

Statement of

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

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

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

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

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

## **Panel Findings**

### 9/11 Health Effects

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

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

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

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

### WTC Health Treatment and Research

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

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

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

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

### City Employees

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

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

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

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

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

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

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

### Pension and Disability Determinations

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

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

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

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

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

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

### Medical Boards

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

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

### Communications and Outreach

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

### **Panel Recommendations**

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

### WTC Health Coordinator and Website

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

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

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

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

#### WTC City Agency Liaisons

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

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

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

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

#### WTC Medical Working Group

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

#### Expansion of WTC Environmental Health Center at Bellevue

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

### Federal Funding for 9/11 Health

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

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

### **Ongoing Challenges**

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

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

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

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

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