If the City is not going to support this bill, then some change is needed at NYCERS and the NYC Law Department Workers’ Compensation Division.

My concern today, as I sit before you remains, for people like Mr. Steven Hess, a former FDNY EMS who regardless of the hundreds of pieces of documentation supplied to them, and the court asking NYCERS twice to review his case, NYCERS still fails to find Mr. Hess disabled. He has been without a pension or his city health benefits since 2003. He was terminated under Civil Service Law Section 71, terminated due to being ill for more than 12 months and unable to return to work due to such work related disability. Mr. Hess has been living on Workers’ Compensation payments of \$400 per week and all litigation attempts to get the City to review its decision have thus failed. I believe that it

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<sup>1</sup> 2008 Annual Report on 9/11 Health as submitted to Mayor Bloomberg by Deputy Mayor Linda Gibbs and Health Commissioner Thomas Frieden, states, “Furthermore, uncertainty in the availability of ongoing federal support for 9/11 related health care means the people currently in these programs don’t know if they will continue to receive their treatment and medications free of charge. Both the FDNY and the New York/New Jersey WTC Clinical Consortium are funded through 2009 only, and the New York City Health and Hospitals Corporation’s (HHC) WTC Environmental Health Center has not received any federal funding to date.” Page 2 of the document, page 4 of the PDF file.

<sup>2</sup> See page 4 of the document in Footnote 1, (or 6 of the PDF file). Key Recommendations, number 1.

<sup>3</sup> See page 23 (or 25 of the PDF file paragraphs 1 & 2) of the 2008 Annual Report on 9/11 Health as submitted to Mayor Bloomberg by Deputy Mayor Linda Gibbs and Health Commissioner Thomas Frieden.

is time we work on a special interest bill for Mr. Hess, and the FDNY EMS Retirees Association will seek your support when it comes time. I hope you will all be there, as we must leave no one behind. All too often the unions tell me we should not worry about everyone and settle for whatever serves the greatest good. But when I look at Steve, and his family, there is just no way can I accept that mantra. To me, the greater good is making sure that every responder suffers no harm from performing their job, and the benefits we relied upon when performing the dangerous tasks of our jobs are there when we need them most. I hope you will join me.

I still hope to see the NYC Law Department or NYCERS answer to the allegations we brought before you in previous testimony. Lately, NYCERS has become retaliatory in response to our seeking to cease their demand of obtaining copies our federal income tax and that of our spouses if we are retired on disability, and decided to "re-interpret" a 12 year old statute imposing income limitations on private income. NYCERS does not cease to impose hardships on it members.

I sincerely hope the next hearing will have representatives from NYCERS and the NYC Law Department available so we may finally get some answers to how they operate, and why they have not made public their medical standards for disability retirement like that of Comp or Social Security, not to mention how a doctors from a City agency can write his own disability pension, collect said 3/4 disability pension and still work for NYCERS as a physician. Mr. Hess could have been retired too, if he was able to write his own pension and approve it. There appears to be a double standard for benefits, and I hope this soon comes to an end.

**Resolution:**

1. Support legislation for a pension for Mr. Steven Hess.
2. Hold City agencies responsible to respond to allegations about their shoddy benefit practices and demand they publicize their criteria for disability.
3. Lastly, ensure the Mayor reinstates his support for the Congressional Bill to fund the WTC health program as operated by NIOSH.

## LETTER TO MAYOR BLOOMBERG

September 2008


Dear Mayor Bloomberg:


Last year you appointed a World Trade Center (WTC) Medical Working Group, whose diverse membership extends beyond City government, to advise you about health issues that are related or potentially related to the September 11, 2001 terrorist attacks on the World Trade Center. We were charged with writing an annual report that can help policy makers and others with an interest in 9/11 health better understand the complexities of research that has been published to date and make recommendations about research and service needs to improve the state of 9/11 health.

Research on WTC health impacts, much of it based on clinical studies of people in treatment, is considerable. More than 40,000 rescue and recovery workers have been screened nationally, primarily at New York City's three WTC Centers of Excellence. Of these, more than 10,500 have received federally funded treatment for physical health conditions including respiratory problems, asthma and gastroesophageal reflux disease, and more than 5,500 have been treated for mental health conditions such as posttraumatic stress disorder (thousands of others have been treated with private funding). In addition, nearly 2,700 Lower Manhattan residents and area workers—including those who worked in Lower Manhattan, though they may live elsewhere—have sought treatment for these same conditions from New York City's Health and Hospitals Corporation. Some of these people have recovered, but others have not.

In recognition of your strong belief that New York City must target resources to those who are in need, this report presents an overview of clinical findings to date in populations exposed to the WTC collapse and results from population-based research. Understanding clinical service needs and, more broadly, the types and magnitudes of 9/11 health impacts is essential in helping make important policy decisions regarding future services and resources given the current uncertainties in federal funding.

The WTC Medical Working Group is well qualified and uniquely positioned to review the emerging evidence. We are committed to helping you and other policy makers make sense of this complex body of information, and to share our work with other stakeholders. With this report, we hope to provide a balanced summary of 9/11 health risks that will be used to educate, inform and assist those affected by the disaster.

  
Linda Gibbs, Co-Chair  
New York City Deputy Mayor  
for Health and Human Services

  
Thomas R. Frieden, MD, MPH, Co-Chair  
New York City Health  
Commissioner

Committee on Civil Service and Labor

Committee on Health

September 29, 2008

Stephen Hess : Former FDNY EMT  
66 Springhill Road  
Matwan, NJ 07747  
732-316-5550

September 29, 2008

Good morning, my name is Stephen Hess and I am a former EMT with the New York City Fire Department. First I would like to thank Councilman Adabo and the rest of the members of the city council for their continuing efforts towards securing health care for those affected by 9/11. Some parts of the city government are stating that everyone is being taken care of I can tell you from personal experience that this is not true. Not only am I not getting the help I need, the city fired me due to the fact I was no longer healthy enough to work.

I was assigned to respond to the World Trade Center on September 11<sup>th</sup> 2001. My partner and I were on scene when both towers collapsed and for some time after that. We were unable to see because of the dust cloud, so we felt it was safer to stay where we were until we could see and make a safe exit. Eventually visibility improved and we were able to make it to the staging area at the Chelsea Piers.

I had developed a severe cough within a day, it was a chronic cough that never seemed to ease up. In May of 2002, I called out sick for three days and my captain told me to go to the Fire Department's Bureau of Health Services. Dr. David Prezant, a pulmonary specialist and the head of fire department's WTC program diagnosed that my respiratory capacity was severely diminished and he took me off active duty. I was placed on LODI which is line of duty injury time and told to stay home. I began taking a number of medicines, such as inhalers and high doses of steroids. There was no relief from my cough and shortness of breath.

I began seeing Dr. Prezant on a regular basis in an effort to improve my respiratory function. Not only did my breathing not get better, other things started going wrong. I was told I had GERD, which is acid reflux as a result of coughing. They also told me the pain in my back was a bulging disc, again a result of the coughing. Dr. Prezant and Dr. Mannor arranged for a consult with a neurologist at the Hospital for Special Surgery. Dr. Simotas recommended a procedure called RFA, radio frequency ablation. It is a procedure where they would place, in my case eight needles into my back near the facet joints of my spine and then use electricity to burn the nerves. The request was sent to the New York City Law Department and they promptly denied the request and they were not paying Dr. Simotas at the same time.

An attempt was made to go back to work as a call response operator in communications. This was unsuccessful and was again placed on LODI. It didn't work for two reasons; my breathing and I developed severe pain in my legs. I was sent to Lenox Hill Hospital to see if there was a clot in my legs, this could have been the cause of my leg pain. The test was negative, Dr. Prezant told me to see a rheumatologist concerning my leg pain. I was diagnosed with reactive arthritis, an immune system disorder, which affects the muscles and the joints. There is no cure, it is only going to get worse, which it has.

While this was all happening, my eighteen months of LODI time was running out. When my time expired, the city fired me. While I was employed, I was denied treatment that the doctors requested, now that I was off payroll, the city did not want to know me. During this time I had applied for a disability pension and was denied. The pension doctors examined me for ten minutes and they said I was fit for full duty in spite of the

fact that my doctors and the fire department's own doctors said I was not able to work. I had to hire an attorney and take the city to court and I am in court at this very time.

Another example of how the city is not taking care of the needs of there employees seriously occurred during my last WTC medical at the fire department. There was a psychological exam and a visit with I believe a therapist. I was told I was suffering from depression and post traumatic stress disorder. I was never told about any available counseling to deal with these problems. They went untreated for over two years and this almost led to the disintegration of my family. I became a nasty angry person with a quick temper; thank goodness it never became physical anger. I was constantly yelling at my family, it got so bad that my wife said she could take it anymore and that she wanted a divorce My twenty year old son cursed me out and told me he couldn't stand being around me.

Thanks to people like Marianne Pizzitola and Tom Eppinger, they put me in touch with the WTC program at Mt. Sinai Medical Center. I first began participating in their therapy program in June of 2007. My life was spiraling out of control, my problems became so overwhelming that I woke up one day in December and just wishing I was dead. This thought was present many times before, the difference being that this day it lasted all day long and was all I could think of that day. I called my therapist and she said she was going to send me to a psychiatrist. They confirmed my PTSD and immediately prescribed medication. The medication was changed to a stronger type of drug and they found it necessary to increase the dosage a second time. Mentally things have improved, but there is still a long way to go.

Previously I mentioned a procedure for my back, radio frequency ablation. I was sent to see Dr. Herrera, a neurologist at Mt. Sinai, without hesitation he performed the RFA in December of 2007. The results were great, I experienced relief from the pain for the first time in years. I was told the results are good for about nine months, the pain has recently returned. The good news is that after this hearing, I am going to Mt. Sinai and Dr. Herrera is going to repeat the RFA.

In conclusion, I would again like to thank you all for your time and concern. It is of utmost importance that people are afforded the opportunity to seek treatment for any condition related to 9/11. The city and the federal government have to realize that nobody asked to be sick, it is the result of a cowardly act of a few individuals. Please help make sure that no one has to suffer in solitude and that the people like me, who did their job get the needed medical care and the pension they are entitled to. Thank you very much.

## Access to Medical Care and Benefits for Uniformed Municipal Workers involved in the 9/11 Recovery Effort

Good morning to Councilman Joseph Addabbo, Jr., Councilman Joel Rivera and all our distinguished elected representatives, and honored guests;

My name is Firefighter **Bill Romaka**, and I am the Health and Safety Officer/Sergeant-at-Arms for the **Uniformed Firefighters Association** representing in excess of 9,000 uniformed firefighters.

For the last three plus years I have represented the health and safety needs of both our active and retired firefighters as a Union representative on the WTC Medical Monitoring and Treatment Steering Committee.

My experience on this Committee has allowed me to view first hand the successes, as well as the disappointments where more work needs to be done and resources allocated.

The FDNY Medical Monitoring Program has grown to be the model of all the other Centers of Excellence. In Dr. Prezant and Dr. Kelly, the members of the FDNY have found partners willing to address the concerns of our membership on many different levels. The Fire Department Medical Office, working cooperatively with the Unions have strived to make the program more convenient and accessible to more of our membership. Our many retired firefighters still enjoy the warmth of the "bravest family" and willingly return to our Program to share stories and update us of their plights, though they have always had the freedom to go elsewhere. Many of them are very much aware of the uniqueness of our data that provides the information necessary to secure the proper funding. In an effort to make things more convenient, we found a way to first offer free parking, and as needs expanded, we worked with NIOSH to secure approval to provide this Medical Monitoring and Treatment at our four satellite offices – Fort Totten, Staten Island, Orange County, and in Brentwood, Long Island. We are proud of the fact that exit surveys show a strong approval of how our members are monitored and treated.

While there are many accolades for the way the program is going, I wish to expand upon areas where more can be done. Right now we are in a quandary dealing with our outside counseling needs. This position has been brought about by the end to the American Red Cross Project Liberty program and the complexities of the NIOSH applications. One of our major supporters regarding outside counseling has been denied funding by NIOSH because they desire to maintain our members (both active and retired) confidentially and won't divulge names and social security numbers, which they don't ask for. So I implore this Council to look into what can be done, or what resources can be found to support this much needed alternative. A request has been made to the Mayor's office on behalf of this organization. We are still awaiting a response.

The other area that can use assistance is the struggle to set up a National Program. NIOSH has found it to be problematic and has chosen a dubious supplier who has not met goals or provided information to our many retired members that desire such. We have been fortunate to keep the problems minimal by personal attention to our members needs by an extremely helpful WTC Staff at FDNY and the Union and its retiree representative, Jim Dahl.

In closing, we appreciate the help provided by NIOSH and hope to work with them to address these and other concerns to make things better in the future. The passing of the WTC Zadroga Bill would go a long way to secure the necessary funding to build on what we have struggled to put in place so far.