

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

JOINT COMMITTEES ON CIVIL SERVICE AND LABOR AND HEALTH

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September 29, 2008

Start: 10:00am

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HELD AT: Council Chambers
City Hall

B E F O R E:

JOSEPH P. ADDABBO, JR.

Chairperson, Civil Service & Labor

JOEL RIVERA

Chairperson, Health Committee

COUNCIL MEMBERS:

Maria del Carmen Arroyo

Maria Baez

Inez E. Dickens

John C. Liu

Melissa Mark-Viverito

Rosie Mendez

Annabel Palma

Helen Sears

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

Rima Cohen
Director of Health and Social Services
Office of Deputy Mayor, Linda Gibbs

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

Wajdy Hailoo
Physician with Specialization, Occupational and
Environmental Medicine
World Trade Center Queens Clinical Center

Stephen Hess
Former EMT
New York City Fire Department

Marianne Pizzitola
President
FDNY/EMS Retirees Association

Firefighter Bill Romaka
Health and Safety Officer, Sergeant at Arms
Uniformed Firefighters Association

Tom Epinger
President
Uniformed EMS Officers Union

2 CHAIRPERSON JOSEPH P. ADDABBO, JR.:

3 Good morning, everyone and welcome to today's
4 hearing on Civil Service and Labor along with the
5 Committee on Health. My name is Joe Addabbo. And
6 I have the privilege of chairing this Civil
7 Service and Labor Committee. We are newly joined
8 by Chair Joel Rivera for the Committee on Health.
9 And I want to thank you all for being here today.

10 Today we will be discussing the
11 status of the access to medical care and benefits
12 for city workers involved in the recovery efforts
13 after the terrorist attacks on the World Trade
14 Center on September 11th. The Committee
15 previously held hearings on this issue on
16 September 2006, March of 2007 and September 0f
17 2007.

18 Today's hearing will focus on
19 progress being made on the recommendation's to the
20 Mayor's World Trade Center Health Panel, current
21 information in research and treatment of
22 individuals suffering from the after effects of 9-
23 11 and the status of funding for these treatment
24 programs including any federal funding.

25 It's estimated that almost 100,000

2 workers and volunteers anticipated in the rescue,
3 recovery and clean up on and after 9-11. It is
4 also estimated that about 40,000 people continue
5 to suffer from the devastating health problems
6 caused by the attacks. At this point let me take
7 a moment to thank all those involved in the
8 rescue, recovery and clean up subsequent to the
9 attacks. So we thank them all for their service.

10 Most people in the area of the
11 World Trade Center after the attacks were exposed
12 to many toxins and other physical hazards. Many
13 studies have shown that exposure to the WTC events
14 on or after September 11th resulted in a variety
15 of mental and physical effects.

16 It may not be known for years the
17 full health implications that might have been
18 caused by the WTC tragedy. Various programs have
19 been created to screen, monitor and treat those
20 physically and mentally affected by the
21 environmental situation caused by the attacks on
22 the WTC.

23 These Committees, both the Health
24 and the Civil Service and Labor, have held
25 hearings that have addressed issues such as the

2 work being done at Mt. Sinai and Bellevue
3 Hospital, the access to medical care, the WTC web
4 site, which has links to over 100 other WTC health
5 and social services programs, lack of paid time
6 off for workers, gaps in insurance coverage, City
7 Council Resolution supporting federal funding, the
8 high cost of drugs and treatment and funding for
9 these programs.

10 Reports have shown that it costs an
11 estimated \$195 million a year to treat individuals
12 affected by 9-11 and that those costs could
13 substantially increase as more people enter
14 treatment programs over the years. In addition to
15 treating thousands of individuals, these programs
16 have collected a variety of data on those that
17 have participated in the rescue, recovery and
18 clean up after 9-11 and those who lived and worked
19 in the area. This data has been and continues to
20 be used to improve the treatment of those
21 affected, to expand our understandings of the
22 physical and mental impacts of 9-11.

23 These Committees, both the Health
24 and Civil Service and Labor will continue to work
25 on how to maintain and improve services for all

2 those physically and mentally affected by the
3 events of 9-11. I want to thank the staff who has
4 put this hearing together on both Committees.

5 For the Civil Service and Labor
6 Committee, on my right is Tracy Udell, our legal
7 counsel, Shaneca Wasoo, our policy analyst. For
8 the Health Committee, Adira Samaan, counsel,
9 Joseph Mancino, the policy analyst, Rocco
10 D'Angelo, the finance analyst, James Reyes,
11 finance analyst and Shirley Lamangi, press
12 officer. I want to thank them all for putting
13 this hearing together. I want to thank the
14 Sergeant of Arms for getting this room in order.
15 At this point let me welcome some of my colleagues
16 that have joined us today. We will welcome them
17 as they appear.

18 We have to my far left, Council
19 Member Rosie Mendez, coming up now is Maria del
20 Carmen Arroyo. We want to thank them for being
21 here. At this point we're going to call our first
22 panel. It's Rima Cohen, Director of Health and
23 Social Services for the Office of Deputy Mayor,
24 Linda Gibbs. Ms. Cohen, good morning.

25 RIMA COHEN: Good morning, thank

2 you. Thank you Chairman Addabbo and members of
3 the Civil Service and Labor and Health Committees
4 for inviting me to testify and especially for your
5 ongoing commitment to 9-11 health. I know you've
6 been working at this for a very long time and we
7 really appreciate your efforts.

8 My name is Rima Cohen, I'm the
9 Director of Health and Social Services in the
10 Mayor's office and I work directly for Deputy
11 Mayor, Linda Gibbs. The Mayor's office especially
12 appreciates the Council's resolution earlier this
13 year in support of the James Odrogen 9-11 Health
14 and Compensation Act, which was re-introduced this
15 summer. We've been actively working with members
16 of Congress for its passage and I'll be updating
17 you in a moment about this advocacy.

18 There is much progress to report
19 since your hearing on 9-11 health last September.
20 AT that time, New York City had begun implementing
21 the 15 recommendations that were made by the
22 Mayor's 9-11 Health Panel. As you know, the Mayor
23 convened that panel, which Deputy Mayor Gibbs co-
24 chaired with Deputy Mayor Ed Skylar on the eve of
25 the fifth anniversary of the WTC attacks.

2 Today just 18 months after the
3 panel issued its report, nearly all of these
4 recommendations have been completed or are well
5 underway, along with the City's commitment of \$100
6 million in funds to implement the 9-11 Health
7 Agenda. Appended to my testimony is a full list
8 of those recommendations and the status of the
9 implementation for each. Of course you can also
10 find this on the City's web site, New York
11 City.gov.

12 My testimony will summarize the
13 highlights of our accomplishments since last
14 year's hearing. My colleague Dr. Lorna Thorpe,
15 who I understand is in transit and will be here as
16 soon as she can from the City's Health Department
17 is going to focus on WTC health research and the
18 9-11 health programs that the Health Department
19 oversees.

20 In terms of ensuring first rate
21 medical care for those with 9-11 related
22 conditions, the panel recommended that the WTC
23 Environmental Health Center at the Health and
24 Hospitals Corporation be expanded and actively
25 promoted. This is the only program, as you know,

2 dedicated to treating lower Manhattan residents,
3 school children, office workers who commute from
4 many parts of the City and employees of local
5 businesses and the workers who came in and cleaned
6 offices in the wake of the attack.

7 This Center of Excellence, which
8 was a small program at Bellevue when the panel
9 issued its report, complements the City's two
10 other Centers of Excellence for first responders
11 at the Fire Department and at the Mt. Sinai
12 Medical Center Consortium. With the City's
13 investment of \$50 million over five years, HHC's
14 Environmental Health Center was expanded to two
15 additional locations, Gouverneur in Lower
16 Manhattan and Elmhurst Hospital in Queens.

17 In addition, Bellevue recently
18 opened a pediatric program that treats 9-11
19 physical and mental health conditions in children
20 and adolescents. Services are available at all
21 three locations in the languages spoken by our
22 City's linguistically diverse communities. To
23 date, nearly 3,000 people have sought treatment at
24 this program. And over the coming years, many
25 more are expected to do so, especially with the

2 launch earlier this month of a \$5 million multi-
3 media ad campaign that urges the public to seek
4 care for problems with its tagline, Live There,
5 Work There, You Deserve Care. This campaign is
6 designed to reach a broad group of individuals
7 exposed to the attacks with subway, radio and T.V.
8 ads.

9 HHC also enlisted the help of 10
10 community based organizations, who are receiving
11 grants of more than \$2 million to conduct grass
12 roots advocacy and they've been our partners from
13 the beginning of this program. In just three
14 weeks since the campaign was launched, the
15 Environmental Health Center's call volume
16 increased five fold from about 20 to more than 100
17 calls per week. And the program is now accepting
18 patients at an average rate of more than 80 per
19 week.

20 I'm also pleased to report that the
21 federal government finally has begun to recognize
22 the need to provide funding for this program. Due
23 in part to the City's strong advocacy, Congress
24 last year, for the first time, appropriated 9-11
25 health funds specifically for residents and other

2 non-responders.

3 And due to aggressive advocacy by
4 the Mayor to the Health and Human Services
5 Secretary Levitt, the Centers for Disease Control
6 recently announced it would award up to \$30
7 million over three years to monitor and treat non-
8 responders. HHC has applied for this funding and
9 is awaiting a response.

10 The panel also recommended that the
11 City offer financial assistance to all New Yorkers
12 in need of 9-11 related mental health care.

13 Earlier this year, the Health Department launched
14 a new program for people still struggling with the
15 effects of the WTC attacks, similar to an expiring
16 program offered by the American Red Cross. Dr.
17 Lorna Thorpe, my colleague at the Health
18 Department, will be providing more details about
19 this program.

20 Last year the Mayor appointed a WTC
21 Medical Working Group, co-chaired by Deputy Mayor
22 Gibbs and Health Commissioner Tom Friedan. This
23 blue ribbon group was charged with monitoring the
24 constantly unfolding research on 9-11 health. The
25 group comprised of 16 academic experts, government

2 leaders and representatives from the WTC Centers
3 of Excellence, including Dr. David Persant. Of
4 course as you know, co-Director of the Fire
5 Department's WTC program, Dr. Philip Landrigan,
6 who oversees Mt. Sinai's program, Dr. Eli
7 Klienman, Supervising Chief Surgeon at the NYPD
8 and Dr. Richard Leinhardt, Chief Surgeon of the
9 Department of Correction.

10 The group achieved a remarkable
11 degree of consensus about the kinds of 9-11
12 related health problems that a wide range of
13 individuals may face. Dr. Thorpe, again a member
14 of the group, will testify about the first annual
15 report on the state of 9-11 health, which was
16 issued just a few weeks ago.

17 The 9-11 Health Panel also
18 recognized the critical importance of increasing
19 access to information about services for City
20 employees who may have been affected by the WTC
21 disaster. Last year, a citywide WTC Health
22 Coordinator Jeffrey Hahn was appointed to work
23 with WTC health liaisons designated at City
24 agencies that have large numbers of employees who
25 participated in rescue and recovery operations.

2 The WTC Health Coordinator meets with the liaisons
3 on a quarterly basis to keep them informed about
4 the latest developments on 9-11 health, including
5 new treatment services, the latest WTC health
6 findings and recent changes in state law regarding
7 WTC related worker's comp and disability pensions.

8 These health liaisons provide
9 important feedback about City employee's questions
10 and issues. We think that this is a very
11 effective tool to ensure that City employees stay
12 informed about developments in this field and have
13 a forum to address their concerns.

14 In addition to touring the WTC
15 programs at Bellevue and the Fire Department, the
16 WTC health liaisons also have helped to implement
17 the WTC excused absence policy initiated last
18 October 2007. This policy encourages City
19 employees to be screened at Mt. Sinai's program or
20 to undergo an initial evaluation at HHC's WTC
21 Environmental Health Center, by offering an
22 excused absence of up to four hours in addition to
23 travel time to access 9-11 health services on City
24 time. To date, more than 50 employees have
25 benefited from the policy.

2 WTC liaisons have also actively
3 promoted to City employees, the City's 9-11 health
4 web site, which is the nation's most comprehensive
5 source of 9-11 health information. The site has
6 been visited more than 300,000 times since it was
7 launched last September.

8 The City has also actively expanded
9 its direct outreach to uniform service providers.
10 For example, in 2007 it began distributing the NYC
11 9-11 Health Update, a bi-monthly e-newsletter,
12 which is distributed to nearly 6,000 City
13 employees and members of the public. Each issue
14 of the e-newsletter contains a complete list of
15 WTC treatment resources and the filing deadlines
16 for WTC workers comp and disability.

17 The Health Department also printed
18 a 9-11 service guide for distribution to City
19 employees who don't have internet access. 1,000
20 copies already have been ordered by the Fire
21 Department and Corrections. And more than 9,000
22 uniformed responders who are enrolled in the WTC
23 health registry will receive copies of the guide
24 in a special mailing that's going out next month.

25 When the Mayor announced earlier

2 this month that the City had made substantial
3 progress in implementing the panel's
4 recommendations, he also noted that New York City
5 should not have to support these efforts single-
6 handedly. The terrorists who destroyed the World
7 Trade Center were attacking the United States and
8 addressing the health affects of 9-11 is a
9 national duty.

10 Although the federal commitment to
11 date has been adequate for monitoring and treating
12 thousands of responders who have sought care
13 through the Centers of Excellence at the Fire
14 Department in Mt. Sinai. We are very grateful for
15 the members of Congress who have helped secure
16 those federal resources.

17 Funding, as you know, has been
18 episodic and inconsistent. And the federal
19 government to date has not released any funding
20 for HHC's program for residents and local
21 businesses and workers who cleaned the offices.
22 That's why the Mayor's Panel recommending that the
23 City vigorously pursue ongoing stable federal
24 funding to support the programs that form the
25 cornerstone of our response to 9-11 health.

2 And Mayor Bloomberg has done just
3 that in many different forums. When he and other
4 top City officials have urged the Speaker of the
5 House, Nancy Pelosi and another federal officials
6 to pass the 9-11 Health and Compensation Act.
7 This bill, whose principal sponsors are
8 represented as Carolyn Maloney, Vito Fasella,
9 Gerald Nabbler and Peter King, would provide
10 consistent federal support for monitoring and
11 treatment of health problems among 9-11 responders
12 and community residents, so that funding is no
13 longer subject to the vagaries of the annual
14 appropriations process. This annual battle has
15 subjected 9-11 responders to uncertainty about
16 their continued healthcare.

17 In addition, Mayor Bloomberg and
18 other City officials have testified before
19 Congress and briefed editorial boards about the
20 need to reopen the September 11 Victims
21 Compensation Fund or VCF, which closed in 2003
22 before many 9-11 health problems became evident.

23 The 9-11 Health and Compensation
24 Act would reopen the VCF and establish an already
25 prone and fair means of compensating responders

2 with serious health problems that could be related
3 to their work. And it would do this without the
4 delay and uncertainty of litigation. The focus of
5 litigation is to try to show that the City and
6 contractors, who were essential to the recovery
7 and clean up, were somehow at fault. When we know
8 that it was the terrorists that were at fault for
9 9-11 and its aftermath.

10 We know that reopening the Victims
11 Compensation Fund is a critical part of a
12 comprehensive federal solution to the nation's
13 recovery from 9-11. As you may know, a new
14 version of the 9-11 Health and Compensation Act
15 was introduced over the weekend, though it was not
16 brought to a vote.

17 While the bill is a step towards
18 meeting the obligation to help those who were sick
19 or harmed because of the attacks, the City had
20 concerns about the legislation, particularly
21 because of the amount of New York City taxpayer
22 dollars that the bill requires, more than \$500
23 million over the next decade, with a continuing
24 obligation for years after that. This is five
25 times more than we're currently spending on 9-11

2 health through the HHC program at a time when the
3 City is reducing its own spending and facing
4 extreme financial uncertainty.

5 Equally important, the bill did not
6 give the City oversight over a portion of that
7 half billion dollars that is spent on programs
8 outside of the City's authority. So we will
9 continue to push for legislation that strikes the
10 right balance between the federal obligation and
11 the City's contribution.

12 New York City has firmly
13 demonstrated its commitment to help everyone who
14 was affected by the attacks get the first rate
15 care they deserve. Now it's up to the federal
16 government to fund the Centers of Excellence so
17 that they can provide this care for as long as is
18 necessary.

19 Thank you again for this
20 opportunity to testify and I look forward to
21 working with you Chairman Addabbo and Chairman
22 Rivera and your colleagues to ensure that our
23 City's residents and its responders get the
24 healthcare that they need and deserve.

25 CHAIRPERSON ADDABBO: Thank you

2 very much for your testimony and of course we are
3 still awaiting the Doctor.

4 RIMA COHEN: Dr. Lorna Thorpe, yes.
5 I apologize because she was an important
6 complement to my testimony. She was going to
7 focus on the health research and the medical
8 working group report and so forth, which I can
9 also address.

10 CHAIRPERSON ADDABBO: What we'll do
11 is we'll go to questions. Obviously Dr. Thorpe
12 can jump in with her testimony upon her arrival.
13 At this point, let me welcome other colleagues
14 that have shown up in the mean time, Council
15 Member Melissa Mark-Viverito, Council Member John
16 Liu, both to my right; to my left Council Member
17 Inez Dickens and Council Member Annabel Palma and
18 Council Member Maria Baez. It's good to see you,
19 good morning.

20 To go through your testimony with
21 questions I may have. Then of course I think my
22 colleagues may have questions. The 15
23 recommendations that the Panel had made, you said
24 most of them are basically being worked on or
25 already being implemented. Can we talk about the

2 ones that possibly have not been attended to or
3 have not been addressed at this point?

4 RIMA COHEN: Actually many of them
5 are completed. Some of them don't sort of have
6 real completion dates because they're ongoing, the
7 federal advocacy and so forth. All of them are
8 substantially underway but there are some that we
9 still want to make more progress on.

10 Let's see. There the
11 recommendation that we want to be better prepared
12 for future disasters, the environmental and health
13 concerns of those disasters. We are still working
14 on strengthening the City Department of Health's
15 response, the Department of Environmental
16 Protection and coordinating with the Office of
17 Emergency Management. And those efforts are well
18 underway but we still have more to go. It will
19 probably be a while before we feel like we are as
20 prepared as we should be for the next disaster.

21 But if you look at what's appended
22 to my testimony, you can see that actually most of
23 them really are completed. Some are just going to
24 have to be ongoing until we get exactly what we
25 want. But we've actually made tremendous progress

2 on nearly all of them.

3 CHAIRPERSON ADDABBO: What was the
4 one recommendation that the Panel felt was a must
5 or a real priority to be addressed?

6 RIMA COHEN: There were several. I
7 would say the federal advocacy, which has been at
8 the top of our agenda for the last couple of years
9 was certainly a major one because the City was
10 bearing too much of the responsibility for what we
11 believe is a national obligation. Also, the
12 federal funding that has been provided to the
13 important two out of three Centers of Excellence,
14 the uncertainty of the annual appropriations
15 really put those important programs, which are
16 kind of the cornerstone to our response to 9-11
17 health.

18 Those are the programs that are
19 both offering the monitoring and treatment, which
20 is so important to people's immediate health. But
21 also we're collecting information that can help us
22 better understand those illnesses and help us
23 develop clinical guidelines and so forth. So
24 those programs absolutely have to continue and
25 they really need a stable, long term funding

2 source. So that was extremely important.

3 Also, appointing World Trade Center
4 Health Coordinator, one person who can really
5 coordinate all of the diversity of issues and a
6 single point person that people know and can go
7 to, as well as the WTC Health Liaisons at the
8 agencies. I would say those are some of the top
9 recommendations, although there were many that
10 were important.

11 CHAIRPERSON ADDABBO: Thank you Ms.
12 Cohen. I'm going to get to a couple of them that
13 you had just mentioned, but again, still, just
14 going through your testimony. We always like to
15 see expansion of services. You had mentioned
16 through the HHC's program they are expanded in two
17 ways, both in Queens at Elmhurst Hospital and in
18 Lower Manhattan. Can you give us a status on
19 those expanded sites? How many people are they
20 treating? Are they at capacity or are they
21 handling people at a good rate?

22 RIMA COHEN: The program started at
23 Bellevue, as you know, and that's still the
24 largest program, it's the most well known.
25 Gouverneur--here is Dr. Thorpe. I'll just finish

2 answering this question and then if you'd like you
3 can turn to Dr. Thorpe. Gouverneur and Elmhurst
4 are smaller; I don't have the precise numbers. I
5 know that they're a total of about 3,000 patients
6 who are seen at all three of those sites, with the
7 most at Bellevue. I can get you the precise
8 numbers for each.

9 My understanding is there is no
10 wait list now. Especially for people who have an
11 emergent condition; they can be seen right away.
12 Others may have to wait a couple of weeks for an
13 appointment but nothing unusual. There is no
14 formal wait list, which means there is an
15 indefinite amount of period of time before they
16 can be seen so we're very pleased about that.
17 They did a gradual ramp up and it seemed to have
18 done well.

19 Then, of course, the opened, only
20 Bellevue has the pediatric center. So as I
21 mentioned, Bellevue is still sort of the flagship
22 of the program but the other programs have
23 definitely been seeing patients and I will get you
24 those numbers after.

25 CHAIRPERSON ADDABBO: Ms. Cohen if

2 there are any issues at the Gouverneur in Lower
3 Manhattan or at Elmhurst in Queens, then of course
4 this Council can be help with those or any other
5 site that basically is monitoring and treating
6 those who are affected by the effects of 9-11.
7 Just please let us know. We are looking forward
8 to helping you as you treat these individuals that
9 need it.

10 RIMA COHEN: Thank you.

11 CHAIRPERSON ADDABBO: Dr. Thorpe,
12 good morning. It's a pleasure to have you here
13 today. Thank you. We will resume questioning on
14 Ms. Cohen's testimony but Ms. Thorpe, why don't
15 you give your testimony so we'll do questioning
16 for both of them at one.

17 DR. LORNA THORPE: Good. Good
18 morning Chairman Addabbo and members of the
19 Committee on Civil Service on Labor and the
20 Committee on Health. My name is Lorna Thorpe,
21 Deputy Commissioner of Epidemiology at the New
22 York City Department of Health and Mental Hygiene.
23 On behalf of the Department, thank you for the
24 opportunity to testify on this important issue.

25 Today I will review recent findings

2 from the World Trade Center Medical Working
3 Group's 2008 annual report on 9-11 health,
4 describe the New York City 9-11 benefit program
5 for mental health and substance use services and
6 discuss the report's policy recommendations.

7 First, about the report, in
8 response to one of 9-11 Health Panel's
9 recommendations, last year Mayor Bloomberg
10 convened the World Trade Center Medical Working
11 Group, co-chaired by Deputy Mayor for Health and
12 Human services and the Health Commissioner. The
13 Group includes 16 academic experts, government
14 leaders and representatives from World Trade
15 Center's of Excellence at the Fire Department,
16 FDNY, Mt. Sinai and HHC Bellevue. The Group also
17 has medical leadership representation from NYPD
18 and Department of Corrections.

19 This Medical Working Group met
20 regularly over the past year to review existing
21 and emerging scientific literature on 9-11 health,
22 published in the seven years since the attacks.
23 The first annual report on 9-11 health includes
24 key findings from more than 100 articles published
25 and peer review literature. It identifies gaps in

2 research and services and concludes with a series
3 of recommendations for policy makers, researchers
4 and other stakeholders who share the Mayor's
5 concern about 9-11 health.

6 The consensus of the Group,
7 reflected in the report, is that findings on
8 physical and mental health ramifications from 9-11
9 are remarkably similar across studies and across
10 potentially exposed groups. This includes
11 uniformed responders, other rescue and recovery
12 clean up workers and volunteers, Lower Manhattan
13 residents and area workers.

14 While the full extent of the health
15 impacts resulting from World Trade Center are
16 still unknown, medical evidence has documented a
17 variety of short to medium term health
18 consequences. Some of the conclusions regarding
19 physical and mental health impacts are as follows.

20 In the first weeks and months after
21 9-11, respiratory symptoms were common among
22 people who breathed in the dust, smokes and fumes
23 caused by World Trade Center collapse. Clinical
24 studies of the exposed rescue and recovery workers
25 showed that respiratory symptoms subsided over

2 time for many workers but they were persistent in
3 others. While nearly all responding New York City
4 firefighters experienced respiratory symptoms on
5 the day of the attacks, symptoms reportedly have
6 persisted for about 25% of firefighter two to four
7 years later. Prior to 9-11 fewer than 5% of New
8 York City firefighters had chronic respiratory
9 symptoms.

10 In surveys conducted two to three
11 years after 9-11, rescue and recovery workers and
12 other exposed groups reported new diagnoses of
13 asthma; two to three times higher than national
14 estimates. For several worker groups, pulmonary
15 function tests have documented either decline in
16 lung function or a higher prevalence of abnormal
17 lung function after 9-11.

18 Compared to pre-9-11 levels, new
19 diagnosis of sarcoidosis, which is an inflammatory
20 condition of lung and often other organs or
21 sarcoid-like lung disease were elevated among New
22 York City firefighters in the first year after the
23 disaster. Since then, rates have subsided to pre-
24 9-11 levels.

25 Studies have been initiated to

2 examine the possibility of World Trade Center
3 related cancers and to measure overall patterns of
4 mortality among people with exposure to the
5 collapse. Results are not yet available. These
6 and other late emerging effects, if any, are not
7 expected to be clearly evident for at least a
8 decade after exposure.

9 Post-traumatic stress symptoms and
10 disorders were common in the first six months
11 after 9-11 among people both directly and
12 indirectly exposed to the World Trade Center
13 disaster. Early symptoms of post-traumatic stress
14 resolved quickly for most people, particularly for
15 those who were not directly exposed.

16 Among directly exposed populations,
17 however, rates of PTSD were elevated two to three
18 years after 9-11. Among rescue and recovery
19 workers 12% reported symptoms of PTSD, which is
20 three times higher than would be expected if the
21 attacks had never occurred. Rates of PTSD among
22 rescue workers range from 6% among police, 21%
23 among volunteers. Workers and occupations with
24 less training in disaster rescue or recovery
25 operations, such as DSNY employees, whose rates

2 have peaked, PTSD was almost 11% or who worked
3 outside of their areas of training were increased
4 risk for PTSD.

5 Now let me talk a little bit about
6 our 9-11 benefit program for mental health and
7 substance abuse. Last year the Health Department
8 received City funding for financial reimbursement
9 program to increase access to mental health and
10 substance use treatment for any New Yorker who
11 continues to experience psychological distress
12 related to the terrorist attacks.

13 As the World Trade Center's Medical
14 Working Group's annual report makes clear, the
15 burden of PTSD, which can be a chronic illness if
16 not properly treated, remains great among New
17 Yorkers who were directly affected by the attacks.
18 The Health Department also took special care in
19 considering the needs of responders in developing
20 this program.

21 Through the 9-11 health benefit
22 program for mental health and substance use
23 services, many New York City residents, including
24 City employees who live in New York City or the
25 six surrounding counties can seek help through a

2 licensed provider in New York State. The program
3 is retroactive to January 2007 to ensure
4 continuity of coverage with a similar program than
5 the American Red Cross ended in 2006. It offers
6 an alternative to the World Trade Center Centers
7 of Excellence for responders and other City
8 employees who already have established a
9 therapeutic relationship with a licensed provider
10 or want to access care at a time and location more
11 convenient to them than hospital based services.

12 300 uniformed and non-uniformed
13 responders have enrolled in the program to date.
14 There is no cap on the benefit for responders.
15 While other groups of New York City residents and
16 employees eligible for the program must exhaust
17 their private insurance coverage before seeking
18 reimbursement. This requirement has been waived
19 for FDNY and NYPD personnel who choose to not seek
20 services through their employer or through a World
21 Trade Center Center of Excellence. The program is
22 also open to family members of responders who are
23 not eligible for free treatment at the federally
24 funded Centers of Excellence.

25 To increase awareness of 9-11

2 benefit program, the Health Department produced
3 and distributed 150,000 wallet cards. And the
4 World Trade Center Health Registry recently sent a
5 special mailing to all enrollees residing in the
6 New York City area, including more than 9,000
7 members of FDNY, NYPD and DSNY, informing them of
8 the New York City 9-11 benefit program and other
9 specialized World Trade Center treatment programs.
10 Information about the programs also featured in
11 detail on our one-stop shopping 9-11 health
12 information web site.

13 Finally next month we'll also
14 provide registrants with copies of a recently
15 updated 9-11 resource guide, which includes
16 information on the benefit program as well as
17 details regarding filing deadlines for World Trade
18 Center related workers compensation and
19 disability.

20 Thanks to the Mayor's expansion of
21 the World Trade Center Environmental Health Center
22 and the launch of the Health Department's new 9-11
23 benefit program, 9-11 related mental and physical
24 health treatment and medication are accessible to
25 more New Yorkers than ever before. As part of its

2 report, the World Trade Center Medical Working
3 Group made a number of recommendations to ensure
4 continued access to these important programs and
5 services.

6 In particular, there is a need for
7 continued advocacy for long term federal support
8 to fund the continuation of critical activities
9 such as the treatment for World Trade Center
10 exposed populations. This is especially crucial
11 as the City better understand the potential long
12 term effects of the 9-11 disaster through the
13 Centers of Excellence and the Health Department's
14 own World Trade Center registry.

15 The Mayor continues to urge
16 Congress to pass legislation that would establish
17 a permanent funding stream for 9-11 health and we
18 welcome the Council's advocacy on this critical
19 issue.

20 The Medical Working Group also
21 recommended continued support for research and
22 evaluation on the prevalence and persistence of
23 conditions that are potentially related to 9-11 an
24 associated treatment needs. There are many still
25 unanswered questions regarding the extent of

2 health impacts resulting from the World Trade
3 Center attacks. It will be important to determine
4 whether cancer, chronic illnesses and other late
5 emerging diseases are elevated among World Trade
6 Center exposed individuals.

7 In closing, sustaining 9-11 health
8 programs and research is vital. While existing
9 programs may appear to be meeting current needs in
10 the New York City area, treatment and research can
11 not be sustained over the long term without a long
12 term commitment from the federal government.

13 We appreciate the Council's
14 continued interest in this issue and we ask for
15 your support to ensure that 9-11 related health
16 needs of uniformed responders continue to be met.
17 Thank you for this opportunity. My apologies for
18 being late.

19 CHAIRPERSON ADDABBO: It's okay Dr.
20 Thorpe. Thank you very much for being here. We
21 do have questions. First let me acknowledge the
22 presence of Council Member Helen Sears, thank you
23 for being here.

24 Again, thank you both for your time
25 and testimony today. Let me get in to what I

2 think is the most important issue because we can
3 talk about monitoring, treatment, we can talk
4 about the excellent work that is being done
5 throughout the City for individuals in need but
6 funding becomes a critical issue because without
7 funding we have no such programs. So let's talk
8 about funding.

9 There is a severe need, and to me a
10 critical issue, on funding. Obviously up to now,
11 to an extent, it's been mostly the City that has
12 paid for and the creation of these programs. We
13 have basically paid the bill on something that is
14 in my opinion a natural tragedy or which was a
15 national tragedy. Today's Daily News and today's
16 daily papers are reporting obviously that the bill
17 did not survive in Washington. Some of our
18 legislators in Washington are saying that the
19 Mayor really wasn't in favor of this federal bill
20 for the reason that it would cost the City about
21 \$500 million, I understand. That would be our
22 City's share.

23 It is my opinion that the federal
24 government has a lot of catching up to do when we
25 talk about money being paid for these programs.

2 We have certainly paid our fair share in this City
3 for these programs. It's really now the time for
4 the federal government to step up to the plate. I
5 would think they are far, far from stepping up to
6 the plate. To me, they're not even on the batting
7 circle, they haven't even gotten out of the
8 dugout; they really need to step up to the plate.

9 So please, if both of you can give
10 me your interpretation of the federal legislation,
11 possibly what you might know of subsequent
12 legislation because this article is saying that
13 maybe by early next year another bill may be
14 introduced. But that's a number of months away
15 and there's no guarantee on that either. So
16 please, if you can give us some insight on the
17 federal funding aspect.

18 RIMA COHEN: Thank you Chairman
19 Addabbo, I couldn't have said it better myself.
20 As I mentioned, this issue has been at the top of
21 our federal agenda. When you asked what are some
22 of the most important recommendations from the
23 panel, I would say that that's certainly among the
24 most important of the 15 recommendations.

25 We have worked, the Mayor himself

2 has expended a tremendous amount of energy in
3 Washington working this issue. He sent other top
4 officials, Michael Cardosa has testified and has
5 spoken to many people. Deputy Mayor Gibbs, Deputy
6 Mayor Skylar, I've been there and many of my
7 colleagues so it's absolutely a priority.

8 We were very enthusiastic, as you
9 know, about the bill that was introduced that the
10 City Council supported through its resolution, the
11 James Adrogo Health and Compensation Act. We
12 think that that's an excellent piece of
13 legislation. We strongly advocated for it. But
14 as you noted, there is not a similar bill in the
15 Senate so this bill that was working its way
16 through the House was a one house bill. So we
17 suspected that there wasn't going to be final
18 action in the Congress this year just simply
19 because the Senate hadn't acted at all. So we're
20 going to continue very strong advocacy there.

21 We, of course, have some strong
22 advocates there with our Senators. Both Senator
23 Schumer and Senator Clinton have been tireless
24 advocates for this and they've been trying very
25 hard to get their colleagues to support

2 legislation similar to the legislation in the
3 House. We're hopeful and we're going to continue
4 working with them.

5 The bill that worked its way
6 through the House, we supported the original
7 legislation but as you noted, in the final
8 analysis over the weekend a new version was
9 introduced and that version did a few things that
10 we thought took the City a step backward.
11 Although it had many important elements and we
12 appreciate that the New York City delegation
13 worked very hard for it and that the Speaker did
14 want to bring something to the floor. But the
15 bill that was just introduced a few days ago did,
16 in our view, did not strike the appropriate
17 balance between federal responsibility and the
18 City's shared.

19 You noted and as I noted as part of
20 my testimony, it was about a half a billion
21 dollars to the City over the next decade and
22 continuing obligation thereafter. Just as
23 importantly, while the City was absolutely
24 committed to putting a share, a City contribution.
25 We have supported a City contribution because we

2 believe only if we have skin in the game can we
3 also help to guard against any kind of fraud and
4 abuse and so forth.

5 One of our bottom lines was if the
6 City is going to put its share in that we have to
7 have oversight over where our City taxpayer
8 dollars are going. This bill that was just
9 introduced over the weekend did not give the City
10 authority over all of the taxpayer dollars. That,
11 in addition to the fact that there was an
12 additional \$350 million exposure for the City on
13 the Victims Compensation Fund side of the bill,
14 just tipped the balance in the wrong direction.
15 Since this was only going to be one house bill
16 this year, we thought it was better to try to go
17 back and improve the legislation rather than pass
18 a flawed bill. But we are going to continue.

19 This is going to absolutely be at
20 the top of our agenda for the coming session in
21 Congress. We're hopeful that our message is
22 finally starting to sink it. I think that sort of
23 the clock ran out this year. Of course with the
24 financial bailout, it diverted a lot of attention,
25 necessarily so, to that issue. I think next year

2 we're hoping to start from a position of strength
3 and get a good bill that's really going to provide
4 going federal funding for this important issue.

5 CHAIRPERSON ADDABBO: Two questions
6 on the federal bill and I want to make sure that I
7 have it clear with the administration's position.
8 First that this bill would have required the City
9 to basically contribute about five times more
10 money than it currently contributes to 9-11
11 issues, health related issues. That's number one;
12 five times more.

13 RIMA COHEN: Right.

14 CHAIRPERSON ADDABBO: And secondly,
15 it's not that the City is not saying that we're
16 not going to contribute any further money. It's
17 just basically saying we need more federal money
18 while the City contributes as much as it can to
19 these programs. Is that correct on both levels?

20 RIMA COHEN: Correct on both
21 levels, yes.

22 CHAIRPERSON ADDABBO: And lastly, I
23 guess, what is the next step? I heard advocacy, I
24 heard Senator Schumer, Senator Clinton, is that
25 basically gearing up for, I guess, what would

2 hopefully be a January introduction of further
3 legislation? I'm curious to see what is really
4 the next constructive steps and how maybe the City
5 Council can play a part in that.

6 RIMA COHEN: We're hoping that the
7 next steps would be re-introduction of the
8 original 9-11 Health and Compensation Act, which
9 we did strongly support and which the Council
10 supported. So we hope that that would be re-
11 introduced in the new session of Congress.

12 Certainly your advocacy is very
13 important for that. We want to show a united
14 front in the City among the delegation, the City
15 Council and the City administration for that
16 legislation. And we hope to provide support, we
17 will provide support to Senator Clinton and
18 Senator Schumer and some of the other members of
19 the Senate who are sympathetic and have indicated
20 that they would be interested in moving a bill.
21 So we're going to begin that advocacy on day one,
22 before day one to try to hit the ground running in
23 the beginning of the year.

24 Again, your advocacy on this issue-
25 -you don't need to gen up the New York City

2 delegation. They're already very strong advocates
3 on this but I think it's very important for to
4 show a united front in the Congress. I think the
5 fact that the City Council has been so supportive
6 of the legislation and has supported our federal
7 legislators is absolutely essential.

8 CHAIRPERSON ADDABBO: Both
9 Committees here have supported resolutions in
10 support of, obviously, the federal legislation,
11 increasing federal funding If we need to do so in
12 the future, I believe we will as well continue to
13 support that kind of legislation. At this point,
14 let me introduce to you the fine Chairman of our
15 Health Committee, Council Member Joel Rivera.

16 CHAIRPERSON JOEL RIVERA: Thank you
17 very much. I want to first thank my co-Chair and
18 my colleagues for joining us here today and for
19 everyone participating in the hearing. This is a
20 very important issue obviously since September
21 11th. This is a follow up to many hearings that
22 we've had. We've had hearings in September 2006,
23 March 2007, September 2007 because we want to make
24 sure that what needs to get done for our uniformed
25 workers gets done.

2 We know that over 100,000
3 volunteers and workers came down to the rescue
4 site. They gave not only of their time but they
5 also gave, a lot of them gave their lives and gave
6 their health to make sure that New York City can
7 rebuild. We feel that there's a great debt of
8 gratitude that we owe to the uniformed workers and
9 to the volunteers to ensure that we repay them in
10 ways that maybe can not be gauged in monetary
11 value. But in a way that ensures that the rest of
12 their lives will be sustainable and positive.

13 I'm pretty sure my colleagues had
14 already asked numerous questions but I just wanted
15 to state that as Chair of the Health Committee, we
16 know we're finding out new issues that are arising
17 day in and day out, whether it's the issues that
18 deal with the lungs, issues that deal with
19 cancers, issues that deal with psychological
20 factors and stresses that are still coming out,
21 post traumatic stress disorder, which we know has
22 become an issue. These are things that we wanted
23 to continue to discuss and see how it is that the
24 City Council could be helpful in ensuring that
25 those who need help receive help. And how we can

2 work with the administration to provide that help
3 necessary.

4 I also just wanted to find out what
5 was implemented from the Mayor's World Trade
6 Center Health Panel, what recommendations were
7 taken and things of that nature. So I just wanted
8 to thank you again for coming because this is an
9 issue that will not go away today or tomorrow.
10 It's something that we'll continue to discuss,
11 especially while people are still falling ill from
12 the effects of 9-11. Thank you.

13 CHAIRPERSON ADDABBO: Thank you
14 Chair Joel Rivera. Thank you very much for being
15 here. We do have a question from a colleague,
16 Council Member Helen Sears.

17 COUNCIL MEMBER SEARS: Thank you
18 Mr. Chair. It's very brief, one that you're quite
19 right. I was down in Washington, D.C. a few weeks
20 ago with some of my colleagues and the Speaker.
21 This issue is very top of the line for them. My
22 question is, though, with the new bill that was
23 put in on the weekend. It's considered flawed.
24 What kind of oversight does this new bill provide
25 for New York City or does it exclude any oversight

2 at all?

3 RIMA COHEN: The bill, we had
4 indicated to members of Congress who are
5 negotiating the bill that we were willing to make
6 a City contribution to the healthcare programs but
7 that it was absolutely a bottom line that we had
8 to have some oversight over the money and the
9 program. The bill, unfortunately, that was
10 introduced over the weekend did not provide that
11 kind of oversight. The oversight is all at the
12 federal government.

13 The program puts the total
14 authority in the NIOSH, National Institute of
15 Occupational Safety and Health. There would be a
16 program administrator in NIOSH and the federal
17 government who would oversee the program. But the
18 City would not have the ability to, for parts of
19 the program that are offered through private
20 health care facilities, would not offer the City
21 any oversight. We would not have the ability to
22 audit the program, to oversee how the dollars are
23 spent and so forth, which we thought was just a--

24 COUNCIL MEMBER SEARS:

25 [interposing] Does it exclude the City entirely?

2 Because it seems with the opposition in the Senate
3 and with the rest of the country feeling that it's
4 New York City's problem and why that opposition is
5 there and will continue. There are 49 other
6 states and it's going to continue. That's an
7 ongoing battle. But does it relieve the City of
8 any kind of authority or oversight? Is that what
9 is going to be in the obligation if we get federal
10 dollars?

11 Well then we're kind of swimming
12 upstream because we're not prepared to give into
13 that. And somehow, Mr. Chairman, it seems that we
14 might look at what kind of compromise there is to
15 keep New York City in the loop and at the same
16 time receive federal dollars. So there is really
17 a lock here somewhere.

18 RIMA COHEN: Council Member Sears
19 said, you had asked if the City would have sort of
20 any oversight. The City would have representation
21 on advisory boards that would advise the federal
22 government. But if--

23 COUNCIL MEMBER SEARS:
24 [interposing] But not necessarily to be taken.

25 RIMA COHEN: Exactly.

2 COUNCIL MEMBER SEARS: Advisory
3 boards.

4 RIMA COHEN: And also not the
5 ability to oversee, to do audits and the sorts of
6 good government things that you have to do when
7 you have City taxpayer dollars on the line. So
8 while the parts of the program that are under this
9 City's control, such as the Fire Department
10 program. Of course we have oversight over that,
11 but there's a large part of the half a billion
12 dollars that flows to private institutions.

13 Some of which are not currently in
14 New York City and some of which are designed to be
15 national programs, which we think is appropriate
16 because there are people scattered across the
17 country who need healthcare. But New York City
18 will be sending its dollars to these institutions
19 without any ability to really ensure that the
20 dollars are well spent. We would be relying on
21 the federal government to make sure that's the
22 case. That simply was unacceptable.

23 COUNCIL MEMBER SEARS: Yeah.
24 Because sometimes those dollars have a way of
25 finding themselves with other causes so that

2 oversight is important. I thank you very much.

3 Thank you. I just see a deadlock on this, I

4 really do. That's not good. And it seems that

5 there's going to be some little key that opens the

6 door a little bit, maybe after the elections.

7 This is something that's worth pursuing vehemently

8 from both Committees, the Council and so on. I

9 think we need to do that. Okay. Thank you.

10 CHAIRPERSON ADDABBO: Thank you

11 Council Member Sears. Council Member Dickens

12 COUNCIL MEMBER DICKENS: Thank you

13 Chairs and thank you for your testimony. Just

14 about two weeks ago, I guess it was, Speaker Quinn

15 and the City Council went down to Washington, D.C.

16 to advocate on behalf of health coverage for 9-11

17 workers. That was one, we only had three

18 priorities and that was the first priority. I

19 wanted you to be really aware that we really are

20 very much supportive.

21 RIMA COHEN: Thank you.

22 COUNCIL MEMBER DICKENS: But having

23 said that and after knowing the economic

24 conditions that the country is in and that the

25 City is in, and having heard this morning that the

2 federal healthcare package has been shelved right
3 now because of the bailout for obvious reasons.
4 Because if the country fails then all is moot.

5 What is really going to be the
6 reality for, not only municipal workers but non-
7 municipal workers, who invested their time and
8 their lives in to working at 9-11? What can they
9 really expect out of this because of the
10 unanticipated economic conditions that we're in,
11 in the country and in the City. In light of the
12 fact that the package now has been shelved, that
13 was announced this morning on my way down.

14 RIMA COHEN: Those are excellent
15 questions and I don't have a crystal ball that can
16 give you the absolute assurances that we will be
17 in a better position next year. But I can tell
18 you that we will continue to pursue this, as I
19 know you will, very, very aggressively. The City
20 of course is in a very tough financial position
21 but we have continued to support the health and
22 hospital's World Trade Center Center of Excellence
23 and will continue to support that. We have
24 budgeted that.

25 We will continue while we're

2 advocating for federal legislation, we will
3 continue to also advocate for the annual
4 appropriations that so far we have been very
5 fortunate. With your help and the help of the New
6 York City delegation and others who are interested
7 in this issue, we have been able to secure funding
8 last year.

9 The Congress appropriated \$108
10 million in funding, which was sufficient to get us
11 through to the next fiscal year. So we will
12 continue to fight both for the annual
13 appropriations, we'll continue to support Health
14 and Hospitals Corporation and do all of the things
15 that I mentioned in the recommendations that the
16 City is going to provide financial support for
17 that.

18 We continue to remain cautiously
19 optimistic that we can get the federal government
20 to step up to the plate next year. We made
21 significant progress this year, with your help,
22 and all I can say is we will continue to advocate
23 for this issue.

24 We understand everybody is in a
25 tough financial situation but this is absolutely

2 something... It's a problem that's not going to
3 go away and has to survive the economic ebbs and
4 flows of the country because it's that important.

5 COUNCIL MEMBER DICKENS: I ask this
6 question knowing that it's a situation that really
7 we all are trying to address. Because of my
8 concern for the workers and their coverage for
9 health care and because when we went down to
10 Washington, D.C. other than the New York
11 delegation of Congress and of course our U.S.
12 Senators, the rest of the Congress as time
13 progressed on, it no longer was a high priority,
14 seemingly. And that gave me great concern. It is
15 for the New York delegation and it is for our U.S.
16 Senators but other Congressional delegations from
17 around the country, the importance of the health
18 care coverage was getting further back.

19 Now with the bailout that we've had
20 to do, I'm more than concerned. I'm downright
21 frightened. So I just wanted that put on the
22 table because of my fear about the health care
23 coverage and our workers are suffering. Those
24 that gave of their time and their lives and their
25 commitment to the aftermath of 9-11 are in

2 jeopardy and I'm afraid. So thank you.

3 RIMA COHEN: Thank you so much.

4 Just one small point to make on your eloquent
5 statement and I share your concern that this not
6 be pushed to the back burner outside of the New
7 York City delegation. One of the points that I've
8 been trying to make and my colleagues who go to
9 Washington to lobby for this, I've briefed staff
10 members from all over the country not just the New
11 York delegation.

12 We always make the point that
13 people came from all over the country, from all 50
14 states, from nearly every Congressional district
15 to help in the response because they recognize
16 that this was an attack on the United States and
17 therefore it's a responsibility of the United
18 States, of every member of Congress, not just New
19 York City.

20 So we hope to continue to make that
21 point to try to keep this issue on the front
22 burner for those members outside of New York City
23 delegation. Thank you.

24 COUNCIL MEMBER DICKENS: Thank you
25 so much.

2 CHAIRPERSON ADDABBO: Thank you
3 Council Member Dickens. Council Member Rosie
4 Mendez.

5 COUNCIL MEMBER MENDEZ: Thank you
6 Chair Addabbo. Ms. Cohen, earlier in your
7 testimony on page three you referenced that HHC
8 enlisted the help of ten community based
9 organizations. Can you tell us which
10 organizations those are?

11 RIMA COHEN: I probably have it
12 somewhere in my notes. I know that beyond Ground
13 Zero Network, was one of them. I would have to
14 get back to you with the full list. I probably
15 have it. If I shuffle through my notes I can
16 probably find the full list but I can certainly
17 provide that for you.

18 COUNCIL MEMBER MENDEZ: Can you
19 provide that list to the Committee?

20 RIMA COHEN: Absolutely. I'll get
21 a copy for everyone. Those have been very
22 important allies in the program from the outset.
23 Many of those community groups fought to get that
24 program started and to get the word out. Now
25 we're sort of formally recognizing them by

2 providing them grants so they continue to do the
3 grass roots outreach that's so important.

4 COUNCIL MEMBER MENDEZ: When you
5 give us that list can you also indicate whether
6 they're doing citywide work or in what communities
7 they are particularly outreaching to?

8 RIMA COHEN: Yes. I know that
9 they're very targeted. They're targeted to areas
10 but it's not just lower Manhattan because I know
11 many of the people that both commute in to the
12 offices and people who came to clean up the
13 offices come from all parts of the city. So I
14 know that they're targeting both geographically
15 and culturally, the different groups that they
16 believe sort of comprise the largest
17 representation of the people who are eligible for
18 that program.

19 COUNCIL MEMBER MENDEZ: Thank you.
20 Earlier when Chair Addabbo has asked you about the
21 three centers, you indicated that there were about
22 3,000 individuals who have gone to the centers. I
23 was not clear if you were referring to the two
24 smaller centers or to the three centers in total.

25 RIMA COHEN: Not to confuse you,

2 there were two instances where I probably spoke
3 about Centers of Excellence. There are three main
4 Centers of Excellence based in New York City that
5 treat three different populations. There is the
6 WTC Center of Excellence at the Fire Department
7 that of course treats firefighters, EMS workers,
8 retired firefighters and EMS workers.

9 There is a program that is called
10 the Mt. Sinai Medical Monitoring and treatment
11 Program and it's Mt. Sinai and has about six other
12 locations in the New York metropolitan area that
13 treat first responders and people who were
14 involved in the recovery and clean up who were not
15 firefighters so all other responders.

16 And then the third Center of
17 excellence is the World Trade Center Environmental
18 Health Center that's sponsored by the Health and
19 Hospitals Corporation. When I mentioned three in
20 that context, I was talking about the fact that
21 the Health and Hospitals Corporation now has three
22 sites within that Center of Excellence.

23 It started off at Bellevue, which
24 is still sort of the flagship program. But after
25 the Mayor's Penal report came out and said that it

2 needed to be expanded to make more accessible, the
3 Health and Hospitals Corporation opened two
4 additional sites, Gouverneur and Elmhurst Hospital
5 in Queens, now also have WTC clinics. So it might
6 have confused you that there are three overall
7 Centers of Excellence and then within HHC, three
8 sites for its center.

9 COUNCIL MEMBER MENDEZ: Thank you.
10 That does clarify things a bit for me. And the
11 number 3,000, what was that in reference to?

12 RIMA COHEN: 3,000 is the number of
13 patients that the World Trade Center Environmental
14 Health Center at the Health and Hospitals
15 Corporation has, that's the number of its patients
16 now.

17 COUNCIL MEMBER MENDEZ: To date?

18 RIMA COHEN: Yes, to date.

19 COUNCIL MEMBER MENDEZ: Okay.
20 Thank you very much.

21 CHAIRPERSON ADDABBO: Thank you
22 very much Council member. Chair Rivera.

23 CHAIRPERSON RIVERA: Thank you very
24 much. Again, I wan to thank you for joining us
25 here today. I just have a couple of questions,

2 what is the Law department's responsibility with
3 respect to the workers that are claiming injuries
4 that are 9-11 related and how many 9-11 related
5 cases is the Law Department working on?

6 RIMA COHEN: I'm sorry, I'll have
7 to get back to you on that, to provide those
8 specific numbers. I'll provide those to the
9 Council.

10 CHAIRPERSON RIVERA: Okay. My
11 second one is the Committee has been informed that
12 there have been significant delays in payment by
13 the Law Department to doctors treating the papers
14 with workers compensation claims. This sometimes
15 forces patients to discontinue treatment, do you
16 know why there is a delay in the payment to the
17 doctors and what we can do to fix the problem?

18 RIMA COHEN: I'll have to get back
19 to you on that. We have heard those claims and
20 are looking into that and will provide a formal
21 answer to you.

22 CHAIRPERSON RIVERA: Okay. Thank
23 you.

24 CHAIRPERSON ADDABBO: You had both
25 mentioned in your testimony about the World Trade

2 Center Coordinator, the gentleman's man is Hahn?

3 LENA THORPE: Mr. Jeffrey Hahn.

4 CHAIRPERSON ADDABBO: Okay. He was
5 here at a previous hearing that we had done. Can
6 you give us as a status on his role because
7 earlier hearings we've had here--one of the first
8 hearings we had on the issue, it seemed like
9 everybody was in their own direction.

10 Firefighters doing their own thing, police were
11 doing their own thing and there was no oversight.
12 The whole thing with the coordinator is there
13 would be at least structure to what was going on,
14 how people were being treated, maybe sharing of
15 information. Could you please give us an update.

16 LENA THORPE: Sure. I think we
17 certainly feel Mr. Hahn's role as the World Trade
18 Center Health Coordinator has taken the City a
19 long way forward in improving that sort of
20 bringing together all the different parts of City
21 government together to work on all of the 15
22 recommendations in the Health Panel report, on
23 improving communication across City government,
24 working together with advocates and clinical
25 centers.

2 I think many of the improvements
3 and completions of the recommendations in the
4 Health Panel report that Ms. Cohen presented to
5 you are a lot of the work from the World Trade
6 Center Health Coordinator's Office. For example,
7 the identification and coordination of the World
8 Trade Center liaisons in each City government is a
9 project that is led by the World Trade Center
10 Health Coordinator and his office.

11 The e-newsletter that goes out bi-
12 monthly comes from the World Trade Center Health
13 Coordinator's Office. Participation and community
14 board meetings and in meetings around the City on
15 this issue has increased. We've had greater
16 representation and greater dialogue with concerned
17 community representatives.

18 And certainly, as one service, one
19 health service rolls out at any one of the Centers
20 of Excellence, being aware of what that service is
21 and how to coordinate better with other services
22 has been a major part of their office. An example
23 might be how do you coordinate the information to
24 the public about different services? There is
25 specialty care in Centers of Excellence and then

2 there's reimbursement programs. How do you think
3 from a perspective of the average New York City
4 resident or the average responder? And how can we
5 streamline that information so it's more
6 accessible?

7 Maintenance of the one-stop
8 shopping web site, which is updated regularly so
9 that all information is current, all recent
10 science is available, news about 9-11 health is on
11 the web site. It really is a tremendously
12 important and I think a model web site for
13 disseminating information about what is happening
14 now. It's a long way from where we were two to
15 three years ago on this issue.

16 We meet routinely at City Hall with
17 the Coordinator's Office and the people from
18 various City government agencies as needed.

19 RIMA COHEN: I'll just add that
20 that recommendation from the Panel was absolutely
21 on target. I know from my perspective at City
22 Hall that it's been extremely helpful to have one
23 person who is keeping track of everything, who
24 also is our eyes and ears in the community among
25 the City's workers, somebody who is just focused

2 on this issue has been tremendously important in
3 helping to coordinate our response.

4 LENA THORPE: Ultimately, if a
5 question can't get answered by 3-1-1 or by the
6 various Centers, it comes to that Office. And we
7 have staff that are just tremendous at fielding
8 those questions and staying on the phone with
9 individuals to get them the information they need.

10 CHAIRPERSON ADDABBO: Doctor, I
11 sort of agree, the statement you made that you've
12 come a long way. Certainly, the City has and the
13 efforts of many should be commended. One of the
14 first hearings we did on this hearing, like I
15 mentioned, there were people going in different
16 directions, there was no structure. Since that
17 time, the vast amount of information and data that
18 we have regarding these illnesses, both physical
19 and mental, obviously need to be gathered in some
20 way and used for the betterment of those possibly
21 in the future as well.

22 Another issue that I had come up
23 earlier in the hearing years ago was that not
24 enough input from others were given. Others
25 meaning workers, that they didn't feel that their

2 concerns were being addressed. That seems to be
3 taken care of as well. I don't hear those
4 complaints as much at all either.

5 So whether it be the Coordinator,
6 whether it be the Mayor's administration in
7 general, we appreciate the efforts made to make
8 sure we have a cohesive working structure to help
9 others. Again, we hope that that continues in
10 addressing these individuals and their issues.

11 We have a follow up from Chairman
12 Rivera.

13 CHAIRPERSON RIVERA: Thank you very
14 much. About a year ago we had another hearing
15 similar to this one where we asked the same exact
16 question that I asked about the Law Department's
17 delay in making payments. We sent a letter
18 following that hearing stating that we were
19 requesting additional information. We were told
20 that we'll get the information. We have yet to
21 receive the information. The Law Department is
22 here, they were well aware that we would be asking
23 for this information about why is it that the Law
24 Department has been delaying payments to the
25 doctors and the inequities. It's been over a year

2 so I don't want to hear that we'll get back to you
3 Council member, we'll get back to your legal
4 department.

5 We want an answer and I know that
6 we have representatives from the administration
7 who were informed that we were going to be asking
8 this question and who did receive a letter on
9 October 10, 2007 asking for the same information.
10 I think it's appalling that we are to continually
11 year after year ask the same questions and not
12 receive an answer and have the issue punted to the
13 next hearing.

14 I'm thinking that at this point in
15 time we need to have an answer A.S.A.P. We have
16 people asking us questions. We have a
17 responsibility to the constituent in this City of
18 New York just as you do. If the Council is asking
19 a specific question, as duly elected members in
20 City government, how do you recommend that
21 questions get answered? If you have no answer
22 state you have no answer. Just don't say that
23 we'll get an answer to you and that answer is not
24 forthcoming.

25 Again, I know we have members here

2 who can answer that question. If they can write
3 it down for you on a piece of paper and then slip
4 it to you, that will be perfect. If that can't
5 happen then I would hope within 48 hours our
6 Council here will receive that answer. Thank you.

7 CHAIRPERSON ADDABBO: Just to
8 reiterate what Chairman Rivera is mentioning now,
9 that is probably still the one outstanding issue
10 or one of the few outstanding issues that still
11 remain, complaints that I have heard is the Law
12 Department. That may have to be a separate
13 hearing or separate meeting. We will wait the
14 information because so many of our individuals,
15 City residents are looking for help and
16 unfortunately they see the Law Department as a
17 major hurdle, a blockage actually, to try to get
18 this assistance. If we can clear that blockage,
19 again, we'd like to work with that. That's the
20 one issue that, I think, still needs to be
21 addressed is obviously the efforts of clearing the
22 way in the Law Department so I agree with Chairman
23 Rivera.

24 Another issue that has come up in
25 the past that seems to be addressed, I want to

2 make sure, the allowing of a worker time away from
3 work to get monitored, treated and so forth. I
4 understand it's now an excuse of absence of up to
5 four hours in addition to travel time. Can you
6 give me the status on that? How workers having
7 any problems left with taking personal time off
8 from work, that point?

9 LENA THORPE: Let me update from
10 the World Trade Center Health Coordinator's office
11 and then if there is additional information from
12 Ms. Cohen... This policy was rolled out with a
13 lot of care through the World Trade Center
14 liaisons. Information was sent out to all New
15 York City City employees that if they were a
16 responder to the 9-11 attacks and they had not
17 come for monitoring and treatment, they were
18 eligible to come and they could come on City time.
19 And that policy rolled out practically a year ago
20 now.

21 We have not filed any City employee
22 complaints, from my knowledge, about people who
23 have had trouble accessing that policy or have had
24 difficulty. Initially there was some question
25 about whether the time allotted was sufficient. I

2 think some clarifications were made to allow
3 people the appropriate amount of time they would
4 need to get from their job to the monitoring
5 center. The uptake has been limited to this point
6 but the information has been widely distributed
7 and as far as I understand, going well.

8 RIMA COHEN: The same, I have not
9 heard of any problems but the take up, as I
10 mentioned in my testimony, about 50 people have
11 used it so far. I'm not sure what we were
12 expecting but it seems that perhaps more people
13 could take advantage of it. We're doing
14 everything we can to get the word out about the
15 availability of that policy through the World
16 Trade Center Health liaisons in a number of
17 different forums. Would certainly welcome your
18 input if you think there's more that we can do to
19 make sure that anybody who is not getting care
20 because they are not aware of the City time that's
21 available to them, then we want to make sure they
22 know about it.

23 CHAIRPERSON ADDABBO: Another issue
24 I had come up in a previous hearing was the amount
25 of workers coming forward for treatment. I guess

2 first question, are you confident that the City
3 administration is doing everything possible as far
4 as making those who should be aware of these
5 programs, the web site and everything available to
6 them, that the awareness is out there, that
7 basically the out reach is out there?

8 LENA THORPE: I think the outreach
9 has been ongoing and persistent. So we will
10 continue to do such outreach. I think our key
11 message is that if you did respond and if you're
12 having any health problems, even if you're just
13 concerned about health problems then you should
14 enroll yourself in a screening program, be
15 monitored and if necessary, be treated.

16 Some of the outreach that has been
17 ongoing in the last couple of years has been
18 persistent, regular information to all persons
19 enrolled in the World Trade Center Health
20 Registry, which is the largest, as you know, post-
21 disaster rolodex of people who were directly
22 affected in one way or another. And has almost
23 40,000 rescue and recovery workers in it so
24 information is routinely pushed out to these
25 individuals.

2 We did another mass mailing
3 recently. Each time we do a mass mailing about
4 updated information about services we do see a
5 spike in new enrollments. Sometimes it's not that
6 you have to reach your target audience once.
7 Really it's that you need to reach them routinely
8 and I think that's what the HHC campaign is trying
9 to do.

10 The emails that we send out are bi-
11 monthly e-newsletter and reiterate services. The
12 one-stop shopping web site, the services are very,
13 very accessible on the web site and clear in terms
14 of who's eligible. There's been outreach to City
15 employees, liaisons through pay stubs, information
16 on pay stubs. There has been press and media
17 anytime we have new health findings that we
18 release. And we've had a number of major reports
19 and medical literature come out from the Health
20 Department alone. Anytime we have media
21 attention, we draw attention to the services
22 available.

23 The mental health benefit was
24 recently launched. Once again, that was a major
25 message to all persons who were eligible that

2 here's yet another service available for you.

3 CHAIRPERSON ADDABBO: If I may
4 suggest, there are many times agencies mail to our
5 Council offices, our district offices, information
6 that they would want out in the public, whether
7 through use of our local papers or other means.
8 We get them from various City agencies. If there
9 is a general notice of flyer or any information
10 that you want to disseminate to our districts I
11 encourage you to get that information to our
12 district offices. I think Council members can be
13 helpful in, again, raising the awareness and
14 getting the news out there of what's available to
15 maybe members in our district.

16 To that point, and I hope you
17 follow up on our proposal about using our office.
18 But to that point, of those who are treated,
19 whether it be in the City or even in the outer
20 boroughs now that you have expanded the programs,
21 you do track by age, gender, zip code? Yes or no?

22 LENA THORPE: Yes.

23 CHAIRPERSON ADDABBO: Okay.
24 Sometimes it may be helpful, even to Council
25 members to know not specific names and addresses

2 by numbers, maybe broken down by zip code, who in
3 our district or where in our district is there
4 maybe a concentration of those who are being
5 treated or may need help. And obviously, there so
6 Council Members may be helpful in allocating
7 information throughout our district. I'd be
8 curious to know which zip codes throughout the
9 five boroughs may have a higher concentration of
10 members being treated.

11 LENA THORPE: That's actually a
12 timely suggestion. We have completed the follow up
13 survey on World Trade Center health registrants
14 and the benefit of this registry, again is that it
15 has rescue and recovery workers who are being seen
16 at each of the different Centers of Excellence.
17 It has people who are being seen at the HHC
18 Centers and it has self reported health conditions
19 as well. So this sounds like a project we can
20 work on over time.

21 I'm sure we can pass that
22 information on to the Centers, the treatment
23 centers themselves so that they could make that
24 information available. Because we'll have to look
25 at it from both angles; people who report what

2 their health condition is and people who are
3 actually coming in and being seen.

4 CHAIRPERSON ADDABBO: Council
5 Member Sears.

6 COUNCIL MEMBER SEARS: Do the
7 Centers keep information themselves or is it was
8 they forward to you and then you are the center
9 for that data gathering?

10 LENA THORPE: They keep the
11 information for themselves. I think in general
12 when it comes to a patient/physician relationship,
13 there are requirements in terms of
14 confidentiality. So individual patient health
15 outcomes are not reported to us unless it's a
16 reportable condition, by law. And yet we do, now
17 particularly with projects like the Medical
18 Working Group, we bring together our findings and
19 we try to analyze them together. In trying to
20 understand a health condition and the persistence
21 of a health condition or the relationship between
22 a disaster and a health condition.

23 One thing that's very important to
24 us is how consistent is the literature. Do you
25 see the same thing across different studies and

2 across different treatment centers or are you
3 seeing different things. If you are seeing the
4 same thing then that adds to the confidence that
5 you're getting a clearer image of what the medium
6 and longer term effects are. So that is something
7 we are now meeting quarterly with medical experts
8 from the Centers of Excellence to share findings
9 and review findings.

10 COUNCIL MEMBER SEARS: Now the
11 health indices, are they so varied or are there
12 some very consistent chronic conditions that are
13 prevailing through the three centers?

14 LENA THORPE: At the individual
15 level you will see all sorts of different health
16 conditions that may or may not be 9-11 related.
17 But in terms of the overarching health
18 ramifications of 9-11, the main conditions that
19 are emerging of concern are first and foremost and
20 the largest health impact is the mental health
21 impact. In terms of people who are directly
22 exposed to 9-11 who had some horrific event, were
23 caught in the dust cloud or saw people die or had
24 to flee themselves, perhaps were injured.

25 The recovery from those traumatic

2 symptoms is slow and that's what we know about
3 chronic PTSD. If not treated well it will persist
4 so we recognize this to be the largest health
5 problem in terms of magnitude and a challenge to
6 treat properly.

7 The second condition of sort of
8 magnitude that we're concerned of is--second
9 condition outside of PTSD and the other related
10 mental health problems is respiratory symptoms
11 often consistent with the asthma and wheezing.
12 This also appears to be elevated. It's a smaller
13 group and it is directly related to how much
14 exposure a person had to the environmental
15 conditions of 9-11 and its aftermath. Again,
16 asthma is a chronic condition and if not treated
17 properly can be quite disabling.

18 COUNCIL MEMBER SEARS: Thank you.

19 CHAIRPERSON ADDABBO: Thank you
20 Council Member Sears. To the panel, last question
21 really I believe. I had mentioned that the Law
22 Department may be an issue that we may need to
23 address as far as opening the way for individuals
24 to get care and benefits. Obviously, smooth the
25 way for treatment, to an extent. Are there any

2 other barriers that you know of that may prevent
3 or hamper an individual coming forward? Not only
4 saying that they have a problem but also now going
5 into the stream of monitoring and treatment. Is
6 there any other barrier that you may have seen
7 that needs to be addressed?

8 LENA THORPE: One barrier that is a
9 challenging barrier to address is if you go back
10 to the comment I made a moment ago about mental
11 health trauma being one of our largest sequella or
12 ramifications of 9-11. Is that a hallmark
13 characteristic of PTSD or post-traumatic stress
14 disorder is avoidance and fear of the reliving of
15 that event.

16 So it is a challenge to work with
17 populations to encourage them and encourage their
18 loved ones to encourage them to come forward for
19 care. It's well known that typically we'll find
20 many people seek care years after having the
21 problem and we'd like to shorten that time frame
22 as much as possible. So it's brining the services
23 to the people who need it and making sure the
24 people who are living with and caring for people
25 with mental health problems help them receive the

2 appropriate care as well.

3 CHAIRPERSON ADDABBO: An issue that
4 had come up previously and, I guess, in
5 furtherance of that response. The initial or
6 immediate impact on being at Ground Zero we know
7 of. You mentioned asthma and other lung ailments
8 but then there's that secondary illness, sort of
9 speak, that by being there and having that
10 traumatic experience has led to a drinking problem
11 or led to a substance abuse problem. How is that
12 dealt with within the agencies? Because obviously
13 the lone substance abuse problems are dealt with
14 different within the agency. This is a substance
15 abuse problem caused by September 11th. How do
16 you deal with that issue?

17 LENA THORPE: Well as you say
18 people manifest traumatic symptoms in a number of
19 ways. And one way is sometimes the person is
20 always heavily depressed, another way might be
21 that their drinking increases or they use other
22 substances to cope. I think the key here is that
23 we offer an array of services. The City agency,
24 the FDNY and the Mt. Sinai Consortium working with
25 responders, they have programs that are designed

2 to treat these patients and to treat them in
3 confidence. They're very high quality programs.

4 But if a responder or a uniformed
5 services personnel was uncomfortable to receive
6 services through that venue there is the mental
7 health reimbursement program that was established
8 this past year and run by the Health Department.
9 They are eligible. They don't need to, I think as
10 Ms. Cohen mentioned and I as mentioned, they don't
11 need to exhaust their own insurance before seeking
12 those services. A special provision was made for
13 uniformed services personnel that they could
14 access those services outside of their work.

15 CHAIRPERSON ADDABBO: I'm sorry. I
16 just want to be clear that those with substance
17 abuse problems generated from 9-11 are treated
18 differently than those with substance abuse
19 problems non-9-11 related.

20 LENA THORPE: The way they're
21 treated differently is that there is a special
22 service reimbursement program for them.

23 RIMA COHEN: I just wanted to
24 mention one very quick follow up to your question
25 about barriers. I think Dr. Thorpe mentioned the

2 most significant one is also just the barrier of
3 knowing about the services and of course, we both
4 addressed in our testimony and through the
5 questions what we're doing to try to get out the
6 word. We have very aggressive outreach. And of
7 course, HHC's \$5 million ad campaign and all of
8 the work of the World Trade Center Health
9 Coordinator and so forth.

10 But you have to continue to repeat
11 the message over and over again to make sure that
12 people, especially people who are maybe not as
13 tapped into the mainstream media. For you and
14 people in this room are so steeped in the issue it
15 seems so obvious that we have so many services
16 available but I know just from talking to a friend
17 of mine who was a volunteer down at 9-11. And a
18 landscape architect with no health insurance and
19 she was telling me about her wheezing and how
20 every year she seems to get this respiratory
21 infection. I say you do know of course about the
22 program at HHC and she'd never heard of it.

23 So we have to continue to get the
24 word out and your assistance is valuable. We will
25 take you up on your offer to send you information

2 that you can disseminate to your constituents as
3 well.

4 CHAIRPERSON ADDABBO: Thank you Ms.
5 Cohen. And a lot of work has been done but there
6 is obviously a lot of work to do as well. Council
7 Member Sears.

8 COUNCIL MEMBER SEARS: Sorry, I
9 know you've been here for a while. Just shift to
10 dollars for a moment because when you stated that
11 mental health is a main issue and I do believe
12 that's the case. In the budget, we have had to
13 make cuts to the HHC and we've had to cut mental
14 health. My question is, and I can't believe we'll
15 be starting another budget very soon, that we'll
16 probably be faced with that again. So not knowing
17 what the budget is for the three centers. And I
18 ask this really clinically, that when those cuts
19 happen, just what kind of an effect does it have
20 on these programs because if you cut here do the
21 institutions pick that up themselves? What
22 happens to these programs?

23 LENA THORPE: I'd like to make a
24 distinction between the New York City population
25 at large versus people who had some sort of direct

2 experience on 9-11. The mental health studies
3 that we have conducted to date, it's not just the
4 Health Department but the compilation of mental
5 health studies that were summarized in this report
6 just released, show that the vast majority of New
7 Yorkers had traumatic symptoms initially.

8 We all remember that day; it was a
9 shock. It changed our world view for days, weeks
10 and months. For many people, it had serious
11 ramifications. But most New Yorkers resolved
12 their trauma symptoms. It's really those with
13 direct experiences are the ones who have these
14 high troubling rates of PTSD.

15 COUNCIL MEMBER SEARS: I realize
16 that.

17 LENA THORPE: The only reason I
18 raise that is because the mental health services
19 that had been erected for those directly exposed
20 individuals are secure.

21 COUNCIL MEMBER SEARS: That's what
22 I wanted to know.

23 RIMA COHEN: That's exactly what I
24 was going to say, that all three Centers of
25 Excellence--

2 COUNCIL MEMBER SEARS:

3 [interposing] So there are already dedicated funds
4 to that. Okay. That's what I wanted to know.
5 Thank you.

6 CHAIRPERSON ADDABBO: Thank you
7 Council Member Sears. Last thing, you referred to
8 report Doctor and I was wondering is that report,
9 again, distributed to Council members? Does that
10 go to our offices as well? No.

11 LENA THORPE: We'd be happy to
12 make--

13 CHAIRPERSON ADDABBO: [interposing]
14 Can we get a copy?

15 LENA THORPE: Absolutely.

16 CHAIRPERSON ADDABBO: You knew that
17 question was coming.

18 LENA THORPE: Absolutely. We
19 encourage you to read it. We put a lot of effort
20 into exactly how--

21 CHAIRPERSON ADDABBO: [interposing]
22 It would be helpful as we do--I see you came
23 prepared, thank you. It becomes helpful as we do
24 subsequent meetings, subsequent hearings on this
25 issue. Again, I appreciate the information so

2 thank you very much. Thank you very much for your
3 time and testimony on this most critical issue
4 involving the lives of our City residents.

5 Again, we commend you for the work
6 that you and we understand that there's a lot of
7 work to be done. And we look forward to working
8 with you in that endeavor so thank you very much.
9 Dr. Thorpe, Ms. Cohen. Thank you.

10 Our next panel, a panel of one is
11 Dr. Hailoo, a World Trade Center Queens Clinical
12 Center. Is Dr. Hailoo in the audience? Dr.
13 Hailoo, thanks for joining us today. Good
14 morning. Dr. Hailoo, just make sure the red light
15 on the button is on and then you're ready to go.

16 WAJDY HAILOO: Chairman Rivera and
17 members of the Committees, my name is Wajdy
18 Hailoo. I'm a physician with specialization and
19 occupational and environmental medicine. I
20 received my medial training both in England and at
21 Mt. Sinai here in the City. I currently work for
22 the World Trade Center Queens Clinical Center in
23 Queens. Prior to that I was a professor and
24 headed the division of occupational and
25 environmental medicine at SUNY Stonybrook for

2 almost 17 years.

3 My work with the WTC program in
4 Queens started in 2001, seven years ago. When we
5 began to see World Trade Center patients in 2006,
6 I left Stonybrook and joined the CBNS based World
7 Trade Center Medical Monitoring and Treatment
8 program as a senior staff physician and the
9 program medical director.

10 My involvement with the WTC exposed
11 individuals goes back to 2001, as I said, when we
12 participated before this current program in the
13 examination of a group of migrant workers arranged
14 by CBNS, that's the agency I work for shortly
15 after 9-11 disaster. Over 400 workers who cleaned
16 up office and residential buildings around Ground
17 Zero were examined in a mobile van stationed close
18 to that site.

19 Thereafter I helped to develop the
20 first CBNS clinic in Queens where we monitored
21 over 2,000 responders, workers and volunteers
22 under the current World Trade Center medical
23 monitoring and treatment program. We also have
24 300 responders in our treatment program undergoing
25 long term and some of them short term treatment.

2 Our WTC program at Queens College is part of the
3 clinical consortium based at Mt. Sinai Medical
4 Center.

5 The WTC Queens Clinical Center,
6 which is another one of the six Centers for
7 Excellence, is a full time clinical operation
8 staffed with four specialized senior physicians
9 and supported by a professional staff to provide
10 the monitoring and treatment services according to
11 the policies established by the consortium and the
12 National Institute for Occupational Safety and
13 Health, CDC.

14 We are located in a central
15 location accessible from most work and residential
16 areas of Queens. This fully equipped clinic has
17 established a wide network of hospital and
18 consultant providers to serve the needs of the
19 patients as determined by the clinical staff and
20 indicated under the program guidelines. A large
21 number of pharmacies have been contracted with
22 throughout the metropolitan area to dispense
23 medications to WTC patients according to the list
24 of core medications provide by NIOSH.

25 Our center serves a responder

2 population primarily from Queens, Brooklyn and
3 parts of western Long Island. We reach out to
4 those examined to continue their annual monitoring
5 exams as well as those who are in the treatment
6 program to follow up on their treatment schedule.
7 While we have succeeded in establishing a very
8 effective program, we're still hindered in our
9 efforts to provide all the needed services
10 because of a variety of technical and
11 administrative issues.

12 Our clinic efforts to provide
13 ongoing monitoring of the health of the responders
14 is in many instances in conflict with their
15 ability to undergo a three to four hour exam
16 without being allowed time off from work without
17 repercussion of loss of pay. I just listened to
18 the representative from the Mayor's office talk
19 about the excused absence. We didn't see that in
20 our clinic. So I don't know if that's limited to
21 responders who use certain clinics or all the
22 clinics because that's one of our issues that we
23 handle all time, the patient to have the time to
24 come over and spend three or four hours in our
25 center for the evaluation.

2 Patients who are receiving
3 treatment and are chronically ill are experiencing
4 difficulty with getting time off from work to seek
5 the care they need. We ask the Council to provide
6 legislation that allows all eligible participants
7 in the World Trade Center Medical Monitoring and
8 Treatment program time off from their work place
9 duties for annual monitoring exams and for any and
10 all treatment services deemed necessary by their
11 World Trade Center physicians.

12 Approximately 35% to 40% of all
13 patients are law enforcement personnel. We
14 recognize the unique needs of this group for care
15 within the consortium. We have observed that they
16 are sometimes reluctant to seek evaluation or
17 treatment and they sometimes minimize symptoms
18 that are affecting their health or well-being.
19 Through personal interaction with our clinic, we
20 understand that this subset of our core believes
21 that seeking help for health conditions related to
22 WTC exposures may threaten their employment.

23 We ask the City to address the
24 unique needs of law enforcement and provide
25 confidential comprehensive physical and mental

2 health diagnosis and treatment equivalent to the
3 FDNY program.

4 Many of our Hispanic participants
5 have a need for services that can not easily be
6 provided through the WTC clinical consortium.
7 They work often as day laborers at or near Ground
8 Zero, often involved exposures that are difficult
9 to quantify. Many have limited access to
10 healthcare or are uninsured or underinsured and
11 have little understanding of the parameters of the
12 program serving WTC responders. Greater outreach
13 and a broader set of services need to be made
14 available to this subset of our core.

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

24 Lastly, it's important to mention
25 that the continuity of the federal funding for the

2 program is an ongoing issue for the consortium.
3 The possibility of budgetary cuts threaten our
4 capacity to provide ongoing care as well as our
5 ability to attract skilled staff and ensure their
6 long term commitment and stability.

7 I thank you for the opportunity to
8 speak here today. If any information is needed,
9 you can contact our center in Queens. Thank you
10 very much.

11 CHAIRPERSON ADDABBO: Dr. Hailoo,
12 thank you very much for your time and testimony
13 today. Thank you for the work that you do,
14 obviously, in helping those that are in need due
15 to the September 11th attacks. The work being
16 done at the Queens clinical center is affiliated
17 with the Mt. Sinai Medical Center and the work
18 being done there, correct?

19 WAJDY HAILOO: Correct.

20 CHAIRPERSON ADDABBO: Okay. I had
21 actually visited your site off of Horace Harding
22 and I was impressed with the work that you do
23 there. But one issue that was brought to my
24 attention then and I'm wondering if it's still an
25 issue is the awareness of a site in Queens, the

2 awareness of the Queens Clinical Center. Do you
3 still feel there's a problem of people, whether it
4 be in Queens or even nearby Brooklyn, that there
5 is a site in Queens? Do you think that more
6 people need to know about your site?

7 WAJDY HAILOO: Well that's an
8 ongoing issue is public awareness of the program.
9 In fact, we still see individuals who never heard
10 of the program in general, for the first time
11 until recently. Definitely there are so many who
12 are not aware of the Queens Center as it is now.
13 So there is certainly the need for more outreach
14 centrally because the consortium has a central
15 outreach unit and also locally through our center
16 and whoever can help with that.

17 CHAIRPERSON ADDABBO: These
18 Committees will have a follow up meeting with the
19 administration based on the issues that came out
20 of this hearing and this will be one of the issues
21 that I'll bring up, that awareness of the work
22 that you do in at the Queens Clinical Center.

23 You also brought up an issue that
24 to your knowledge workers who are going to your
25 center are not given the allotted four hour

2 excused leave that the administration said they
3 are giving workers. Is that true?

4 WAJDY HAILOO: I personally never
5 asked that specific question but I'm always
6 reminded by the patients that they don't have
7 time, they need to go back. Sometimes it's hard
8 for them to come here during work hours and so on.
9 I didn't ask specifically but you hear it all the
10 time.

11 CHAIRPERSON ADDABBO: I will check
12 on that as well because that was a major issue
13 that, as I mentioned, has come up in hearings
14 prior to this one. It's one that we seem to have
15 gotten resolved in the administration and we will
16 follow that up as well. Any questions. Council
17 Member Sears.

18 COUNCIL MEMBER SEARS: Thank you
19 and thank you for your testimony. You stated that
20 there seems to be confusion upon those that come
21 to the center in terms of what their needs are.
22 As a result, it creates this lack of continuity
23 for their treatment. Doesn't that four hour
24 evaluation help determine what the needs are?
25 Because I'm a little confused about that, if you

2 could explain that.

3 After they have their evaluation,
4 and that's about four hours, three or four hours,
5 it doesn't matter, give or take, does that help
6 determine exactly what their needs are for
7 treatment? Because I'm a little confused as to
8 why there is confusion about their needs. So if
9 you could just explain that a little bit. I would
10 think the evaluation process would help zero in on
11 what their needs are.

12 WAJDY HAILOO: Absolutely. The
13 confusion that I was referring to was basically
14 what program is the most appropriate for that
15 individual. We have seen patients who have been
16 to the City program, registering with the
17 treatment program at Bellevue, seeing somebody
18 from Sinai program and coming to us in Queens for
19 their monitoring exams. This crates some kind of
20 destruction of the care. Care should be provided
21 in one piece and one place according to this
22 program and according to the standard practice of
23 medicine instead of kind of spreading it out in
24 different places.

25 So we give them that advice and we

2 give them the information as to where to go and
3 where best that they should follow up on their
4 cases. We do provide that kind of counseling and
5 most of the time we succeed in referring them back
6 to the appropriate place or keep them in Queens.

7 COUNCIL MEMBER SEARS: Are you
8 counseling or are you treating as well in the
9 center because I'm not familiar with the center.
10 As the Chairman said, so few people know about it.

11 WAJDY HAILOO: We monitor, we treat
12 and we counsel as well.

13 COUNCIL MEMBER SEARS: So does the
14 patient have the prerogative to go from one center
15 to another for the continuity of their treatment?

16 WAJDY HAILOO: Yes. The consortium
17 allows a patient to be transferred from one
18 monitoring center to another.

19 COUNCIL MEMBER SEARS: Will that be
20 because of convenience in terms of where they live
21 or getting back to their job? What is the reason?
22 Is that a main reason why they do that?

23 WAJDY HAILOO: Yes. Convenience,
24 transfer job or commuting.

25 COUNCIL MEMBER SEARS: And then all

2 their records transferred when that happens?

3 WAJDY HAILOO: All the records get
4 transferred to that center from the previous one.
5 We question the patient when we feel there is some
6 kind of spread of care provided to the individual.
7 We advise him as to where and what kind of
8 provider at each site and what's the best for him.
9 We leave it up to him to decide. But we don't
10 allow, normally, the separation of various
11 services for one individual.

12 COUNCIL MEMBER SEARS: I wouldn't
13 think so because that continuity is very key.
14 Well before a patient even goes anywhere is it
15 because they're familiar with that particular
16 center or are somehow they obtain locations or the
17 different sites?

18 WAJDY HAILOO: I'm sorry, I didn't-
19 -

20 COUNCIL MEMBER SEARS:
21 [interposing] In other words if I get information
22 that somehow I can be treated somewhere, are the
23 different sites on that that would determine where
24 I would go to counsel and to diagnose and treat?

25 WAJDY HAILOO: There is a central

2 registration unit that takes the patient
3 information. The patient talks with them as to
4 where he or she can go and where he or she prefers
5 to go. And that is taking into consideration as
6 well as where he lives and where he works. If for
7 another reason the individual decided to go to
8 another center, a different center not where he
9 works or where he lives then that's up to him.
10 Then after that, he would be allowed for one
11 transfer in the future should his conditions or
12 circumstances change. Then he or she would be
13 allowed for one more transfer to the center of his
14 choice at that point in time.

15 COUNCIL MEMBER SEARS: I could see
16 how that gets a little complicated. I would think
17 it is a problem for the continuity of that health
18 care that you talked about.

19 WAJDY HAILOO: Absolutely.

20 COUNCIL MEMBER SEARS: Okay. Thank
21 you.

22 CHAIRPERSON ADDABBO: Thank you
23 Council Member Sears. Dr. Hailoo, again, thank
24 you very much for the work that you do and that
25 you have been doing at the center. The issues

2 that you brought up in your testimony today, I
3 will address it with the administration. Any
4 feedback or answers you will relay them back to
5 you but again, thank you very much for being here
6 today.

7 WAJDY HAILOO: Thank you.

8 CHAIRPERSON ADDABBO: Thank you
9 very much. Our next panel is Marianne Pizzitola
10 at the NY EMS Retirees and Stephen Hess with the
11 EMS Retirees. Thank you very much for being here.
12 Again, we've had previous hearings, I know. Just
13 for the record state your name and give your
14 testimony please.

15 STEPHEN HESS: Good morning. My
16 name is Stephen Hess and I'm a former EMT with the
17 New York City Fire Department. First I would like
18 to thank Council Member Addabbo and the rest of
19 the members of the City Council for their
20 continued efforts towards securing healthcare for
21 those affected by 9-11.

22 Some parts of the City government
23 are stating that everyone is being taken care of.
24 I can tell you from personal experience that this
25 is not true. Not only am I not getting the help I

2 need, the City fired me due to the fact that I was
3 no longer healthy enough to work. I was assigned
4 to respond to the World Trade Center on September
5 11, 2001. My partner and I were on scene when
6 both towers collapsed and for some time after
7 that. We were unable to see because of the dust
8 cloud so we felt it was safe to stay where we were
9 until we could see and make a safe exit.

10 Eventually visibility improved and
11 we were able to make it to the staging area,
12 Chelsea Piers. I had developed a sever cough
13 within a day. It was a chronic cough that never
14 seemed to ease up. In May 2002 I called out sick
15 for three days and my captain told me to go to the
16 Fire Departments Bureau of Health and Services.

17 Dr. David Present, a pulmonary
18 specialist and the head of the Fired Department's
19 WTC program diagnosed that my respiratory capacity
20 was severely diminished. They took me off active
21 duty. I was placed on LODI Time, which is line of
22 duty injury time and told to stay home.

23 I began taking a number of
24 medicines such as inhalers and high doses of
25 steroids. There was no relief for my cough and

2 shortness of breath. I began seeing Dr. Present
3 on a regular basis in an effort to improve my
4 respiratory function. Not only did my breathing
5 not get better other things started going wrong.

6 I was told I had gerd, which is
7 acid reflux as a result of coughing. They also
8 told me the pain in my back was a bulging disc,
9 again, as a result of the coughing. Dr. Present
10 and Mr. Manner arranged for a consult with the
11 neurologist at the Hospital for Special Surgery.

12 Dr. Samorta recommended a procedure
13 called RFA, Radio Frequency Ablation. It is a
14 procedure where they would place, in my case,
15 eight needles into my back near the fastened
16 joints of my spine and then use electricity to
17 burn the nerves. The request was sent to the New
18 York City Law Department and they promptly denied
19 the request and they were not paying Dr. Samorta
20 for her time.

21 An attempt was made to go back to
22 work as a call response operator in
23 communications, this was unsuccessful and I was
24 again placed on LODI. It didn't work for two
25 reasons, my breathing and I developed severe pain

2 in my legs. I was sent to Lenoxo Hospital to see
3 if there was a clot in my legs, that this could
4 have been the cause of my leg pain. The test was
5 negative. Dr. Presant told me to see a
6 rheumatologist concerning my leg pain.

7 I was diagnosed with reactive
8 arthritis, an immune system disorder which affects
9 the muscles and joints. There is no cure; it is
10 only going to get worse, which it has. While this
11 was all happening my 18 month of LODI time was
12 running out.

13 When my time expired, the City
14 fired me. While I was employed I was denied
15 treatment that the doctor requested. Now that I
16 was off payroll, the City did not want to know me.
17 During this time I had applied for disability
18 pension and was denied. The pension doctors
19 examined me for ten minutes and they said I was
20 fit for full duty in spite of what my doctors and
21 the Fire Department's own doctors said I was not
22 able to work. I had to hire an attorney and take
23 the City to court and I'm in court at this very
24 time.

25 Another example of how the City is

2 not taking care of the needs of their employees
3 seriously occurred during my last WTC medical at
4 the Fire Department. There was a psychological
5 exam and a visit with, I believe, a therapist. I
6 was told I was suffering from depression and pos
7 traumatic stress disorder. I was never told that
8 I have any available counseling to deal with these
9 problems.

10 They went untreated for over two
11 years and it's almost led to the disintegration of
12 my family. I became a nasty, angry person with a
13 quick temper. Thank goodness it never became
14 physical anger. I was constantly yelling at my
15 family. It got so bad that my wife said she
16 couldn't take it anymore and that she wanted a
17 divorce. My 20 year old son cursed me out and
18 told me he couldn't stand being around me.

19 Thanks to people like Marianne
20 Pizzitola and Tom Epinger, they put me in touch
21 with the WTC program at Mt. Sinai Medical Center.
22 I first began in their therapy program in June of
23 2007. My life was spiraling out of control, my
24 problems became so overwhelming that I woke up one
25 day in December and just wishing I was dead. This

2 thought was present many times before, the
3 difference being that this day it lasted all day
4 long and was all I could think of that day.

5 I called my therapist. She was
6 going to send me to a psychiatrist, they confirmed
7 my PTSD and immediately prescribed medication.
8 The medication was changed for a stronger type of
9 drug and they also found it necessary to increase
10 the dosage a second time. Mentally things have
11 improved but it was still a long way to go.

12 Previously I mentioned a procedure
13 for my back, radio frequency ablation. I was sent
14 to see Dr. Herrera, a neurologist at Mt. Sinai.
15 Without hesitation he performed the RFA in
16 December of 2002. The results were great; I
17 e2007. My life was spiraling out of control, my
18 problems became so overwhelming that I woke up one
19 day in December and just wishing I was dead. This
20 thought was present many times before, the
21 difference being that this day it lasted all day
22 long and was all I could think of that day.

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3 drug and they also found it necessary to increase
4 the dosage a second time. Mentally things have
5 improved but it was still a long way to go.

6 Previously I mentioned a procedure
7 for my back, radio frequency ablation. I was sent
8 to see Dr. Herrera, a neurologist at Mt. Sinai.
9 Without hesitation he performed the RFA in
10 December of 2002. The results were great; I
11 experienced relief from the pain for the first
12 time in years.

13 I was told the results are good for
14 about nine months. The pain has recently
15 returned. The good news is that after this year I
16 am going to Mt. Sinai and Dr. Herrera is going to
17 repeat the RFA. In conclusion, I'd again would
18 like to thank you all for your time and concern.
19 It is of utmost importance that people are
20 afforded the opportunity to seek treatment for any
21 condition related to 9-11. The City and federal
22 government has to realize that nobody asked to be
23 sick. It is a result of a cowardly act of a few
24 individuals.

25 Please help make sure that no one

2 has to suffer in solitude and that people like me,
3 who did their job, get their needed medical care
4 and pension they are entitled to. Thank you very
5 much.

6 MARIANNE PIZZITOLA: Good morning.
7 My name is Marianne Pizzitola. I'm the President
8 of FDNY/EMS Retirees Association. I would like to
9 thank Chairman Addabbo, Chairman Rivera, Speaker
10 Quinn and members of the City Council, the Civil
11 Service and Labor and Health Committees for
12 holding this hearing today.

13 We have attended many hearings on
14 the subject of 9-11 health. And while we have
15 made some improvements, there is pretty more to
16 accomplish. At the last meeting here for the
17 resolution to support the 9-11 Health and
18 Compensation Act, we advised the Council that
19 after multiple attempts to work with Congressman
20 Maloney's office to amend her bill, granting FDNY
21 responders the freedom to select the Center of
22 Excellence to provide their care. We were
23 unsuccessful and frustrated.

24 We advised you then that contrary
25 to her testimony that all responders could choose

2 the Center of Excellence for their care, her bill
3 stated the exact opposite. Her office refused to
4 set up a meeting with our offices and her staff
5 insisted that FDNY responders we did not the
6 choice of participating centers and should all go
7 back to the FDNY.

8 After numerous attempts to meet and
9 requesting in writing that she amend this bill to
10 allow a retiree to select the Center of Excellence
11 in which they seek their care and not be forced
12 back to our former employer. We held a rally in
13 support of amending her bill in front of her
14 office on August 19th. It was a successful
15 turnout. And I guess we made them nervous as now
16 with the support of the FDNY Association of
17 Retired Firefighters, our voices got louder and we
18 have finally been heard.

19 Since then, the bill morphed into
20 H.R. 6594 and as of this past week been morphed
21 into yet another bill and was having trouble of
22 getting a vote before recess. I received calls
23 all weekend from Congressional legislative aids
24 about the status of this bill. I was also advised
25 that part of the problem was that City Hall

2 rescinded its support of this bill as it required
3 the City to accept some of the financial
4 responsibility.

5 I was disheartened to had learned
6 this especially when I was advised the Mayor told
7 Congress he sees no reason why we can not continue
8 to fund the WTC program with earmarks and
9 expressed to them that there is no reason to fund
10 this program on a continuous basis.

11 Knowing that the Mt. Sinai
12 Consortium programs have had yearly fights for
13 funding and risk running low or short of funds
14 like Stonybrook's program did just this past July,
15 it is a no-brainer as to why this program should
16 be funded. Simply, if it is not, the programs
17 risk closing and services to 9-11 responders will
18 not be delivered.

19 In a letter to Mayor Bloomberg
20 September 2008 as part of the annual report on WTC
21 health, Deputy Mayor Linda Gibbs and Health
22 Commissioner Thomas Friedman acknowledged that the
23 WTC programs only have funding for 2009 and HHC
24 has not seen any federal funding. These same
25 officials on page four of that same document make

2 key recommendations.

3 The first being that the City
4 advocate for long term funding. On page 23 of the
5 same report, it states the WTC Medical Working
6 Group believe sustaining 9-11 health programs and
7 research is vital. While existing programs appear
8 to be meeting the current needs of the New York
9 City area, treatment and research can not be
10 sustained over the long term without a sustained
11 commitment from the federal government.

12 The James Odrogen 9-11 Health and
13 Compensation Act, H.R. 6594 would fulfill such a
14 commitment by establishing long term funding
15 streams for 9-11 health care research. Given that
16 this report states that the Mayor has implemented
17 all of the recommendations of the panel, how is it
18 that he can rescind his own support for the bill?
19 A bill that would help us get much needed federal
20 funding that his own appointees clearly need.

21 I ask the Council to work with the
22 Mayor and convince him that he needs to get behind
23 this bill once again. Today, as we sit here Wall
24 Street is in crisis and Congress is struggling to
25 pass a bailout bill and our 9-11 bill has been

2 shelved. Conservatives were concerned that this
3 bill, this 9-11 bill, would set a precedent that
4 may lead to national healthcare program funded in
5 whole or in part by the government.

6 For years, World Trade Center
7 programs have had to beg for earmarks to support
8 their work. And after all this time and evidence
9 given to them via medical studies, you would think
10 that a funded plan would be in place and a wholly
11 supported by the City, especially when the
12 agencies are denying our members pensions and
13 workers compensation benefits still today.

14 If the City is not going to support
15 this bill then some change is needed at NYCERS and
16 the New York City Law Department Workers
17 Compensation Division. My concern today as I sit
18 before you remains for people like Mr. Stephen
19 Hess, a former FDNY EMT who, regardless of the
20 hundreds of pieces of documentation supplied to
21 NYCERS and the court asked NYCERS twice to review
22 his case, NYCERS still fails to find Mr. Hess
23 disabled. He's been without a pension or a City
24 health benefit since 2003.

25 He was terminated under Civil

2 Service Law Section 71, terminated due to being
3 ill for more than 12 months and being unable to
4 return to work due to such work related
5 disability. Mr. Hess has been living on workers
6 compensation payments of \$400 a week and
7 litigation attempts to get the City to review its
8 decision has thus failed.

9 I believe it is time we work on a
10 special interest bill for Mr. Hess and the FDNY
11 EMS Retirees Association will seek your support
12 when it comes time. I hope you will all be there
13 as we must leave no one behind. All too often the
14 unions tell me we should not worry about everyone
15 and settle for whatever serves the greatest good.
16 But when I look at Steve and his family, there is
17 no way can I accept that mantra.

18 To me the greatest good is making
19 sure that every responder suffers no harm from
20 performing their job and the benefits we relied
21 upon when performing the dangerous tasks of our
22 jobs are there when we need them most. I hope you
23 will join me.

24 I still hope to see the New York
25 City Law Department or NYCERS answer the

2 allegations that we brought before you in previous
3 testimony. Lately NYCERS has become retaliatory
4 in response to our seeking to cease demand of
5 obtaining copies of our federal income tax returns
6 and that of our spouses if we are retired on
7 disability. And decide to re-interpret a 12 year
8 old statute imposing income limitations on private
9 income. NYCERS never ceases to impose hardships
10 on our members.

11 I sincerely hope the next hearing
12 will have representatives from NYCERS and the New
13 York City Law Department so we can finally get
14 some answers as to how they operate and why they
15 have not made public the medical standards for
16 disability retirement like that of workers comp or
17 Social Security. Not to mention how a doctor from
18 the City agency can write his own disability
19 pension, collect said three-quarters disability
20 pension and still work for NYCERS as a physician.
21 Mr. Hess would have been returned too if he was
22 able to write his own pension and approve it.
23 There appears to be a double standard for benefits
24 and I hope this soon comes to an end. Thank you.

25 CHAIRPERSON ADDABBO: Thank you Ms.

2 Pizzitola and Mr. Hess, thank you very much. Mr.
3 Hess, it's good to see you here. I know you've
4 been to previous hearings and it's good to see
5 you. I wish you well. I know you're on your way
6 to the doctor and I wish you well.

7 As you mentioned the Law Department
8 is an issue that still needs to be addressed and
9 resolved to an extent. We are hopeful that in a
10 subsequent meeting these two Committees can meet
11 with the Law Department to iron out any issues.
12 Just so you know, NYCERS and the Law Department
13 were invited today. Unfortunately, - - the Law
14 Department has a pending litigation; they can't
15 come here and testify. That's something that we
16 may iron out at the subsequent meeting. If I have
17 any information I will let you know.

18 Again, we always encourage those
19 who are a part of this puzzle in getting benefits
20 and treatment and addressing other issues for our
21 City residents, they need to be here. So when
22 they're not here it becomes problematic, as
23 brought up earlier by Chair Rivera. So we have a
24 lot of work to do.

25 To your point Ms. Pizzitola that we

2 have done a lot of work, there needs to be a lot
3 more work done. So we look forward to doing that
4 work for the sake of not only you Mr. Hess. But
5 you today represent probably thousands of
6 individuals who are probably finding it very
7 difficult in getting the attention that they
8 deserve.

9 Once again I appreciate your time
10 here and as always, Ms. Pizzitola you've given us
11 a list of only three issues to work on but
12 certainly rest assured that they will be
13 addressed.

14 MARIANNE PRISTOLA: Thank you.

15 CHAIRPERSON ADDABBO: Okay? So
16 thank you very much...

17 STEPHEN HESS: Thank you.

18 CHAIRPERSON ADDABBO: ...again for
19 your time and testimony and it's good seeing you
20 here. Our next panel, a panel of one, is Bill
21 Romaka of the Uniformed Firefighters Association.
22 Mr. Romaka. Mr. Romaka, good afternoon. Just hit
23 the red button, please.

24 BILL ROMAKA: Good afternoon. I'd
25 like to say good morning to honorable Councilman

2 Joseph Addabbo, honorable Councilman Joel Rivera,
3 the Chairpeople and all other distinguished
4 representatives and honored guests.

5 My name is Firefighter Bill Romaka
6 and I am the Health and Safety Officer, Sergeant
7 at Arms for the Uniformed Firefighters
8 Association, representing in excess of 9,000
9 uniformed members currently. For the last three
10 plus years, I have represented the health and
11 safety needs of both our active and retired
12 firefighters as a union representative on the
13 World Trade Center Medical Monitoring Treatment
14 Steering Committee.

15 My experience on this committee has
16 allowed me to view first hand the successes as
17 well as the disappointments where more work needs
18 to be done and more resources allocated. The Fire
19 Department Medical Monitoring Program has grown to
20 be the model of all the other Centers of
21 Excellence. And Dr. Presant and Dr. Kelley, the
22 members of the Fire Department have found,
23 partners willing to address the concerns of our
24 membership on many different levels.

25 The Fire Department Medical Office

2 works cooperatively with the unions, have strived
3 to make the program more convenient and accessible
4 to our membership. Our many retired firefighters
5 still enjoy the warmth of the bravest family and
6 willingly return to our program to share stories
7 and update us of their plights. But they have
8 always had the freedom to go elsewhere if they so
9 choose.

10 Many of them are very much aware of
11 the uniqueness of our data that provides the
12 information necessary to secure the proper
13 funding. In an effort to make things more
14 convenient, we also found a way to offer free
15 parking and as needs expanded we worked with NIOSH
16 to secure approval to provide this medical
17 monitoring treatment at our four satellite offices
18 in Fort Titan, Staten Island, Orange County and
19 Brentwood, Long Island. We are proud of the fact
20 that exit surveys show a strong approval of how
21 our members are monitored and treated.

22 While there are many accolades for
23 the way the program is going, I wish to expand
24 upon areas where I believe more can be done.
25 Right now we are in quandary dealing with outside

2 counsel needs. This position has been brought
3 about by the end of the American Red Cross Project
4 Liberty Program and by the complexities of the
5 NIOSH application.

6 One of our major supporters
7 regarding outside counseling has been denied
8 funding by NIOSH because they desire to maintain
9 and to deal with both active and retired members,
10 confidentiality and won't divulge any Social
11 Security numbers, which they don't ask for. I
12 implore this Council to look into what can be done
13 or what resources can be found to support this
14 much needed alternative. A request has been made
15 to the Mayor's Office on behalf of this
16 organization and we are still awaiting a response.

17 I also want to point out that this
18 particular organization is one of the ten that
19 were advising the New York City Department of
20 Health and HHC also with regard to looking into
21 these things.

22 The other areas that could use
23 assistance is the struggle to set up a national
24 program. NIOSH has found it to be problematic and
25 has chosen a dubious supplier that has not yet met

2 goals of providing information to our many retired
3 members that desire such. We have been fortunate
4 to keep the problems minimal by personal attention
5 to our members needs, by an extremely helpful
6 World Trade Center staff at FDNY and the Union and
7 its retiree representative, Jim Dial.

8 In closing, we appreciate the help
9 provided by NIOSH and hope to work with them to
10 address these and other concerns to make things
11 better in the future. The passing of the World
12 Trade Center's Zadroga bill will go a long way to
13 secure the necessary funding to build on while we
14 have struggled to put in place so far. I want to
15 thank the Council for their time today.

16 CHAIRPERSON ADDABBO: Mr. Romaka,
17 thank you very much for your time. I just wanted
18 to again, let me thank you and not only the
19 current and active firefighters but also the
20 retirees for the work that they do. And knowing
21 that Ms. Pizzitola is still in the room, I want to
22 thank the active and retired members of the EMS
23 and the work that they have done, back at 9-11 and
24 the work that they currently do. So thank you
25 very much, obviously, for the work that you do.

2 You brought up issues that we are
3 obviously centering on and that's funding. I'm
4 glad you brought up the NIOSH lack of funding.
5 That's something that we're going to have to
6 address. That would be most helpful to you,
7 correct?

8 BILL ROMAKA: Absolutely.

9 CHAIRPERSON ADDABBO: And Project
10 Liberty, obviously, was a very good program. In
11 terms of fiscal need, programs like that
12 unfortunately get cut. We're going to have to
13 find, obviously, an alternative because that was a
14 good program and obviously that was helpful to you
15 as well.

16 BILL ROMAKA: Absolutely. And the
17 funding ended up on July 1st, that's when it came
18 off. So that's when the need became more acute.

19 CHAIRPERSON ADDABBO: Once again we
20 appreciate your time here today because you have
21 highlighted a number of issues that we need to
22 address subsequent to this hearing. Once again,
23 as we get information we will let you know.
24 Again, let me reiterate the gratitude that we have
25 for the work that you do.

2 BILL ROMAKA: I appreciate that.

3 CHAIRPERSON ADDABBO: Thank you
4 very much.

5 BILL ROMAKA: Thank you.

6 CHAIRPERSON ADDABBO: And our last
7 panel, a panel of one, Mr. Tom Epinger from
8 Uniformed EMS Officers.

9 TOM EPINGER: Good morning. Thank
10 you Council Member Addabbo, Rivera and Sears for
11 having this today, seven years later from the
12 tragic event of 9-11. My name is Tom Epinger, I'm
13 the President of the Uniformed EMS Officers Union.
14 We represent the Fire Department EMS Lieutenants
15 and Captains.

16 Today I'll speak to the issues of
17 the James Zadroga Bill and the handling of the
18 NYCERS World Trade Center participation form
19 number 622 at the FDNY. My union is very
20 disappointed at the lack of support by the Mayor
21 for this very important legislation. We do not
22 understand why the Mayor did not support \$667 a
23 year per responder. We understand that the City
24 can not bear all responsibility for this funding
25 but as a taxpayer and a responder, I spent a lot

2 of hours down there, I do not understand how this
3 City, who has seen fiscal crisis before can not
4 tighten its belt to find \$667 per year per
5 responder. When you do the math, that's what it
6 comes down to.

7 It was a City that did not prepare
8 us for this event. I can tell you now from my 19
9 years of experience in this Department, we will
10 never be prepared if we have another tragedy that
11 happens like this again.

12 They took advantage of our emotion
13 that day. We all responded as Americans and as
14 City employees and we were dedicated and committed
15 and now they are not taking care of us. We went
16 down there to find our colleagues, our friends and
17 our neighbors and now the important part of this
18 equation is the responders are left behind.

19 Anything less than a City and the
20 Mayor supporting this bill and paying our fair
21 share is unacceptable. The Bush administration
22 has left us behind and I have to tell you, today's
23 news is very disappointing that this bill is not
24 going through. Regardless of what a union feels
25 towards this bill, we feel it's very important to

2 get that funding. Because there is not only the
3 uniformed forces, it is the trade unions that are
4 affected as equal. The men and women of the
5 trades went down and worked with us hand in hand
6 and now they are left behind also.

7 Briefly an issue at the New York
8 City Fire Department that affects Emergency
9 Medical Service employees. NYCERS has a form
10 called the 622, which we're all familiar with.
11 It's the World Trade Center Participation Bill.
12 Formerly you had to sign an affidavit saying that
13 you served 40 hours at the World Trade Center site
14 or at the Fresh Kills Landfill. Through the work
15 with the Governor it's been changed where it's
16 either the first 24 hours or 40 hours.

17 A lot of our members were injured
18 during the first day and they did not get covered
19 by the 40 hour rule. So that now has been changed
20 and it was a great improvement. The problem that
21 we have is that at the Fire Department, they found
22 the need to question the member on their 40 hour
23 participation.

24 What happened is this: they have a
25 form called Form 623 and that is the Department

2 sending back to NYCERS that we identify this
3 person and can say, without question, they meet
4 the qualifications for the 40 hour rule or the
5 first 24 hour period. What happened at the FDNY
6 was they sent out letters dated in May 2008 that
7 gave the person the number of EMS, 30 days to send
8 back to confirm their participation. Those
9 letters were sent out a week before the September
10 11th anniversary. These letters stated the member
11 needed to provide their own documentation that
12 they were at the World Trade Center site for the
13 40 hours.

14 Even though the New York City Law
15 Department went through every EMS station, secured
16 all documents that were relating to the Trade
17 Center, which included time sheets, lost equipment
18 reports, exposure forms and log books. Kept all
19 originals and delivered all copies back to each
20 command, secured, locked away with the
21 instructions to the commanding officer to secure
22 that paperwork and documentation forever.

23 The Department chose not to conduct
24 its own investigation but to put the ownness on
25 the member itself. The members did not know where

2 to turn. They are very upset that this came at
3 the anniversary of September 11th. When we
4 contacted the Department at the Commissioner
5 level, they did not know that this documentation
6 was secured at each EMS station. They just throw
7 it on the member and they said just have somebody
8 you saw down there write you a letter. That's not
9 acceptable.

10 We believe we live at a higher
11 standard and we don't need somebody to write a
12 letter that might not know you were down there.
13 But the Department has everything. They told us
14 after September 11th, stop filling out everything.
15 We have everyone taken care of, don't worry about
16 it. We're going to document everybody for their
17 exposure but then it comes down to just going to
18 an EMS station, going through, looking at some
19 timesheets, signing off; they chose not to do
20 that.

21 So I can just tell you what they've
22 done to the entire workforce for someone who gets
23 that letter, who's worried about their health and
24 the week before September 11th get a letter - just
25 a photocopy. Not even addressed to you, not even

2 signed, that says in 30 days if you don't produce
3 this documentation, we can't tell the Law
4 Department that you were there. Even though the
5 Department issued every member, Fire and EMS,
6 commendations for survivor, rescuer and
7 participant. But we have these medals but we
8 can't say that you were there.

9 I have to tell you, I tried to work
10 this out. I tried not to make this public. But
11 there just does not seem to be any urgency over
12 there to fix this. Forgetting that they didn't do
13 their job, just the psychological damage it does
14 to our members. It's unacceptable. I just don't
15 see or understand the callousness that this took
16 to just put out a letter and the response you get
17 is oh we forgot to take off the May date. We
18 forget. We're doing our best. Well we did our
19 best, why don't you just do yours? That's all
20 we're asking, just a few simple things.

21 So seven years later, we still deal
22 with ridiculous bureaucracy and that's just one
23 issue. I apologize I was late. I wish I could
24 have sat with my colleague, Marianne Pizzitola and
25 Stephen Hess, but that's it. I'm going to turn in

2 a document just describing these issues. I just
3 got a late notification on this hearing.

4 Thank you again for having this. I
5 appreciate.

6 CHAIRPERSON ADDABBO: Mr. Epinger,
7 always a pleasure to have you here at these
8 hearings. And I look forward to your written
9 testimony because normally previous written
10 testimony. I remember your testimony, the way
11 it's laid out, you know only identify the issues
12 but you also give your suggestions on how it
13 should be addressed. So I look forward to your
14 written testimony.

15 But let's go back to that letter,
16 the 30 day notice. That letter specifically, only
17 so I'm clear, that letter was to require what
18 information be forwarded, basically time served?

19 TOM EPINGER: Documentation that
20 stated that you were there that did not include
21 your time sheets or your sign in sheet that you
22 came to work. They wanted unit activity logs.
23 It's a document that you would fill out if you're
24 on the ambulance of your responses, which we
25 normally throw away after ten days. They wanted a

2 computer assisted dispatch, that's how our system
3 works, print outs. We don't have access to it
4 after a certain amount of time, only headquarters
5 does. And that was it.

6 We don't go through this issue with
7 the State. The State we filled out an affidavit
8 and they accepted. This is similar to what Ms.
9 Pizzitola stated before about our retirees going
10 through declaring if they worked for the State or
11 the City to get their retiree pension. We don't
12 understand why we have to go through this in the
13 City. And the unfortunate thing is our Department
14 did this to us, that's the message that they sent
15 to us.

16 CHAIRPERSON ADDABBO: Now that
17 letter, the 30 day notice, has it since expired,
18 is that correct? The 30 days is now up?

19 TOM EPINGER: Obviously. And they
20 have not given a response other than they're going
21 to send out a revised letter. The only letter
22 that we're going to accept on behalf of our
23 membership is an apology from the Commissioner.

24 CHAIRPERSON ADDABBO: Apologies
25 aside, obviously we want to work at those members

2 who need to have their issues addressed and get
3 them addressed. So if this new letter extends the
4 time period, obviously that addresses one issue
5 you may have, correct? And obviously the
6 requirements requested in the letter still
7 obviously you have yet to see because you've not
8 received the updated letter, correct?

9 TOM EPINGER: Correct.

10 CHAIRPERSON ADDABBO: So that's an
11 issue that obviously I'm going to want to hear
12 back from you whether that new letter is
13 acceptable.

14 TOM EPINGER: I was at headquarters
15 today at a meeting and I was told that we'll get a
16 copy so we're still waiting.

17 CHAIRPERSON ADDABBO: And we are
18 going to have a subsequent meeting with the
19 administration on issues that came up here today
20 that not have been answered that we need answers
21 to or would like answers to. In an effort of
22 working together to, I guess, again address the
23 health issues of many. So we will add yours to
24 our list and, again, address it subsequent to this
25 hearing. Do I have questions from--Council Member

2 Sears.

3 COUNCIL MEMBER SEARS: I just
4 wanted to ask, how many approximately are involved
5 with the bureaucratic confusion?

6 TOM EPINGER: There is a total of
7 approximately 3,000 members in the Fire Department
8 Emergency Medical Service. That includes EMT,
9 paramedic, Lieutenants, Captains--

10 COUNCIL MEMBER SEARS:
11 [interposing] And they've all gotten this letter
12 or just...?

13 TOM EPINGER: Not everybody.

14 COUNCIL MEMBER SEARS: But a good
15 majority do you think?

16 TOM EPINGER: I haven't, they were
17 able to, since I was--just to give you an example.
18 Since I was assigned to Station Eight, which is
19 attached to Bellevue Hospital. On September 8th I
20 responded in to work and immediately went down.
21 There was recognition that in our documents that I
22 responded down there that day. But we have people
23 that just jumped on vehicles to go down and
24 there's no documenta--there is. We have our log
25 books, we have sign in sheets, we have exposure

2 forms. But they're using this computer system,
3 dispatch system on who went and it's just one-
4 tenth of the equation and that's all they're
5 doing.

6 I could tell you that we've had so
7 far 50 people call us in our organization. I
8 know a lot aren't because they're just throw it
9 away.

10 COUNCIL MEMBER SEARS: And then
11 what happens?

12 TOM EPINGER: We don't know yet.
13 The Department won't tell us who got these
14 letters. And the members are telling us that
15 they're being able to find paperwork and give it
16 to headquarters and they're acquainting an answer.
17 What happens to the people that don't respond or
18 they can't find anything? It would be safe to say
19 unless something drastically happens that they're
20 not going to be recognized as a participant at the
21 Trade Center Rescue and Recover.

22 COUNCIL MEMBER SEARS: They won't
23 get their healthcare?

24 TOM EPINGER: They'll get
25 healthcare but they won't get a disability pension

2 stating that they were there. That's the scary
3 part. The problem we have is that people are so
4 upset and with PTSD and the anniversary date that
5 when--one example.

6 One of our members opened the
7 letter and his sister-in-law worked for Cantor
8 Fitzgerald, she died. It was the week before
9 September 11th, what do you think that family went
10 through? And this is what we have to deal with.
11 This is just stupid. And you shake your head at
12 it; it's careless.

13 I've gone up to meet with the
14 Commissioner about this, they're just, sorry.
15 That's unacceptable. Our concern is that we make
16 sure our members are taken care of, that in the
17 event to come, which we all know that will that
18 their families are taken care of. This part we
19 have to ensure is done properly.

20 COUNCIL MEMBER SEARS: I know that
21 data is besides--there's just unbelievable
22 confusion as to who was there and who wasn't. I
23 know that there has been maybe undue pressure for
24 documentation because of so much that came after
25 that. Have you done a random polling of your

2 members to see exactly who or what?

3 It's going to be difficult for you
4 to keep track of the members who received the
5 letter and what's happening to them because the
6 membership is prime importance to you in order to
7 do a monitoring yourself, as the Association, for
8 who is left out and who isn't. Do they all call
9 you?

10 TOM EPINGER: The majority of the
11 members do. One thing that we've always try to do
12 with Commissioner Scipetta is we want to be a
13 partner. If there's an issue that we can
14 participate with and instead of pointing the
15 finger, let's just fix the problem and let's move
16 on with this issue. Because we want to ensure
17 that everyone is taken care of and no one is left
18 behind.

19 But when you're not part of the
20 partnership and you're told that it was an
21 accident but we'll deal with it later, you reach
22 out to people and sometimes people... What they
23 went through and how they're treated now with this
24 letter, you just shut down and you might miss
25 people. So the only recourse is trying to foil

2 it, that's it. That's it. And you hope people
3 call you but a lot of people are affected by this.
4 They don't want to tell you that they're sick.
5 They don't want to tell you that they're
6 suffering.

7 They don't want to tell you
8 anything because they're embarrassed. They think
9 that the problem is rescuers don't need rescuing,
10 that's the issue that we have. EMS people never
11 admit that they're sick, never admit that they
12 have psychological problems before it's too late.
13 That's part of what we deal with.

14 COUNCIL MEMBER SEARS: And they
15 also worry about the consequences of saying
16 they're sick.

17 TOM EPINGER: Well that's the
18 problem. They deal with sick people every day and
19 they see the consequences and they never want that
20 to happen to us and our family. It's easier to
21 just close your eyes.

22 COUNCIL MEMBER SEARS: Thank you.

23 CHAIRPERSON ADDABBO: Thank you
24 Council Member Sears. Again, Mr. Epinger, I
25 appreciate you being here because to another

2 aspect of this issue, you raise awareness of
3 problems that do exist that need to be addressed.
4 And again, we always appreciate your time here
5 today and we hope that we can work together for
6 the betterment of the attention paid to your
7 members. Okay? So thank you very much for your
8 time here today.

9 That being the last testimony, I
10 want to thank you all for being here. For all
11 those that participated on this most critical
12 issue of the health effects subsequent to the 9-11
13 tragedy. And we have a lot of work to do. We've
14 come a long way in a period of time but we have a
15 lot more work to do as this issue increases, as
16 more and more people are affected by it.

17 I want to thank my co-chair, the
18 Chair of the Health Committee, Council Member Joel
19 Rivera. Thank you very much Mr. Chair. And
20 thanks to all my colleagues and staff for putting
21 this hearing together and I look forward to
22 working with the administration, who is still
23 here. We appreciate the administration staying
24 here and listening to subsequent testimony. So we
25 thank them for being here but we also look forward

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2 to working with them in the future as well. So

3 thank you. Meeting adjourned.

4

C E R T I F I C A T E

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

Signature Amber Gibson

Date October 15, 2008