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Oversight: Examining the NYC World Trade Center Medical Working Group 2010
Annual Report on 9/11 Health

Committee on Civil Service and Labor,
Committee on Lower Manhattan Redevelopment and
Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and
Disability Services

New York City Council

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**Introduction/Overview**

Good afternoon. I want to thank Chairs Koppell, Chin, and Sanders, as well as the other distinguished members of the Council for convening this hearing on the New York City World Trade Center (WTC) Medical Working Group.

My name is Tamiru Mammo and I am Senior Advisor for Health Policy to New York City’s Deputy Mayor for Health and Human Services, Linda Gibbs. I was also a staff member of a panel convened by Mayor Bloomberg at the fifth anniversary of the attacks to assess the health impacts of 9/11.

That report called for a sustained, long-term program to provide monitoring and treatment to address the health impacts of 9/11, and for the re-opening of the Victim Compensation Fund. And thankfully, that recently became a reality. And later in my testimony, I'll detail some of the law’s key provisions.

The report also recommended that the establishment of a WTC Medical Working Group to advise the Mayor, and others, about health issues that are related or potentially related to the September 11, 2001 terrorist attacks on the World Trade Center. That group is co-chaired by Deputy Mayor Linda Gibbs and Health Commissioner Tom Farley.

An important part of the work of the WTC Medical Working Group is to review the adequacy of health and mental health resources available to affected and potentially affected populations. My testimony today will focus on that issue, which reached a watershed moment with the recent enactment of the 9/11 Health and Compensation Act, also known as the “Zadroga Act.”

My colleague, Dr. Carolyn Greene, from the Department of Health and Mental Hygiene will focus on the 2010 report findings in depth in her testimony. As Dr. Greene will discuss in depth, an increasing number of studies have begun to describe and analyze health effects five to eight years after 9/11 that demonstrate...
some WTC-related conditions have persisted, even among people who have received treatment, supporting the need for continued health monitoring and treatment as provided by the Zadroga Act.

Before detailing the law’s provisions, it’s worth remembering how far we’ve come. Our representatives in Washington fought year-in year out to get appropriations to support the WTC Centers of Excellence. And they began introducing legislation to provide a longer-term program.

Since accepting the recommendations of the special 9/11 health panel that he convened in 2007, Mayor Bloomberg’s commitment to legislation providing for the long-term health and compensation for WTC responders and survivors has been steadfast. City officials testified in support of this federal bill numerous times, and Mayor Bloomberg personally and repeatedly urged members of Congress and the Obama Administration to support the bill.

More than just urging the Act’s passage, the Mayor was also willing to commit the City to pay 10% of the Bill’s costs. This was also important in persuading members of Congress that the Zadroga Act was more than a federal handout to New York City.

Last November, as prospects for the bill looked uncertain, the Mayor traveled to Washington to meet with and attempt to address the concerns of Republican Senate members whose support would determine whether or not the bill would pass during a lame duck session of Congress.

The partners in this advocacy were numerous and diverse. The New York Congressional delegation -- notably Senators Gillibrand and Schumer and Representatives Maloney, King, Nadler, and Weiner—worked tirelessly for its passage and labored diligently to advance the Zadroga bill to passage. The contributions of responders, survivors, labor and community leaders, and victims’
family members were also crucial. Some labor and community advocates volunteered long and hard to move the bill forward even as they struggled with debilitating health problems.

Finally, the City Council's advocacy on this issue was unyielding. I especially want to recognize the efforts of chairs Koppell, Chin, and Sanders and past chairs Gerson and Nelson who helped bring prominence and support to this Bill.

**Summary of Key Provisions of the 9/11 Health and Compensation Act**

The 9/11 Health and Compensation Act ensures that those affected by 9/11 continue to receive monitoring and treatment services for related health problems through at least 2015. The Act provides a total of $4.3 billion in funding for WTC-related health and compensation, and it will cap federal funding for the health program over five years at $1.5 billion (New York City will contribute 10% of the total cost). Any funds not spent in the first five years may be carried over and expended in the sixth year of the program.

There are three key components to the Zadroga Act that are important to understand.

First, the health care benefit will allow up to 25,000 new responders and up to 25,000 new survivors to access the specialized, integrated mental and physical health care currently offered by New York City’s three WTC Centers of Excellence and the WTC National Responder Health Program.

Second, the law also promotes the use of the latest medical research to enhance care by requiring the WTC Health Program Administrator, in consultation with a Scientific/Technical Committee, to review the scientific literature before deciding if new health conditions should be covered under the bill. It provides federal
funding for WTC clinical research for the first time, and it continues federal funding for the WTC Health Registry.

Third, the Zadroga Act helps to resolve the issue of fair compensation by reopening the September 11 Victim Compensation Act and provides $2.775 billion in compensation for eligible individuals who may have suffered physical harm or death as a result of the terrorist attacks on the World Trade Center.

Implementation of this law may pose new challenges, and New York City will work with its federal partners to help this process succeed.

If you would like to share your views about implementation of the Zadroga Act with the federal government, please note that the National Institute for Occupational Safety and Health will be holding a public meeting here in Lower Manhattan on March 3. Details will be posted on the City’s 9/11 health website at www.nyc.gov/9-11healthinfo.

As the MWG report reflects, the body of research knowledge continues to grow and is important to affirming that there remains a need for monitoring, care, and treatment. Thank you again for your support of the Zadroga Act and your interest in the WTC Medical Working Group. I'll be happy to answer any questions you have.