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3 HEARING ON THE JAMES ZADROGA 9/11 HEALTH AND COMPENSATION ACT
4 OF 2009

5 WEDNESDAY, APRIL 22, 2009

6 House of Representatives,

7 Subcommittee on Health

8 Committee on Energy and Commerce

9 Washington, D.C.

10 The subcommittee met, pursuant to call, at 10:10 a.m.,
11 in Room 2322 of the Rayburn House Office Building, Hon. Frank
12 Pallone Jr. (chairman) presiding.

13 Members present: Representatives Pallone, Engel, Weiner,
14 Barrow, and Deal.

15 Staff present: Andy Schneider, Chief Health Counsel;
16 Sarah Depres, Counsel; Elana Leventhal, Counsel; Alvin Banks,
17 Special Assistant; Alli Corr, Special Assistant; Miriam
18 Edelman, Special Assistant; Lindsay Vidal, Special Assistant;

- 19 Aarti Shah, Minority Counsel; Jerri Couri, Minority Professional Staff;
- 20 Chad Grant, Minority Legislative Analyst.

|
21 Mr. {Pallone.} The subcommittee hearing will be called
22 to order, and today we are having a hearing on the James
23 Zadroga 9/11 Health and Compensation Act of 2009. First of
24 all, let me say good morning to our colleagues who are at the
25 desk there and to all of you who are here. I know how
26 important an issue this is not only to the New York and New
27 Jersey delegation, but I think also nationwide.

28 The bill was introduced by Ms. Maloney, Mr. Nadler, and
29 Mr. King. And again I want to thank you for all you have
30 done on this legislation. I think actually in my opening
31 remarks I mention the hearing that Jerry had, that Mr. Nadler
32 within maybe a month or so of the World Trade Center attack,
33 and I remember going to the Federal Building--I think it was
34 at the Federal Building--in New York, and you were bringing
35 up--you were sort of raising all the issues that, at the
36 time, were being denied by the EPA, and it turned out to be
37 true. So it is often the case with Mr. Nadler that he brings
38 issue to the attention that agencies deny, and then it turns
39 out that he was absolutely right from the beginning.

40 Last year, the subcommittee had two hearings on this
41 issue to examine medical monitoring and treatment programs
42 for those affected by 9/11 diseases and a legislative hearing
43 on a similar bill to the one before us today. Both of these

44 hearings provided us with vital information on this issue.

45 Eight years ago, as we all know, our country was struck
46 by a horrible tragedy. People lost their lives, families
47 were shattered, and our Nation responded. And individuals
48 from all over the country rushed to the aid of those in need,
49 not stopping to think about the effects on their health or
50 lives. I know I will never forget those horrifying days. I
51 was at the World Trade Center site with President Bush. I
52 think the attack occurred on Tuesday, and we were there maybe
53 Friday of that week. And, you know, I saw firsthand the
54 dedication and determination of the rescue workers and the
55 volunteers who pushed themselves to the brink of exhaustion
56 and beyond.

57 The singular memory that when we arrived, I was standing
58 next to a, like a yellow fire truck that was from Hialeah,
59 Florida. And I thought, you know, how did that truck get up
60 here in such a short time? I mean I guess it is possible to
61 do, but it was people literally from all over the country.

62 In the month following the 9/11 attacks, I mentioned I
63 attended a field hearing with Congressman Nadler in New York
64 City to investigate the presence of hazardous waste and the
65 health implications for those who were exposed. We did not
66 know then if there would be any long-term effects or just how
67 debilitating they would be. But we now have more in-depth

68 understanding of how the dust, the glass fragments, and other
69 toxins released into the air affected by responders and
70 community residents. Studies have shown that individuals
71 present during and immediately after the attack now suffer
72 from new or worsened respiratory disease, gastroesophageal
73 disorders, and mental health conditions including post-
74 traumatic stress disorder.

75 We in Congress have an obligation to our Nation's heroes
76 and to the victims of these attacks. It is our turn to step
77 up to the plate and come to their aid, and the bill before us
78 today is a vital step in that direction. H.R.847 would
79 establish a permanent program to monitor and screen eligible
80 residents and responders and provide medical treatment for
81 those suffering from World Trade Center related diseases. It
82 would direct the Department of Health and Human Services to
83 conduct and support research into new conditions that may be
84 related to the attacks and to evaluate different and emerging
85 methods of diagnosis and treatment.

86 The legislation would build upon the expertise of the
87 Centers of Excellence, which are currently providing high
88 quality care to thousands of responders and ensuring ongoing
89 data collection and analysis to evaluate health risks.

90 Now, one of these centers is, as you know, is located in
91 my district on the Bush Campus of Rutgers University in

92 Piscataway and is run by Dr. Iris Utasin. It is the UMDNJ
93 World Trade Center Medical Monitoring and Treatment Program,
94 which was established in January 2003 to study, interpret,
95 and treat medical symptoms commonly occurring in responders
96 and volunteers. The center currently--this is the New Jersey
97 center--currently serves approximately 1,370 patients. I
98 visited the center a few times and have seen the work that
99 Dr. Utasin and her team are doing to help our Nation's
100 heroes.

101 I know she couldn't be here today. I think she is not
102 in the country, so she wasn't able to come today. But at the
103 center, the in-depth knowledge of these complex conditions is
104 crucial to all the patients, and we must ensure that this
105 program is permanently funded so that they can continue
106 providing this excellent care.

107 So I just want to thank all the sponsors again for your
108 tireless efforts, and Mr. Deal and I know how tireless you
109 are because oftentimes a week does not pass by without you
110 mentioning this issue on the floor. We want to thank the
111 witnesses, not only our two colleagues, but those who will be
112 on the next panel, in particular Mr. Torres who is from New
113 Jersey and who was one of the first responders to the 9/11
114 attacks. We are going to be hearing his story today, and on
115 behalf of everyone, I want to particularly thank you also for

116 being here.

117 [The information follows:]

118 ***** INSERT 1 *****

|
119 Mr. {Pallone.} And I will now recognize the ranking
120 member, Mr. Deal.

121 Mr. {Deal.} Thank you, Mr. Chairman. Thank you for
122 holding the hearing and thanks to our two colleagues for
123 being on the first panel. I think we all understand the
124 significance of the events of 9/11 and as we explore this
125 bill, H.R. 847, we understand the long-term consequences in
126 terms of health to those who rushed to the aid of others and
127 to the consequences that they have suffered as a result of
128 it.

129 My only regret is that, and I have to tell my colleagues
130 as well as the other panel members, this just happens to be
131 at the very same time that we are holding a full committee
132 hearing on climate change of the Energy and Commerce
133 Committee. And for those such as myself who are on the full
134 committee but are not on the Energy Subcommittee, this is the
135 only opportunity, this hearing that is going on right now, to
136 participate in that particular important discussion. So I
137 think that accounts for the fact that you probably will not
138 have very many members here because of the full committee
139 hearing on that important issue going on simultaneously.
140 Wish it would have been otherwise, but we deal with the time
141 constraints that we have.

142 The hearing today, of course, is to assess the current
143 monitoring and treatment efforts that have been provided to
144 individuals who were involved in the 9/11 catastrophe and to
145 those who were within proximity to the World Trade Center on
146 9/11 and the weeks and months that followed. It is my
147 understanding that to date, the federal government has
148 allocated approximately \$1 billion toward monitoring and
149 treatment of first responders.

150 Although this legislation has yet to be scored by the
151 Congressional Budget Office, CBO estimated last year that the
152 impact of similar legislation, which was H.R. 7174, upon
153 which the subcommittee held a legislative hearing last
154 summer, that it would cost taxpayers over \$11 billion within
155 a 10-year timeframe. If the majority intends to move this
156 legislation out of the committee for a vote, I hope that
157 members on both sides of the aisle will be given the
158 opportunity to hold another legislative hearing to receive
159 the expert input from CBO regarding the true cost of the
160 legislation.

161 I look forward to continuing to work with the members of
162 the committee on this, and once again thank my colleagues for
163 their interest and their attendance here today. I yield
164 back.

165 [The prepared statement of Mr. Deal follows:]

166 ***** COMMITTEE INSERT *****

|
167 Mr. {Pallone.} Thank you, Mr. Deal. And let me
168 reiterate with Mr. Deal said about conflicts today. Actually
169 Lisa Jackson, I think, you know, was our--the Jersey
170 commissioner now is the EPA administrators, I think,
171 testifying this morning on, you know, on the global climate
172 change in the full committee. So we are missing that, and I
173 would appreciate the fact that Mr. Engel is here, but I--you
174 are doing something with Hillary Clinton this morning, aren't
175 you, in your other committee?

176 Mr. {Engel.} Foreign Affairs Committee has a full
177 hearing with the Secretary of State. First time she is
178 appearing before any committee, either in the House or the
179 Senate.

180 Mr. {Pallone.} So there is a lot going on. So forgive
181 us. But even with that, Mr. Engel is here. And I want to
182 also acknowledge his significant involvement in this
183 legislation as well. Thank you, Eliot.

184 Mr. {Engel.} Well, thank you, Mr. Chairman, and I want
185 to thank you for holding this hearing today because you and I
186 have had many talks about the importance of the 9/11 Health
187 and Compensation Act. And I appreciate your willingness to
188 hold a hearing to--in the midst of all the committee's work
189 on many things but particularly on health reform. So I am

190 glad that you are chairing this important subcommittee, and
191 thank you for doing this.

192 I am also delighted to see my colleagues Jerry Nadler
193 and Pete King, both of whom I have firsthand knowledge, being
194 a colleague of theirs from New York, of the work that both of
195 them have done in focusing on this very important issue of
196 9/11 health care, the 9/11 Health and Compensation Act, and
197 all the other things that relate to the devastating attack on
198 September 11, 2001, and particular, Mr. Nadler, the World
199 Trade Center and the attacks are in his district, and he has
200 played a front-and-center role on all these issues, not just
201 on the health issues, but on all the issues pertaining to the
202 attacks. So I want to thank Mr. Nadler and Mr. King for
203 being here this morning.

204 You know, as devastating as that day was, there are few
205 days I have been more proud to be an American than on
206 September 11. I said that in my first statement on the House
207 floor a day or two after the attacks where I spoke from the
208 heart, not by reading anything. Within minutes of crashes
209 into the Twin Towers, New York's first responders mobilized
210 to save those trapped within the World Trade Center, putting
211 themselves in unspeakable danger. And of course, too many
212 lost their lives that day.

213 Within days, over 40,000 responders from across the

214 Nation descended upon Ground Zero to do anything possible to
215 help with the rescue, recovery, clean up. I remember those
216 bittersweet days. I was there in New York City, where I was
217 born and bred. I was happy to be in New York City on
218 September 11 and remember seeing Americans lined up around
219 blocks to donate blood. The attack was on Tuesday. That
220 Friday, the New York Delegation stood with President Bush at
221 Ground Zero, that very famous picture of President Bush with
222 the firemen and the bullhorn. We were all there right by his
223 side. Particularly Mr. Nadler, I remember, flew in the
224 helicopter that day. There were things we all remember.

225 I remember the chaos as no one knew quite what to do,
226 only that we had to do something, anything to help our Nation
227 rise up from the assault by the terrorists. I was very, very
228 proud to be in New York on that day.

229 The past seven years though have not been to so many of
230 the first responders who put themselves in harm's way. It is
231 estimated that up to 400,000 people in the World Trade Center
232 area on 9/11 were exposed to extremely toxic environmental
233 hazards including asbestos, particulate matter, and smoke.

234 You know it is a funny thing. Those of us in the New
235 York City delegation, we kept going back to the World Trade
236 Center, the devastation while we saw people running around.
237 And, you know, they gave us these little kind of helmets.

238 None of us wore them, and we kept going back. We were
239 assured at the time by Christy Todd Whitman that everything
240 was fine. And so even those of us in Congress were exposed
241 to these things. I am not saying that we were exposed the
242 way the first responders were who were there every day. But
243 we were there, you know, half a dozen times or more, and we
244 were exposed to it as well.

245 Years later the exposure though to the 400,000 people
246 has left a significant number of first responders with severe
247 respiratory ailments including an asthma rate that is 12
248 times the normal rate of adult onset asthma, lung disease,
249 and persistent cough. Also common are PTSD and depression.
250 This has all been well documented in a scientific, peer-
251 reviewed published work regarding the long-term health
252 effects of 9/11 by Mt. Sinai Hospital, the fire department of
253 the city of New York, and the World Trade Center health
254 registry.

255 We really don't know the long-term effects of exposure
256 to the toxins from 9/11. Many of us fear that there may be
257 significant late emergent diseases, both in our first
258 responders and members of the community, such as cancer, that
259 will require treatment for years to come.

260 While these illnesses should sadden all of us, what
261 pains me most is that our Nation has failed to provide our

262 first responders and community members, Mr. Nadler's
263 constituents, with a sustainable and reliable source of
264 federal funding for a health care monitoring and treatment
265 program. The GAO has documented the failure of HHS to
266 provide consistent care in multiple reports. It certainly
267 sends a chilling message to those who fearlessly volunteered
268 for our country that nearly eight years later, they are still
269 fighting for medical care that should just be a given.

270 So I am proud to join with my New York colleagues, lead
271 by Representatives Maloney, Nadler, and so many others in
272 introducing the 9/11 Health and Compensation Act. This
273 comprehensive bill would ensure that those exposed to the
274 Ground Zero toxins have a right to be medically monitored and
275 all that are sick have a right to treatment.

276 It would also rightfully provide compensation for loss
277 by reopening the 9/11 compensation fund. No more fragmented
278 health care, no more excuses. We must and shall do what is
279 right, and I thank you, Mr. Chairman, for bringing this to
280 the floor, and I thank my colleagues, Mr. Nadler and Mr.
281 King, for coming here today. I yield back.

282 [The prepared statement of Mr. Engel follows:]

283 ***** COMMITTEE INSERT *****

|
284 Mr. {Pallone.} Thank you, Mr. Engel. We are going to
285 now turn to the first panel, and obviously I am very pleased
286 that you are with us here today and all that you have done.
287 I guess I should mention--I think we already mentioned it--
288 that Representative Carol Maloney could not be here because
289 she has a bill. I think one of her other bills is being
290 marked up--credit card bill, another important bill that is
291 being marked up. But we have her statement, so without
292 objection, I will ask unanimous consent to submit that for
293 the record.

294 [The prepared statement of Ms. Maloney follows:]

295 ***** INSERT 7 *****

|
296 Mr. {Deal.} Mr. Chairman, I would ask unanimous consent
297 that members of the committee be given five days in which to
298 submit their statements for the record in this hearing.

299 Mr. {Pallone.} Without objection, so ordered. We are
300 going to start with the Congressman Nadler.

|
301 ^STATEMENTS OF HON. JERROLD NADLER, A REPRESENTATIVE IN
302 CONGRESS FROM THE STATE OF NEW YORK; AND HON. PETER KING, A
303 REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

|
304 ^STATEMENT OF JERROLD NADLER

305 } Mr. {Nadler.} Well, thank you, Mr. Chairman. Mr.
306 Chairman, Ranking Member Deal, members of the subcommittee
307 including my fellow New Yorker, Mr. Engel, thank you for
308 convening this hearing and inviting my colleagues and me to
309 testify before you this morning. I also want to thank
310 everyone who has worked on this bill to help us achieve our
311 long-standing goal of providing a stable, long-term program
312 to help the responders, the residents, area workers,
313 students, and others who were injured by the attack on our
314 country on September 11.

315 Representative Maloney and I along with Representatives
316 King and McMahon have introduced H.R. 847, the 9/11 Health
317 and Compensation Act of 2009 to ensure that the living
318 victims of the September 11 terrorist attacks have a right to
319 health care for their World Trade Center related illnesses
320 and the root to compensation for economic losses.

321 Now, as many of my colleagues know and as many of us

322 sitting in this room know, today's panelists have come
323 together many times since the towers fell almost eight years
324 ago, holding press conferences, testifying at hearings, and
325 releasing countless pages of information detailing the
326 environmental impacts and health effects created by the
327 attack on the United States.

328 For eight years, those of us here today have testified
329 about the toxins that were inhaled by those near Ground Zero
330 in the days and weeks following the attacks. We warned then
331 that the air wasn't safe and that our courageous first
332 responders were not being afforded the proper protection from
333 dangerous toxins as they were working on the pile.

334 But the federal EPA kept assuring everyone wrongly that
335 the air was safe. We spent years working to try to convince
336 public officials that the asbestos, fiberglass, mercury,
337 manganese, and other toxins that traveled far and settled
338 into the interiors of residences, workplaces, and school and
339 that a proper testing and clean-up program was required to
340 eliminate the continuing health risks to area residents,
341 workers and students.

342 We demanded that the government acknowledge the fact,
343 supported by a mountain of peer-reviewed research, that
344 thousands of our Nation's citizens are today sick because of
345 9/11 and that many more will likely become sick in the

346 future.

347 We explained to whoever would listen that our 9/11
348 heroes were struggling to pay health care costs because they
349 could not longer work and had lost their health insurance or
350 because they had had their worker's compensation claims
351 contested. We have argued vigorously that the federal
352 response to date has been dangerously limited, piecemeal, and
353 unpredictable, both in terms of preventing further health
354 impacts from potentially persistent indoor contamination, and
355 most notably in terms of a lack of comprehensive long-term
356 approach to providing health care and compensation for those
357 already affected.

358 Yet each time we presented our case for comprehensive
359 solution, we were told better luck next year. Well, a new
360 year has come, and we are here again on behalf of those who
361 continue to suffer. Undaunted and due to considerable
362 efforts by all of the stakeholders, we have modified the bill
363 to achieve what have been our dual goals from the beginning.
364 One, to establish a stable, long-term approach that builds on
365 successful existing programs to provide much-needed care for
366 those who were affected by the attacks, regardless of whether
367 they are first responders or area workers, residents,
368 students, or others. And two, doing this in a fiscally
369 responsible manner.

370 We are hopeful that today's hearing marks the beginning
371 of the end of our collective eight-year struggle. We are
372 hopeful that this is the first step in finally passing this
373 critical legislation to give those men, women, and children
374 who live with the daily reminders of that terrible day in
375 2001 the support and care they deserve.

376 Although the devastating 9/11 attacks on the World Trade
377 Center occurred within the bounds of my congressional
378 district, it was our Nation as a whole that was attacked.
379 And the ramifications stretch well beyond the bounds of my
380 district or indeed of New York. Every member in New York's
381 down state delegation represents hundreds if not thousands of
382 people who live, work, attend school, or were otherwise
383 present in lower Manhattan and the affected parts of Brooklyn
384 and were exposed to the toxic brew in the air.

385 But it doesn't end there. Because people from all
386 across the country came to New York City to help, there are
387 now citizens in every state, in fact, in 431 congressional
388 districts that we know about--431 out of 435 who were exposed
389 to the toxic fumes of 9/11 and were concerned enough about it
390 to register with the World Trade Center health registry.

391 So this is not just a problem for members from New York
392 and New Jersey. This issue should concern every member of
393 the House. Because this is unquestionably a national

394 problem, it has always required a national response. Yet the
395 previous administration declined to develop a comprehensive
396 plan to deal with the growing public health problem, forcing
397 the New York delegation year after year to come to Congress
398 to test its luck during the annual appropriations process.

399 Thankfully with growing bipartisan support for that
400 funding, we have had some key successes. And with those
401 funds, we have seen some critical first steps in federally
402 funded health care programming, but quite simply this
403 disjointed and unpredictable approach to securing critical
404 funding is not a tenable course of action.

405 Both our heroes and the excellent health care programs
406 that are now in place to serve them deserve better. Passage
407 of the 9/11 Health and Compensation Act would mark an end to
408 this problematic approach and ensure that a consistent source
409 of funding is available to monitor and treat the thousands of
410 first responders and community members already affected by
411 World Trade Center related illnesses as well as those who
412 illnesses may become apparent in the future.

413 And it would ensure that no matter where an affected
414 individual lives in the future, he or she could get care.
415 Building on the expertise of the Centers of Excellence, the
416 bill would fill gaps in how we are currently providing
417 treatment and monitoring. The bill would also provide for

418 substantial data collection regarding the nature and extent
419 of related illnesses. This is a particularly critical
420 provision as there is still much we have to learn about these
421 illnesses and how they affect different exposure populations.

422 And finally, as you know, this legislation would provide
423 an opportunity for compensation for economic damages and
424 losses by reopening the 9/11 Victims' Compensation Fund. As
425 you will hear from the other panelists, the needs here are
426 abundantly clear. About 16,000 first responders are
427 currently being treated for illnesses, and about 40,000 more
428 --and more than 40,000 are being monitored through a
429 consortium of providers lead by Mt. Sinai Hospital and the
430 New York City Fire Department.

431 And we already have nearly 3,400 sick community members
432 being treated by a program funded in part by the federal
433 government, the World Trade Center Environmental Health
434 Program at Bellevue Hospital. As you may know, the bill has
435 been modified several times in order to ensure that those in
436 need receive the care they deserve and that the cost is
437 feasible and responsible.

438 First, the bill limits the radius, the geographical
439 radius within which individuals who reside go to school or
440 work would be eligible for services. Second it caps the
441 total number of new treatment slots to 35,000, which

442 incidentally is the same level as the responder program.
443 Finally, the bill creates contingency funds with strict
444 dollar limits and caps other kinds of spending.

445 Today every member of the subcommittee has an
446 opportunity. You can decide that you are going to join with
447 those of us in this room who have been fighting for this
448 funding for eight long years, with those back in New York and
449 throughout the country who continue to grapple with the
450 consequences of the 9/11 attacks.

451 With your help, we can finally give the heroes and
452 victims of 9/11 the peace of mind they deserve by providing
453 for their health needs and other losses. I urge you to
454 please join us in supporting the 9/11 Health and Compensation
455 Act and helping us to move this important legislation forward
456 so that it can finally be brought to the whole House for a
457 vote.

458 Thank you again, Mr. Chairman, and members of the
459 subcommittee for holding this hearing, and I look forward to
460 the testimony of my colleagues and other witnesses today. I
461 yield back the balance of my time.

462 [The prepared statement of Mr. Nadler follows:]

463 ***** INSERT 6 *****

|
464 Mr. {Pallone.} Thank you, Congressman Nadler. And next
465 is Congressman Peter King, and again thank you for your major
466 efforts on this legislation. And of course you also make it
467 bipartisan, which is very important. Thanks.

|
468 ^STATEMENT OF PETER KING

469 } Mr. {King.} Thank you, Mr. Chairman. I will thank you
470 and the ranking member for holding this hearing today.

471 Obviously I see Congressman Weiner is here, Congressman
472 Engel, who know firsthand just how devastating this attack
473 has been on New York and New Jersey, but as Congressman
474 Nadler said, on the entire Nation.

475 Also let me commend Jerry Nadler and Carolyn Maloney
476 because they really have been there from the start. If I
477 could just add one humorous note in a very serious issue,
478 passage of this bill protects so many members in the House
479 floor from being accosted by Jerry Nadler. After seven and a
480 half years, if he spots anyone standing still, he comes up to
481 them and urges the adoption of this bill. So there is a very
482 selfish interest in passing this legislation.

483 But seriously Congressman Nadler and others have worked
484 so hard on this because it is such a vital issue. And it is
485 really an issue whose time has come. It actually came many
486 years ago, and there really is no excuse at all for going
487 further with this. And on a bipartisan note, I am a
488 Republican on this bill, but also Dr. Burgess on your
489 committee has been very helpful. And I know he strongly

490 supports this bill. I saw him this morning, and he asked me
491 to point that out.

492 What Congressman Nadler said about the thousands and
493 thousands--also Congressman Engel--of first responders who
494 went to the scene that day and stayed there for the next
495 eight, nine, ten months, I mean day in and day out working in
496 some cases almost around the clock at the time without real
497 concern for their safety. They just wanted to get the job
498 done, and when the time limit for the Victims' Compensation
499 Fund expired, most of these people had no idea of the
500 underlying illnesses that they had.

501 But we have seen thousands coming forward. I mean so
502 many firefighters know of serious pulmonary illnesses, men
503 who were really in the prime of life, absolutely perfect
504 physical condition. Now some of them can barely breathe, and
505 you just see the impact it has had. And it has all come in
506 the last two, three, four years.

507 Just the other night--this is anecdotal, but I happened
508 to be at an event. There were two police officers there, and
509 they did not even work around the clock at the World Trade
510 Center. They were there the day of the attack, and they were
511 in charge of bringing dignitaries and government officials to
512 the site over the next six or seven months. They both came
513 down with the same type of serious sinus disorder, and, you

514 know, the odds are--of that happening, of two people being
515 struck with that type of--and it is a rare type of sinus
516 disorder. So I just said anecdotally. And there are so many
517 other stories like that we hear, and there is really no
518 reason to delay this any further.

519 We have an obligation to the country. We have an
520 obligation to those who came forward. We have an obligation
521 to the contractors who also put a lot on the line when they
522 came down there. And, you know, it happened in New York now.
523 It could happen in any other state in the country at any
524 time. And I believe when a situation like this happens, it
525 is imperative and it is incumbent upon the country to come
526 together.

527 And as Jerry said, 431 congressional districts in this
528 country have been affected by this, and I would just hope
529 that people not see this as a New York issue or a New Jersey
530 or a Northeast issue. It really is an American issue. And
531 also as Congressman Nadler said, this bill has been refined.
532 It has been, I think, finely tuned. But if there is any
533 specific objection that anyone has or question, I would just
534 we resolve that and not put this on the back burner again and
535 not come back to it next year or the year after.

536 We are so close to the finish line right now, so close
537 to getting this done, and we really--I think it would be

538 outrageous and disgraceful not to complete the job and not to
539 get it done. We owe it to those who were there that day.
540 Jerry, of course, knows firsthand the people in his district
541 who suffered. But as I said, in the entire region, in the
542 entire country, so many others put their lives on the line
543 and did it unquestioningly. They deserve this type of
544 response.

545 And we owe it also to future generations if, God forbid,
546 something like this should ever happen again. So let people
547 know that America does stand by those who respond to the call
548 of duty.

549 So with that, I thank you for holding this hearing today
550 and really also thank, you know, the men and women who are
551 here to testify, the men and women who have done so much, and
552 the men and women who have really never stopped sacrificing
553 for their country and unfortunately are still suffering
554 because of that sacrifice. And with that, I yield back.
555 Thank you, Mr. Chairman.

556 [The prepared statement of Mr. King follows:]

557 ***** COMMITTEE INSERT *****

|
558 Mr. {Pallone.} Thank you, Congressman King. Thank you
559 both. We normally don't ask questions of our colleagues, so
560 unless someone objects, I am going to move on. But thank you
561 so much really. And you know we do intend to move the bill.
562 I mean we are not just having a hearing as you know.

563 Mr. {Nadler.} Thank you, Mr. Chairman.

564 Mr. {King.} Thank you, Mr. Chairman.

565 Mr. {Pallone.} Could the next panel come forward? We
566 will get the nametags so you know where to sit, but I guess
567 it doesn't matter. You can sit wherever you like. We are
568 missing a chair? You have to come up. We will get you a
569 chair. Yeah, Mr. Torres, sorry. I don't know what happened
570 to the nametags, but hopefully we will have some. There is a
571 problem with the printer, so I think we are going to start
572 without the nametags. Can we just--can we remove the ones
573 that are there? He is going to do it, Charlie? Thank you.
574 Thanks, Charlie. Thank you. All right, they may not be--
575 here we go, okay.

576 Now we will warn you that you are not sitting in the
577 order that I have, so I am going to follow the order that I
578 have in terms of your testimony. So let me introduce each of
579 you, and the way I introduce you is the order that you are
580 going to speak. Okay, first is Mr. Edwardo Torres from

581 Jersey City, who is over on my right. And then there is Dr.
582 Jacqueline Moline, who is vice chair, Community and
583 Preventative Medicine Director of the WTC Medical Monitoring
584 and Treatment Program Clinical Center at Mt. Sinai and also
585 director of the New York/New Jersey Education and Research
586 Center at Mt. Sinai School of Medicine in the School of New
587 York.

588 Then we have Dr. Joan Reibman, who is associate
589 professor of medicine and environmental medicine, director of
590 the NYU Bellevue Asthma Center and director of Health and
591 Hospitals Corporation for the World Trade Center
592 Environmental Health Center at Bellevue Hospital in New York
593 City. And then we have Dr. Jim Melius who is administrator
594 for the New York State Laborers' Tri-Funds in Albany, New
595 York. And finally is Caswell Holloway, who is special
596 advisor to New York City Mayor Michael Bloomberg and chief of
597 staff to New York City Deputy Mayor for Operations Edward
598 Skyler. A long resume here for many of you.

599 So I think you know it is five minutes opening
600 statements. We are going to try to keep to that if possible.
601 And if you want to submit, you know, testimony for the
602 record, you know, we will do that as well. And then we will
603 have questions after by members of the panel. And we will
604 start with Mr. Torres. Thanks for being here. You need a

605 mike. Just turn that that way and then just press the button
606 until the light comes on there. That should do it. Maybe
607 move it a little closer to him. It might be a little--yeah.

608 Mr. {Torres.} How is that? Can you hear me?

609 Mr. {Pallone.} Yeah, even a little closer.

610 Mr. {Torres.} Okay, how is that?

611 Mr. {Pallone.} That is good.

|

612 ^STATEMENTS OF EDUARDO TORRES, RESIDENT OF JERSEY CITY, NEW
613 JERSEY; JACQUELINE MOLINE, M.D., MSC, VICE CHAIR, COMMUNITY
614 AND PREVENTIVE MEDICINE, DIRECTOR, WTC MEDICAL MONITORING AND
615 TREATMENT PROGRAM, CLINICAL CENTER AT MOUNT SINAI, DIRECTOR,
616 NY/NJ EDUCATION AND RESEARCH CENTER, MOUNT SINAI SCHOOL OF
617 MEDICINE, NEW YORK; JOAN REIBMAN, M.D., ASSOCIATE PROFESSOR
618 OF MEDICINE AND ENVIRONMENTAL MEDICINE, DIRECTOR,
619 NYU/BELLEVUE ASTHMA CENTER, DIRECTOR OF HEALTH AND HOSPITALS
620 CORPORATION, WTC ENVIRONMENTAL HEALTH CENTER, BELLEVUE
621 HOSPITAL, NEW YORK; JIM MELIUS, ADMINISTRATOR, NEW YORK STATE
622 LABORERS' TRI-FUNDS, ALBANY, NEW YORK; AND CASWELL F.
623 HOLLOWAY, SPECIAL ADVISOR TO NEW YORK CITY MAYOR MICHAEL R.
624 BLOOMBERG, CHIEF OF STAFF TO NEW YORK CITY DEPUTY MAYOR FOR
625 OPERATIONS EDWARD SKYLER.

|

626 ^STATEMENT OF EDUARDO TORRES

627 } Mr. {Torres.} Thank you, Mr. Chairman Pallone, members
628 of the committee. Good morning and thank you for the
629 opportunity to testify before you today. My name is Edwardo
630 Torres. I am 47 years old, and I am a resident of Jersey
631 City. I am a construction worker and a trade member of the
632 Plumbers Local Union 14 AFL/CIO based in Lodine, New Jersey.

633 I am testifying before you today in support of the James
634 Zadroga 9/11 Health Commission Compensation Act of 2009.

635 I come before you this morning as a citizen wanting to
636 do my part to assist the victims of 9/11 terrorist attack of
637 the World Trade Center and assist their responders. But now
638 I am suffering from serious health effects due to the
639 exposure of Ground Zero toxins and the breathing of the
640 toxins and the pulverized building materials.

641 My story begins in September 2001. I arrived at Ground
642 Zero from New Jersey at 11:00 a.m. Workers were being
643 recruited from my job site and my local union to assist the
644 rescue efforts. Upon the arriving to Manhattan from New
645 Jersey, I immediately began to assist the police, firemen,
646 and rescue attempts of possible survivors trapped in the
647 rubble of the World Trade Center and to move debris from the
648 pile.

649 I was assigned to the bucket brigade, which slowly and
650 painstakingly removed debris from certain areas via a long
651 line of people passing one bucket after another. And I
652 performed this task up to 8:00 p.m. that evening. I returned
653 to the pile on September 13, 14, and 15, and over the course
654 of those four days, I performed the same exact task for
655 approximately 60 hours.

656 The first day on the pile, I wore a simple dust mask and

657 a hard hat. The three following days, I wore a two-canister
658 filter respirator and a hard hat. Through this time, we dug
659 through the pile by hand because shovels simply didn't work
660 well. The entire time I was filling up buckets and we were
661 instructed to carefully sift through and review the material
662 and attempt to identify remains.

663 Although the environment I was working in was surreal,
664 the weather was actually--couldn't have been nicer out. It
665 was clear, sunny, and shiny. The first day, the level of
666 dust that appeared to the naked eye had been reduced,
667 although the smoke and the smell of the fumes were intense at
668 times. There was a false sense of security and the frenzied
669 dedication of the workers sometimes forced us to remove our
670 respirators. We also removed them when we ate or drank
671 water, both of which occurred right on the pile.

672 I was completely unaware of the health hazards presented
673 in the air, and although the dust appeared to be minimal, I
674 would be reminded of the massive amount of dust in the air
675 when I washed my face on an hourly basis. And when I would
676 dry with a paper towel I would see heavy grey cover on it. I
677 wiped massive amounts of soot from my face on a regular
678 basis.

679 When I went to Ground Zero on September 15, I was proud
680 to volunteer every ounce of my energy over the last four days

681 helping victims of the attacks. That day was the last day
682 that I went to volunteer at Ground Zero.

683 I returned to my home that Saturday, and I attempted to
684 go back to the pile on September 16, but there was no longer
685 running ferries from New Jersey and much of the workers and
686 so less volunteers were being recruited. I returned to work
687 on Monday, September 17.

688 It is important to note I never had any health problems
689 prior to 9/11. In fact, I considered myself to be in great
690 shape. I jogged approximately three times a week, and I
691 never had any problems breathing. For the first four months
692 after 9/11, I had no symptoms or health problems of any kind.

693 That changed with what I would describe as an on-again-
694 off-again sore throat starting from February of 2002 in which
695 I would lose my voice on occasion. 2002, I started having
696 stomach pains, not comfortable but pains similar to a worse
697 type of acid reflux or heartburn. And I had no stomach
698 problems at all prior to 9/11.

699 This persisted and got consistently worse in the course
700 of the next three years. 2005, my throat, my stomach
701 problems were consistently more problematic at the time of
702 receiving a physical at March of 2005.

703 The worst came in November of 2005, a period of time, I
704 could no longer walk up more than one flight of stairs. Work

705 was becoming much more difficult. The winter, I lost about
706 six or seven days of work because it was too cold in the
707 weather that simply I couldn't breathe. In fact, at one
708 point during the dance performance, my chest pains and
709 ability to breathe forced me to stop performing.

710 There are days that I couldn't even run with my kids,
711 participate in sports, and sleep cycles have been disturbed
712 due to my respiratory problems. The only medicine I had at
713 this time was acid reflux, but symptoms got worse. And at
714 the time, I visited a lung specialist who performed a PET
715 scan. On March 2006 and October of 2006, I was diagnosed
716 with having nodules in my lungs resulting in lung opacity and
717 lung scarring. The doctors however did not say it was a
718 result of my exposure.

719 After finding this problem and recognizing in my opinion
720 that they were a result of my working at Ground Zero, I
721 decided to attend Mt. Sinai Medical Monitoring Program for
722 examination and was accepted into the program in May of 2006.

723 At this time, I was diagnosed with two World Trade
724 Center-related conditions--gastro-esophageal reflux disorder
725 (GERD) and chronic respiratory restriction. My treatment
726 began at this time, and I was taking prescription medicine to
727 treat the constant throat pain that I was suffering.
728 Eventually I had surgery which was paid for by the Medical

729 Monitoring Fund in October of 2006. And the surgery removed
730 a mass or polyp on my throat. It was not cancerous. After
731 the surgery, I was out for six weeks of work.

732 I found the caregivers of the World Trade Center
733 Monitoring Program very compassionate. Also, unlike my first
734 doctor, they had a thorough understanding of the context in
735 which the medical examinations and treatments were required.
736 These caregivers understood the 9/11 association and how to
737 treat these problems specifically.

738 The program also performed an extensive breathing
739 analysis, or a PFT test, pulmonary function test. Every
740 three months I received a checkup and a CAT scan, and I met
741 with doctors. Since May of 2006, I have been to the program
742 24 times. The program pays for the treatment and the
743 monitoring. My insurance through my union pays for the CAT
744 scans. I have never paid anything out of pocket with the
745 exception of prescription drug co-payments. And they have a
746 program in Piscataway, but prefer the one in New York City
747 because it is a shorter drive for me.

748 Under the James Zadroga 9/11 Health and Compensation Act
749 of 2009 legislation, I will continue to receive medical
750 monitoring since both of my diagnosed conditions are on the
751 list of identified World Trade Center conditions specifically
752 in this bill.

753 This would allow me to continue the course of the
754 medical treatment paid for but would also assist other
755 affected workers who are currently struggling. For workers
756 like me and others participating in this program, the
757 monitoring of treatment is essential. Furthermore, under
758 this bill, we would be allowed to receive non-treatment core
759 services such as education on my condition, counseling and
760 advice on how to identify and obtain benefits if needed from
761 workers' compensation, health insurance, disability insurance
762 and public, private and social service agencies.

763 In closing, I would like to repeat a question a nurse
764 gathering research from me had asked at Mt. Sinai Hospital
765 and ask you to put this in context as you deliberate this
766 legislation. I was asked on August 2008 during a checkup at
767 the monitoring program if I understood the health effects
768 resulted from your Ground Zero volunteering, would you still
769 have gone? And I responded yes before she could even have a
770 chance of finishing the question. Despite all the pain that
771 it has caused me, I would not have changed a day. Those
772 people needed me. My country needed me. I had to do the
773 right thing. And now respectfully I ask you to respond to
774 the health needs by also saying yes when this bill comes up
775 to vote. Thank you.

776 [The prepared statement of Mr. Torres follows:]

777 ***** INSERT 2 *****

|
778 Mr. {Pallone.} Thank you, Mr. Torres. Thank you for
779 relating your story, which I am sure is very much like what a
780 lot of other responders have been going through. Thank you.
781 Dr. Moline?

|
782 ^STATEMENT OF JACQUELINE MOLINE

783 } Dr. {Moline.} Chairman Pallone and Ranking Member Deal
784 and members of the committee, I would like to thank you for
785 inviting me to present testimony today. My name is Dr.
786 Jacqueline Moline. I am an occupational medicine specialist
787 at Mt. Sinai School of Medicine in New York City, and I
788 direct Mt. Sinai's Clinical Center of the World Trade Center
789 Medical Monitoring and Treatment Program.

790 We are the flagship of a regional and national
791 consortium that is supported by NIOSH, the National Institute
792 for Occupational Safety and Health through February 28, 2009
793 has diagnosed and treated nearly 27,000 World Trade Center
794 responders throughout this country. I am here today to
795 testify in support of H.R. 847, which in my view is the best
796 vehicle to meet the need for continued medical care of the
797 responders and ensure that the 9/11 responders receive the
798 high quality medical care they rightfully deserve.

799 On or after September 11, 2001, an estimated 60,000 to
800 70,000 traditional first responders and not-so-traditional
801 responders came from every state in the Nation, including
802 tens of thousands from the New York metropolitan area,
803 working for days, weeks, and months in and around Ground

804 Zero. Their hard work and bravery got New York and our
805 Nation back on its feet, and we owe them tremendous
806 gratitude.

807 They were exposed to a complex and unprecedented mixture
808 of toxic chemicals including dust, glass shards, and
809 carcinogens like benzene, asbestos, and dioxin. The collapse
810 of the towers in the morning and then a third building in the
811 afternoon created a dust cloud turning a bright sunny day
812 into night. The pulverized cement had a pH equivalent to
813 lye. Fires burned for three months. Rubble operations,
814 removal operations lasted through May 2002, repeatedly
815 exposing these workers to dust.

816 In addition to the physical exposures, they had extreme
817 psychological stress. They came upon human remains. Their
818 stress was compounded by fatigue as they worked hour after
819 hour, day after day. Among those most affected have been the
820 non-traditional responders, those not trained for any
821 emergency, let alone a disaster the scale posed by 9/11. Mt.
822 Sinai, through its Center for Occupational and Environmental
823 Medicine designed and developed what stands today as the
824 federal government's health response to 9/11, a model based
825 on experience and expertise of academic physicians with
826 specialty training in occupational medicine, surrounded by
827 specialists in various disciplines.

828 Our regional consortium of clinical Centers of
829 Excellence in New York and New Jersey, together with the
830 national program that initially was coordinated by Mt. Sinai
831 and is now coordinated by LHI has provided 46,858 monitoring
832 exams to 26,651 responders in all 50 states. Mt. Sinai alone
833 has provided over 30,000 of these exams to over 17,350
834 responders.

835 Since the New York and New Jersey Metropolitan Area
836 Consortium treatment programs began, we have provided nearly
837 90,000 physical, mental and social work services in our
838 consortium. Even now, approximately 150 new eligible
839 responders join our program every month. Many of these
840 responders continue to suffer health effects with attendant
841 social and financial effects. We have seen asthma, sinus
842 problems, GERD. Breathing tests still are abnormal in 25
843 percent of our patients. Mental health consequences are at
844 rates seen in our returning veterans from Afghanistan.

845 If we look at six months of conditions in approximately
846 4,400 patients undergoing treatment in our programs, we see
847 GERD or reflux in 53 percent. 35 percent have mental health
848 problems. Lower respiratory conditions in 46 percent, upper
849 respiratory conditions in 69 percent, social disability, no
850 health insurance in 22 percent, and 64 percent have multiple
851 medical conditions. Some have responded, but thousands have

852 received treatment and still require care.

853 One of my patients, Mr. S, is a carpenter. He worked
854 for a New York City agency and was in great health. Never
855 had a health problem. Never had shortness of breath. He
856 developed GERD, reactive airways, sinus problems, anxiety,
857 couldn't work in a dusty environment and thus could no longer
858 be a carpenter. He lost his health insurance, fell behind on
859 his bills, couldn't obtain worker's compensation because it
860 controverted his case. He couldn't afford medication, his
861 necessary tests.

862 Through this program, he is receiving the care he needs,
863 and his health is stable. He is not back to normal. He
864 can't work anymore, but at least he is able to care for
865 himself and his family.

866 We know that new conditions, things marked by longer
867 latency, will emerge among 9/11 responders since they were
868 exposed to carcinogens, neurotoxins, and other chemicals
869 toxic to the respiratory track in concentrations and
870 combinations never before encountered. The future health
871 outlook for responders remains uncertain, and the long-term
872 consequences of an unprecedented mixture of toxicants is not
873 known. All of us must remain vigilant for these problems.

874 Through the medical findings I have summarized this
875 morning and the persistence of illness that we are seeing in

876 a substantial number of responders, we must have stable,
877 predictable federal funding for a medical program for the
878 responders. We establish these programs. We have
879 established ties with our patients, gained their trust in our
880 care for them, and we hope to continue doing this without
881 interruption of care.

882 We are also coordinating data. This is the only way we
883 are going to know what has happened to the 9/11 responders.
884 We, in real time, collect data on the outcomes, looking for
885 medical trends, patterns of disease. We can assess the
886 efficacy of treatments. We can inform the medical community,
887 the scientific community, and the legislative community of
888 these findings. We disseminate these regularly in medical
889 journals, and this will provide essential guidance in helping
890 us in any future disasters.

891 All of the good work is impossible without the Centers
892 of Excellence. We are providing state-of-the-art medical
893 care to men and women who risk everything for us in a time
894 tantamount to war. Our goal in these programs is simple: we
895 want to provide the best care possible to these men and women
896 and not worry we won't be there if they need care for World
897 Trade Center related diseases. Passage of H.R. 847 will
898 ensure that the heroes of 9/11 are never forgotten. Thank
899 you.

900 [The prepared statement of Dr. Moline follows:]

901 ***** INSERT 8 *****

|
902 Mr. {Pallone.} Thank you, Dr. Moline. Dr. Reibman is
903 next.

|
904 ^STATEMENT OF JOAN REIBMAN

905 } Dr. {Reibman.} Good morning, Chairman Pallone, Ranking
906 Member Deal, members of the committee. My name is Joan
907 Reibman, and I am an associate professor of medicine and
908 environmental medicine at New York University. And I am an
909 attending physician at Bellevue Hospital, a public hospital
910 on 27th Street in New York City.

911 I am a specialist in pulmonary medicine, and for the
912 past 17, almost 18 years now, I have directed the
913 NYU/Bellevue Asthma Center and am pleased to be able to
914 testify on behalf of the local workers, the residents, and
915 the students of downtown New York who are exposed to World
916 Trade Center dust and fumes.

917 I am very pleased to be here today to support H.R. 847,
918 The James Zadroga 9/11 Health and Compensation Act which
919 would provided needed long-term funding for the monitoring
920 and treatment of those members of the community exposed to
921 toxic substances as a result of 9/11. Many of these
922 individuals unfortunately have become patients with long-term
923 health needed related to respiratory as well as other
924 physical and mental health illness.

925 Let me talk a little bit about populations at risk. You

926 have heard a lot about the heroes who helped in the recovery
927 of our city and our country. I would like to tell you a
928 little bit about the people that we serve, the local workers,
929 residents, and the students exposed to the World Trade Center
930 dust and fumes. On the morning of 9/11, about 300,000
931 individuals were at work in the area or in transit to their
932 offices. Many were caught in the initial massive dust cloud
933 as the buildings collapsed. We now call these people the
934 dust cloud people. These are the thousands whom you saw in
935 the videos and the still photographs coated in white running
936 for their lives.

937 In the great outpouring of pride and patriotism after
938 9/11, many local workers returned to work one week later.
939 The massive World Trade Center cleanup and rescue operation
940 still in full force and not all the buildings completely
941 cleaned or decontaminated.

942 As you also know, lower Manhattan is a dense residential
943 community. Almost 60,000 people of diverse race and ethnic
944 backgrounds live south of Canal Street. They are
945 economically diverse, some living in large public housing
946 complexes, others in new co-ops. Lower Manhattan is also an
947 educational hub.

948 There are almost 15,000 or more school children, large
949 numbers of university and college students. Many of these

950 students were locked in their building. Others were told to
951 run for their lives. The dust of the towers settled on
952 streets, playgrounds, cars, and buildings, entered
953 apartments, schools, and office buildings through windows,
954 building cracks and ventilation systems. The World Trade
955 Center buildings burned through December. Each of these
956 groups have potential for exposure to the dust, both indoors
957 and outdoors, and to fumes from the fires that continued to
958 burn.

959 So what were the initial health effects in these
960 populations? As pulmonologists in a public hospital, we
961 sought to determine whether the collapse of the buildings
962 posed a health hazard, and we worked to monitor the effect on
963 the local residents in collaboration with the New York State
964 Department of Health and with funds from the Centers for
965 Disease Control and looked at the rate of new respiratory
966 symptoms in the local residents after 9/11.

967 This first study was completed just over a year after
968 9/11 and has also been reported in three peer-reviewed
969 publications. We were able to document that individuals who
970 lived near the area compared to those who lived away from the
971 area had a more than three times the number of reported
972 incidents of eye irritation, nasal irritation, sinus
973 congestion, nosebleeds, headaches, a threefold increase in

974 lower respiratory symptoms including cough, shortness of
975 breath, a six and a half fold increase in wheezing. These
976 are people who were previously healthy, and this was also
977 associated with an almost twofold increase in unplanned
978 medical visits and use of medications prescribed for asthma.

979 Residents reporting a longer duration of dust or odors
980 or multiple sources of exposure had greater risk for symptoms
981 compared to those reporting a shorter duration. Data from a
982 New York City Department of Health and Mental Hygiene World
983 Trade Center registry further documented adverse health
984 effects in building evacuees, school children, and support
985 our original findings.

986 What do we now know about these populations and their
987 illness? After 9/11, we began to treat residents who felt
988 they had World Trade Center related illness in our Bellevue
989 Hospital asthma clinic. We then developed a community
990 collaboration and together began an unfounded program. We
991 were subsequently awarded American Red Cross liberties
992 disaster relief grant in 2005 to set up a medical treatment
993 program. And a year later, we received major funding from
994 the city of New York.

995 In the last year, we have just received our first
996 federal funding support for five years for a treatment
997 program from the National Institute for Occupational Safety

998 and Health. I am sorry, providing three years of support.
999 We know have an interdisciplinary medical and mental health
1000 program that has evaluated and is treating approximately
1001 3,500 patients. We continue to receive inquiries each week.
1002 Most come from local people; however, we have received calls
1003 from individuals living in about 20 other states.

1004 To enter our program, one has to have a medical or now
1005 mental health complaint. We are not a screening program for
1006 asymptomatic individuals. To date, our patients are almost
1007 equally men and women of diverse race, ethnicity, and many,
1008 although not all, are uninsured. Some have never sought
1009 medical care. Some have been unable to seek care for lack of
1010 insurance. Others have been seeing doctors for years since
1011 9/11 with recurrent bronchitis, pneumonia, sinusitis, or
1012 unexplained shortness of breath.

1013 As described in an article that we have just published,
1014 these individuals, residents, local workers, as well as
1015 cleanup workers and a few responders in our program have
1016 symptoms that include persistent rhino-sinusitis, asthma-like
1017 symptoms of cough, shortness of breath or wheeze, for which
1018 they continue to need care more than seven, almost eight
1019 years after 9/11.

1020 Thirty percent have shortness of breath that is at a
1021 level consistent with significant activity limitation. Ten

1022 percent have the highest score on a standardized scale of
1023 breathlessness used for disability assessment. These are
1024 people who report that they were previously working and
1025 functional. Many report that they had been highly physically
1026 active, some training even for marathons. Over 50 percent of
1027 our population continues to have persistent post-traumatic
1028 stress disorder.

1029 There are a lot of questions about this population.
1030 What respiratory disease are we treating? We now believe
1031 that the exposure resulted in several respiratory illnesses
1032 with varied patterns. Many of our patients have irritant-
1033 induced asthma. Although we can treat this, these
1034 individuals require prolonged courses of inhaled
1035 corticosteroids and bronchodilators, sometimes even oral
1036 steroids. Many will require these medications for years, if
1037 not for life.

1038 Others show a process in the lungs that may consist of a
1039 type of inflammation, a granulomatous process that is like an
1040 illness that is called sarcoid. Others have lung diseases
1041 that affect not only their airways or breathing tubes, but
1042 also the air sacs that allow for the exchange of oxygen and
1043 carbon dioxide. Some have pulmonary fibrosis, characterized
1044 as scarring or permanent damage in the lungs and are awaiting
1045 lung transplants.

1046 How do we know whether an illness is World Trade Center
1047 induced? We often hear that these diseases are common in the
1048 population anyway. How do we know that these people are sick
1049 from World Trade Center exposure?

1050 Mr. {Pallone.} Dr. Reibman, I hate to interrupt you,
1051 but you have basically used about as much as the others. But
1052 looking at your written statement, you are not even halfway
1053 through. So I don't know if you could summarize from now on.

1054 Dr. {Reibman.} I would be pleased to summarize.

1055 Mr. {Pallone.} Thank you.

1056 Dr. {Reibman.} I would just like to say that without
1057 these centers, we will not understand what we are treating,
1058 who we are treating, and how to treat. We would not
1059 understand why some people are sick and others aren't. We
1060 would not understand if there are going to be late emergent
1061 diseases not only in the responder population but also in the
1062 community population. And therefore we think it is very
1063 important, and we very strongly support this bill that
1064 provides support not only for the responders but also for the
1065 community. And I would like to thank you very much.

1066 [The prepared statement of Dr. Reibman follows:]

1067 ***** INSERT 5 *****

|

1068 Mr. {Pallone.} Thank you, and I apologize. Your whole
1069 written testimony becomes part of the record in any case, but
1070 I am just trying to keep the time to a minimum if we can.
1071 Next is Dr. Melius.

|
1072 ^STATEMENT OF JIM MELIUS

1073 } Dr. {Melius.} Thank you, Chairman Pallone and
1074 Representative Weiner. I greatly appreciate the opportunity
1075 to appear before you at this hearing this morning. I am an
1076 occupational physician epidemiologist, currently work for the
1077 New York State Labor of Health and Safety Trust Fund in New
1078 York. And I also served the last several years as chair of
1079 the steering community for the medical monitoring and
1080 treatment program.

1081 I believe that Drs. Moline and Reibman have already
1082 presented a good description of some of the illnesses that
1083 people are suffering that were exposed to the World Trade
1084 Center. I don't want to repeat that information. Only
1085 indicate it is certainly remarkable how many of the people
1086 are. The numbers sometimes get lost when one thinks what a
1087 high percentage is, as both of them have presented here
1088 today.

1089 We have a lot of sick people, and there are many that
1090 are disabled and many that are continuing to need intensive
1091 medical care.

1092 I would like to focus briefly on why do we need the
1093 federal program and what are some of the features of this

1094 legislation that I think deserve support here in Congress.
1095 We need the federal funding for this program because other
1096 funding just is not available. Health insurance does not
1097 cover work-related health problems. So they automatically
1098 get turned down. That includes Medicare.

1099 Many of the people in the community don't lack health
1100 insurance. All the problems that, I think, actually this
1101 subcommittee may be dealing with in terms of health care
1102 reform. We have major problems there. So those two
1103 together, I think, make health insurance a very--you know,
1104 provides very limited help for these people.

1105 One would think that worker's compensation would be a
1106 logical place that would support these kinds of illnesses.
1107 To the extent that they are work-related, it certainly could
1108 be. The problem is that worker's compensation is not very
1109 good at handling new kinds of illnesses, new kinds of
1110 findings, and takes a long time. The average claim takes
1111 over three years to make it through the system. And then
1112 even then it can be contested for many more years. If there
1113 are changes in treatment, regimen, something, the insurer can
1114 also contest that. So it is not a system that provides for
1115 good medical care for the kind of intensive medical care that
1116 these people require, and one that is complicated, one that
1117 is constantly changing as the Centers of Excellence learn

1118 more about that.

1119 So I think, just to be clear, the legislation provide
1120 for some recovery of whatever funding might be available for
1121 health insurance or worker's compensation, but that will
1122 never be able to provide the kind of comprehensive funding
1123 that is needed for these medical programs.

1124 So what has been devised in H.R. 847, which I strongly
1125 support, is a mechanism that provides where the federal
1126 government would provide funding set up so it goes to Centers
1127 of Excellence. Well, why Centers of Excellence? Because we
1128 need centers such as the ones that Dr. Reibman and Dr. Moline
1129 run that have significant core of expertise and experience in
1130 dealing with World Trade Center medical problems.

1131 As we have heard Mr. Torres say, when he first went to
1132 Mt. Sinai, he finally found a medical care provider that
1133 understood his problems and was able and ready to provide the
1134 kind of care that he needed. And the Centers of Excellence
1135 can do that, that by seeing large numbers of people with
1136 these conditions, they can understand the problems, develop
1137 the appropriate treatment, appropriate ways of diagnosing
1138 these problems. And they can standardize the diagnosis and
1139 care of that.

1140 They can also collect the data that is needed to learn
1141 not only what is happening to these people and what the

1142 findings are, but also are new diseases going to emerge. The
1143 list of covered conditions currently in the bill cover those
1144 that we know about now, that have a sound scientific basis in
1145 the medical literature, the asthma, post-traumatic stress,
1146 and other diseases that have been mentioned here. But we may
1147 very well see other kinds of illnesses, cancer. We just
1148 don't know going forward.

1149 By having the data collection place, we will be able to
1150 recognize those as they appear. There are already studies
1151 underway looking at this, and there are mechanisms in the
1152 bill both on an individual basis and on a collective basis to
1153 be able to take care of people with health conditions that
1154 aren't yet recognized but may be. But those would only be
1155 triggered if there is significant scientific and medical
1156 evidence saying that those conditions should be covered.

1157 There are also provisions in the bill that provide for
1158 significant oversight by the federal government in all
1159 aspects of this program. Certification that people are
1160 eligible for program, certification that they are eligible
1161 for treatment, that they have a World Trade Center condition
1162 that should be treated.

1163 Oversight over the quality of the medical care,
1164 oversight over the reimbursement for that medical care and I
1165 think the mechanism that parallels other federal programs in

1166 terms of providing a good oversight of this program. So it
1167 is not something that, you know, where the money will be
1168 carelessly spent. It will be very carefully spent and very
1169 carefully monitored by the federal government.

1170 And finally it also sets up a mechanism for recovery
1171 from health insurance and from worker's compensation insurers
1172 where that is appropriate for medical care treatment costs.
1173 So if, for example, in worker's compensation. If there is a
1174 claim that has been recognized or if a claim that is in
1175 process eventually gets recognized in the system, there will
1176 be a program in place for the federal government to recover
1177 the reimbursement that was already spent, the medical care
1178 costs that the federal government has already spent.

1179 And I think that will make a significant difference in
1180 terms of, you know, a fair share from those sources of
1181 funding the same time without impeding or unnecessarily
1182 delaying the medical care for the responders or for the
1183 community residents that are in this program.

1184 I think this bill as it is presently developed here, the
1185 medical program is--it has the right safeguards. I think it
1186 will provide excellent medical care, a way for us to provide
1187 what these people deserve for the sacrifices they made to our
1188 country and one that without the federal assistance just
1189 would not be provided for them.

1190 It has already been going on eight years, and I think it
1191 is, you know, time we try to get this program in place on a
1192 more permanent basis and provide a good sound and excellent
1193 medical program for these people. Thank you, and I would be
1194 glad to answer any questions.

1195 [The prepared statement of Dr. Melius follows:]

1196 ***** INSERT 3 *****

1197 | Mr. {Pallone.} Thank you, Dr. Melius. Mr. Holloway.

|
1198 ^STATEMENT OF CASWELL F. HOLLOWAY

1199 } Mr. {Holloway.} Thank you. Thank you, Chairman
1200 Pallone, Ranking Member Deal, Representative Weiner, for
1201 convening this hearing on this important bill, the H.R. 847,
1202 the 9/11 Health and Compensation Act. I also want to thank
1203 Speaker Nancy Pelosi and the New York delegation for making
1204 it a priority to enact legislation to establish a sustained,
1205 long-term 9/11 health program.

1206 My name is Cas Holloway, and I am chief of staff to New
1207 York City's Deputy Mayor for Operations, Edward Skyler, and a
1208 special advisor to Mayor Bloomberg. I was also an executive
1209 director of a panel convened by Mayor Bloomberg at the fifth
1210 anniversary of the attacks to assess the health impacts of
1211 9/11.

1212 That report called for sustained, long-term program to
1213 provide monitoring and treatment to address the health
1214 impacts of 9/11 and for the reopening of the Victims'
1215 Compensation Fund. Since that time, Mayor Bloomberg, myself,
1216 and many others of the members of the mayor's administration
1217 have traveled here to Washington to make the case for
1218 sustained federal funding. In fact, as you may recall, last
1219 July, I testified before this subcommittee. And it is a

1220 privilege to appear before you again. It is also a privilege
1221 to appear here with Mr. Torres and these distinguished
1222 doctors who are involved in the treatment of these
1223 conditions.

1224 As members of this committee know, a tremendous amount
1225 has happened since I last appeared before you. In terms of
1226 this bill, the city has engaged in extensive discussions with
1227 stakeholders, including people at this table, and some of the
1228 issues that existed in the prior version of the bill have
1229 been addressed. In terms of the city's economic outlook, we
1230 are still in the throes of an economic crisis that has
1231 resulted in the highest unemployment rate in New York City
1232 since October 2003 at a projected budget gap of \$3.2 billion
1233 in fiscal year 2011 that could grow to \$4 billion and more in
1234 future years.

1235 Mayor Bloomberg has moved aggressively since well before
1236 the scope of this current crisis became apparent to save for
1237 tough times and cut costs. But even with these measures, the
1238 city will have to make deep cuts.

1239 I mention these statistics not merely because they are
1240 timely, but because the city's finances are severely
1241 strained. We must concentrate resources on providing the
1242 essential services New Yorkers and visitors to the city need
1243 and on getting the economy running again. With respect to

1244 H.R. 847, the version of the bill currently before this
1245 committee is an important step forward, and in its broad
1246 strokes achieves what the city has long been seeking:
1247 sustained funding to treat those who are sick or who could
1248 become sick because of 9/11, and it reopens the Victim
1249 Compensation Fund so that those who were harmed can be fairly
1250 compensated quickly and efficiently without having to prove
1251 that the city, its contractors, or anyone but the terrorists
1252 were at fault.

1253 But there are two important issues that, in the city's
1254 view, must be addressed. First, the bill requires the city
1255 to pay 10 percent of the entire treatment and monitoring
1256 costs for anyone eligible under the bill. Based on the best
1257 information we have to date, which Chairman Pallone mentioned
1258 from CBO--I am sorry, Ranking Member Deal--this translates
1259 into approximately \$50 million per year and \$500 million over
1260 10 years.

1261 And it is unfair for New Yorkers to bear so much of what
1262 we believe is clearly a national obligation. Moreover,
1263 particularly at a time when the city is being forced to make
1264 deep cuts including to essential services, this cost share is
1265 simply too high.

1266 Second, regardless of what the city's cost share
1267 ultimately turns out to be, the bill does not give the city

1268 adequate oversight of the programs it is expected to fund.
1269 This issue can be easily addressed by the inclusion of a
1270 right-to-audit or similar mechanism in the bill, and it
1271 should be included to make sure that we can oversee the
1272 program appropriately. We are confident that these issues
1273 can be addressed before this committee and in this
1274 legislative process, and the members of the committee have
1275 heard a lot of the detail about the scope and impacts of
1276 9/11.

1277 So I won't repeat that except to say that what the
1278 mayor's report established when it came out in 2007, I think
1279 beyond question, was that this is a serious problem, that
1280 people are suffering serious mental and physical illnesses as
1281 a result of 9/11, and that additional people continue to get
1282 sick, that it is imperative that those people get treated,
1283 that there continues to be research to fully understand the
1284 impacts, and that the funding be sustained. That is why we
1285 are here, and that is what we are seeking. And the research
1286 that has come out since the mayor's report, which Dr.
1287 Reibman, Dr. Moline and others have continued to produce,
1288 continues to validate these facts.

1289 I just want to mention quickly a couple of programs that
1290 haven't been mentioned here today. Most importantly the
1291 FDNY's program, which is also a Center of Excellence and has

1292 involved 14,000 of the firefighters who are being monitored
1293 and several thousand who are being treated.

1294 In addition to that, with the federal government's
1295 assistance, we have also started back in 2003 the World Trade
1296 Center health registry which is without a doubt the best
1297 source of research that we are going to have in addition to
1298 the clinical research that we get out of the Centers of
1299 Excellence to ensure that we fully understand the impacts of
1300 9/11.

1301 Now, the city hasn't waited for federal funding in order
1302 to address the needs that we found in our report. And in
1303 fact, the city is the primary funder of the Health and
1304 Hospitals Corporation Center of Excellence that Dr. Reibman
1305 runs. However, this program and many other programs are in
1306 jeopardy because the city took up the funding obligation to
1307 run these programs based on a need and also on an assumption
1308 that the federal government would ultimately come to the
1309 table and help us to get fully engaged and cover these costs.
1310 That is why is it so important that this bill be passed.

1311 As Dr. Melius explained, this bill provides long-term
1312 funding and has controls in it that we think are appropriate
1313 and ensure that money will only go to those who have actually
1314 been affected and are ill because of 9/11. So I won't repeat
1315 that.

1316 And I think to sum up, the--pardon me for one second.
1317 To sum up, the bill has important controls. It establishes
1318 the long-term funding that the city is seeking and is
1319 required to ensure that this problem, which we know is long
1320 term and we know can't be properly sustained by year-to-year
1321 ad hoc appropriations, can continue so that those who are
1322 injured as a result of 9/11, which was an attack on the
1323 Nation and not merely on New York City, can get the treatment
1324 they need.

1325 And it is important to note when we talk about the
1326 registry and as Representative Nadler and King mentioned in
1327 their testimony, this is not just a New York City problem.
1328 The World Trade Center health registry contains
1329 representatives for nearly every congressional district in
1330 the country. Ranking Member Deal, there are several hundred
1331 from Georgia who participated and a few from your district.
1332 And I am sure, as you know, Chairman Pallone, many thousands
1333 from the state of New Jersey and your district.

1334 As I mentioned at the outset of my testimony, there are
1335 the two issues that the city believes needs to be addressed
1336 and can be addressed in this legislative process. That is
1337 the cost share issue, and the issue of oversight if the city
1338 is going to be expected to fund programs that it doesn't
1339 control.

1340 And I do want to say importantly the city is not opposed
1341 to a cost share at all. In fact, Mayor Bloomberg fully
1342 embraced an earlier version of this bill in which the city
1343 was going to be required to pay a 5 percent share of the
1344 Centers of Excellence that are run by the city, which is the
1345 Health and Hospitals Corporation and the one treating
1346 community members. We think this is important because it
1347 gives the city the incentive that is needed to ensure that
1348 funds are spent carefully and wisely.

1349 However, the share that is in the bill, which could cost
1350 New York City taxpayers alone up to half a billion dollars is
1351 simply too high. However, we are hopeful that these issues
1352 will be addressed, that we can fully support a bill and that
1353 it will be presented for the President's signature before
1354 another anniversary of the attacks passes. Thank you very
1355 much, and I will be happy to answer any questions.

1356 [The prepared statement of Mr. Holloway follows:]

1357 ***** INSERT 4 *****

|
1358 Mr. {Pallone.} Thank you, Mr. Holloway. Thank all of
1359 you. We now are going to have questions from the panel, and
1360 since there are only three of us, we may actually have two
1361 series of questions. We will see if anyone else joins us.
1362 You know I guess I am sort of following up on what Mr.
1363 Holloway said in the sense that, you know, if you wanted to
1364 be devil's advocate, and I guess I shouldn't be devil's
1365 advocate because I am from New Jersey and I would like, you
1366 know, this to be as robust as possible since so many of my
1367 New Jersey residents are impacted.

1368 But, you know, I guess one could argue, you know, the
1369 program exists. Obviously you have described how effective
1370 it is. To my knowledge, nobody is being turned away at this
1371 point. But we are really here with this legislation is
1372 making a permanent authorization for a program that basically
1373 does exist and has been funded for the last few years.

1374 And my questions are more along the lines of, you know,
1375 why do we need to make it permanent? And is this the time to
1376 do it? You know part of the problem that we have had with
1377 all of this is knowing how many people are going to be
1378 impacted, how many disorders are going to come forward. It
1379 does seem that as time goes on, there are more people that
1380 come forward and more people that are being seriously

1381 affected in terms of their health. And if that trend
1382 continues or accelerates, you know, we may have even more
1383 people that we anticipate because, you know, you have the
1384 caps right now in the program. I guess it is 15,000
1385 responders and 15,000 residents beyond those that are already
1386 in the program.

1387 So I guess I would start first with Dr. Melius or any of
1388 the doctors. You know you mentioned, I think, that there is
1389 a list of identified World Trade Center related health
1390 conditions in the bill. Do you expect that those additional
1391 diseases will emerge as the World Trade Center related, you
1392 know, conditions have more of an impact? And under the bill,
1393 how are additional conditions added to the list? Let us at
1394 least start with that.

1395 Dr. {Melius.} Okay, I think we all would expect that
1396 there will be additional conditions added.

1397 Mr. {Pallone.} Right.

1398 Dr. {Melius.} There are a number under investigation
1399 already, and we know that people were exposed to carcinogens
1400 and a lot of toxic materials. And so I think looking
1401 forward, we would expect some. In the bill, I think, it was
1402 structured in a way that puts the caps in place so that that
1403 wouldn't get out of hand. And in terms of the list of
1404 covered conditions, we have to handle it without having to

1405 come back to Congress and say well, you know, this program is
1406 going to cover hundreds of thousands of people because they
1407 are sick, then we ought to rethink how we do this and so
1408 forth.

1409 In terms of the list of covered conditions, you know,
1410 the current list is based on one of clinical experience, Dr.
1411 Reibman and Dr. Moline and others, plus what has been found
1412 in the studies. It is a well-based risk, and in the current,
1413 you know, scientifically sound and reviewed multiple
1414 researchers that made these findings including some outside
1415 the program.

1416 So I think everyone is confident in what is on the list.
1417 Going forward, there is a mechanism to add specific covered
1418 conditions, say a type of cancer or something that is seen.
1419 One, there has to be some amount of scientific evidence
1420 available demonstrating that it should be covered.

1421 Secondly there is a process where the federal
1422 government, NIOSH, would promulgate a regulation to add that
1423 condition on the list of covered conditions. So they would
1424 be required, as with any regulation, to justify it, justify
1425 the cost, justify, more importantly, the science behind that.
1426 There is also provisions in there for a scientific advisory
1427 committee for the program to also review that information and
1428 be involved in making that recommendation.

1429 Mr. {Pallone.} Now, in terms of where we are, I mean
1430 you--I certainly get the impression from listening to you,
1431 and I know this may be difficult to answer. But I certainly
1432 get the impression that as time goes on, we are going to see
1433 more people that are affected and possibly worsening
1434 conditions. I mean is that just inevitable because as people
1435 age, you know, these symptoms and diseases get worse? Or is
1436 it possible, you know, that at some point, you know, that
1437 doesn't happen because, you know, time is somehow a healer?
1438 I mean I get the impression the opposite, that we should
1439 expect as times goes on that we are just going to have more
1440 people and worse conditions.

1441 Dr. {Melius.} I will let Dr. Moline and Dr. Reibman
1442 follow up, but I think it is a mix. There are people newly
1443 coming in that develop conditions, but there are also people
1444 getting better. In fact, one thing that has been observed in
1445 the responders program is that the treatment costs actually
1446 appear to be going down per patient on an annual basis
1447 because patients get stabilized in terms of treatment and so
1448 forth. A number of them do get better, are able to continue
1449 to work and so forth. Now, some don't. And so there is a
1450 balance there. So I don't think it is inevitable that these
1451 numbers will continue to get bigger and bigger because some
1452 people will recover.

1453 Mr. {Pallone.} But let me just ask--

1454 Dr. {Melius.} We just aren't able to predict
1455 accurately, I think.

1456 Mr. {Pallone.} Well, then I guess my third question
1457 would be--and if you want to ask Dr. Moline to answer it--the
1458 caps that are in place, I mean are they based on projections
1459 that, you know, you are seeing an acceleration of the
1460 numbers? I mean how is that derived at, or is it totally
1461 artificial?

1462 Dr. {Melius.} The caps are--on the responder program,
1463 the caps are based on an assessment of how many people we
1464 know that would be eligible for the responder program. We
1465 know how many people, you know, worked at the cite at least,
1466 you know, within, you know, several thousand. So we do that,
1467 and we have some, I think, pretty good idea of how many of
1468 those, you know, haven't come forward yet who are eligible
1469 and might come forward in the future. And then, you know,
1470 the assumption that they are not going to be any sicker than
1471 the people that are already in the program. In fact, there
1472 are probably going to be fewer that require treatment. So I
1473 think it is unlikely that that cap will be reached for the
1474 responder program.

1475 For the community program, I think we had less
1476 experience and maybe Dr. Reibman wants to comment, but it was

1477 trying to say that given the time when this legislation was
1478 being passed, given what was coming forward at that time, who
1479 we knew at that point that was coming forward that was ill
1480 that was eligible for the community program, you know, that
1481 that was a reasonable number that would fit in going forward
1482 and at least would for, you know, some significant period of
1483 time, 10 years or more, would, you know, be legitimately
1484 capping the program without denying large numbers of people
1485 care. It may need to be adjusted we don't know.

1486 Mr. {Pallone.} Okay, gentlemen, I am being a little
1487 loose with the time here since there is only three of us. I
1488 am not going to clock any of us here. So if Dr. Reibman or
1489 anybody else wants to answer some of the questions.

1490 Dr. {Reibman.} I just want to reinforce what Dr. Melius
1491 just said which is for the community group, we have very
1492 little information to go on. We could only go by what we
1493 were seeing, data from the New York City Department of Health
1494 registry where we could sort of estimate a burden of illness
1495 and also understand that some people will be going to their
1496 own physicians. So it was really, with the information we
1497 had at hand, our best estimate.

1498 Mr. {Pallone.} Okay, Dr. Moline?

1499 Dr. {Moline.} I think if we look at the responders who
1500 are coming in, about 150 are coming in consortium wide every

1501 month. This is down from the first two years of our program,
1502 beginning in 2002 to 2004, we have 12,000 responders.

1503 Mr. {Pallone.} So you are actually getting less per
1504 month instead of more?

1505 Dr. {Moline.} We are getting far fewer per month
1506 because--

1507 Mr. {Pallone.} Fewer.

1508 Dr. {Moline.} --most people are already in. I mean the
1509 question is why are some people coming in now.

1510 Mr. {Pallone.} Right.

1511 Dr. {Moline.} Where have they been? And there are a
1512 couple reasons. First and foremost, many people are very
1513 stoic. We also know that in a population that is
1514 overwhelmingly male, the responder population, they tend not
1515 to access health. They don't like doctors. I don't know
1516 why.

1517 Mr. {Pallone.} Stoic is the same as denial? Or that is
1518 a little different I guess?

1519 Dr. {Moline.} It is both.

1520 Mr. {Pallone.} Yeah.

1521 Dr. {Moline.} It is a nice way of putting it sometimes,
1522 but some people--you know actually what I have often been
1523 amazed at is people feel they don't deserve to come in.
1524 Others are sicker than they are, and they reach a certain

1525 point. Or their wife says, you know, you have been coughing
1526 for seven years. Can you get it checked out finally? Or
1527 other health problems. Or their friend is getting care, and
1528 they say you know what, I am getting care. You were with me.
1529 Come in. So there are a variety of motivating factors, or
1530 they may just have had enough and that is why they are coming
1531 in. Some people actually haven't heard about the programs,
1532 which is surprising to us, but they may not know it is out
1533 there, and so they are coming in now for the first time.

1534 Mr. {Pallone.} Okay, Mr. Deal.

1535 Mr. {Deal.} Well, first of all, thank you all for being
1536 here. We do have to ask the hard questions, and the first
1537 question that comes to mind, I think, from somebody who is
1538 not from the immediate area affected is that if we are asking
1539 the taxpayers of this country to pick up a tab that is
1540 estimated, from what we have up to this point, of at least a
1541 billion dollars a year additional federal expenditures for a
1542 restricted group of individuals, the first question I think
1543 that comes to mind is why do we have the stories such as Dr.
1544 Moline's illustration of, I believe, the carpenter who said
1545 that his worker's compensation claim was controverted and he
1546 was not being able to receive treatment based on the first
1547 line of providing treatment, which most people consider to be
1548 worker's compensation? Is the city of New York continuing,

1549 Mr. Holloway, to resist worker's compensation claims? And if
1550 you are and you are saying that the conditions on which you
1551 are being asked to compensate are not compensable, why should
1552 the federal taxpayer pick up something the city of New York
1553 is not willing to pay for?

1554 Mr. {Holloway.} Well, the answer to that question has a
1555 couple of elements to it. First, when it comes down to
1556 individual worker's compensation claims, yes, there are cases
1557 that are 9/11 related that are controverted in the worker's
1558 compensation parlance by the city. But the reason for that
1559 is really--and Dr. Melius I think will jump in later.

1560 But the reason for that is that the worker's
1561 compensation system itself is not equipped to deal
1562 particularly well with these types of claims. The issues
1563 that we are dealing with with 9/11 related illnesses at this
1564 point, they are late to arise. They are latent, and so
1565 important questions of causation and other issues arise in
1566 the context of these long tale claims that make it difficult
1567 to resolve one way or the other without an extended look at
1568 what is the medical evidence and so forth.

1569 And the reason for that is because the city does have an
1570 obligation through the worker's compensation system. You
1571 can't simply decide that it doesn't matter. You have to meet
1572 the standards in the statute. You have to--the city does

1573 have an obligation to, you know, protect the public. And so
1574 the way that the system is set up, it is poorly equipped to
1575 handle this.

1576 Now, New York State has made some changes in the
1577 worker's compensation law that address a few of these things,
1578 and one of those is an extended period to put in for a claim
1579 so that you don't have the two-year statute of limitations
1580 problem and some other things.

1581 But in the main, the system has some structural elements
1582 to it that make it difficult also. The system itself will
1583 compensate certain types of claims, but there are other
1584 people who are impacted. Uniform services actually get their
1585 compensation through--don't get their compensation through
1586 worker's compensation. It is a line-of-duty injury, but
1587 similar issues arise, and then community members, residents,
1588 and others who are impacted aren't eligible for worker's
1589 compensation.

1590 One other point is that the bill itself provides that in
1591 the event worker's compensation is recovered or it is deemed
1592 that it will be likely to be recovered, that goes first in
1593 terms of paying for the claims, which we fully support. So
1594 that is a long answer but--

1595 Mr. {Deal.} Dr. Melius?

1596 Dr. {Melius.} Can I just elaborate briefly? For the

1597 New York State worker's compensation systems required two, at
1598 least two pieces of legislation to amend that to make it
1599 possible that all the World Trade Center claims to be dealt
1600 with within that system and had a statute of limitations and
1601 just the nature of the injury coming out or illness coming
1602 out of their work. And that has helped somewhat.

1603 I recently served on a committee and then a task force
1604 for the state legislature to examine this whole issue. We
1605 are issuing a report, which I believe will become public
1606 tomorrow on this. Made a number of recommendations for
1607 actually requiring further legislative changes that we think
1608 that we will make this system work better.

1609 The city of New York has actually agreed with those
1610 changes even though it will, in some ways, you know,
1611 facilitate claims against the city of New York. So we are
1612 trying to work together to address that. It is just hard in
1613 a bureaucratic legalistic system like the state worker's
1614 compensation system.

1615 And even when it does, you know, for example, you would
1616 have a situation where someone is getting compensated for
1617 their asthma that may not provide help for their sinus
1618 condition or some other condition. It has to be, you know, a
1619 separate claim and follow through on. So it is complicated
1620 and difficult. All the clinics that are involved here, the

1621 Centers of Excellence, are also working very hard to assist
1622 people in filing claims. That was not--help was not
1623 available up until about two years ago. So there are efforts
1624 underway to try to improve that. And I think the city and
1625 others are supporting that. But it is still going to be
1626 difficult. It will never be, I think, an adequate for this
1627 particular situation.

1628 Mr. {Deal.} Dr. Moline?

1629 Dr. {Moline.} For this particular gentleman, his claim
1630 was controverted and eventually--it took about three or four
1631 years--it was judged in his favor. That is a typical delay.
1632 During that three or four-year period when he was no longer
1633 able to work and he lost his health insurance, he had no
1634 avenue to get health care. The program stepped in. We are
1635 now recouping the cost, and they will be offset as program
1636 income within the monies that we have received. So it allows
1637 to extend the care that we provide.

1638 But, you know, in his particular case, we tried to get
1639 diagnostic testing because he had such horrible reflux that
1640 he needed to have an endoscopy, a simple test where you look
1641 in and to make sure that he didn't have something more
1642 serious going on. And that particular test was denied by
1643 worker's compensation. Turned out that he had he test, and
1644 they found some abnormalities. That was paid for by the

1645 program. And it allowed us to give him the appropriate
1646 treatment to get him better.

1647 As a treating physician, this program has allowed us to
1648 provide the care for people to make sure that they get
1649 better. What we also do is we fill out the necessary
1650 paperwork to make sure that compensation, if it is there,
1651 everyone gets the appropriate medical documentation that they
1652 need to make sure these claims go forward as well.

1653 Mr. {Deal.} I think your statements have really
1654 illustrated the point that I am making is that somebody from
1655 the outside looking at this saying that if this kind of
1656 injury or problem resulting from exposure does not meet the
1657 definition of a work-related condition under worker's
1658 compensation law for the state of New York or the city of New
1659 York City, then why should we have a broader, all-
1660 encompassing definition that the federal taxpayer is required
1661 to pick up?

1662 And that is just a problem, and I think trying to refine
1663 the statute to address that as best we can is very important
1664 because I think it is something that you have to convince
1665 other people that are you not just coordinating this big
1666 picnic basket that certain groups of individuals can come dip
1667 into the federal treasury through this mechanism.

1668 Let me ask one other practical thing, and that is I see

1669 the group that is here, and many of them have the New York
1670 Fire Department EMS shirts on. And one of the things that
1671 has been called to my attention is that apparently there is
1672 no provision for retirees or a retiree representative from
1673 that group to be on this advisory board that the statute
1674 creates. I would assume that you are going to have a large
1675 number of people who are in a retirement status that are
1676 going to be eligible on an ongoing basis for some of these
1677 benefits.

1678 Do any of you know why that retiree group would not have
1679 an advisor board member?

1680 Dr. {Melius.} Well, yeah, let me answer that. I chair
1681 the steering committee that, I think, is being referred to
1682 here. The steering committee was set up with a specific
1683 number of labor union representatives beginning and along
1684 with representatives from all of the participating medical
1685 centers. Those representatives, the union's representatives,
1686 do represent retirees. The union I work with has at least
1687 three retiree organizations that are part of this program
1688 that are consulted. And we provide benefits to those
1689 retirees, health and pension. I believe all of the other
1690 unions involved do the same.

1691 There are many other union, other groups that
1692 potentially could be represented on the steering committee.

1693 There has to be some way of selecting those. The original
1694 selection was based on who was most involved in the program.
1695 It is certainly clear that the people in the retiree groups
1696 as time goes by and more of these people age and get old will
1697 be important in terms of representation. We need to work out
1698 a way for them to be involved in the program.

1699 There are other ways. Mt. Sinai has its own advisory
1700 committee. The fire department does. Some of the other
1701 clinics do. Dr. Reibman has a program. And we also--there
1702 are provisions in the legislation for additional people to be
1703 added to the steering committee, and so that will be worked
1704 out over time.

1705 But there are many groups to choose from so it is not
1706 like there is one umbrella retiree group that one could
1707 select. It has to be looked at. Some of those people with
1708 concerns I have met with and have offered to go out and meet
1709 with some more to talk. And we want to make sure that their
1710 concerns are addressed.

1711 Mr. {Pallone.} Thank you, Mr. Deal. Mr. Engel.

1712 Mr. {Engel.} Thank you, Mr. Chairman. You know I live
1713 about eight miles from the World Trade Center. My district
1714 begins about eight miles. And I remember about five days
1715 after 9/11, burnt pieces of paper falling from the sky into
1716 my district. With my own eyes, I remember seeing that. And

1717 that is eight miles away. So imagine the people who live
1718 right on top within a 1.5-mile radius. I understand the
1719 community program would help only the people with the 1.5-
1720 mile radius.

1721 I want to talk a little bit about the World Trade Center
1722 related illnesses experienced by people living in the
1723 disaster area. That hasn't received as much public attention
1724 as those of first responders, but in many cases, they are
1725 just as serious. And I don't take away anything from the
1726 first responders. I fight 100 percent for them, but there
1727 are also people in the area.

1728 This legislation provides medical monitoring and
1729 treatment services for community residents and workers
1730 affected by the 9/11 attacks, not just the responders. So
1731 Dr. Reibman, can you tell us about the kinds of people that
1732 the community program treats and how they were exposed to the
1733 toxic dust from the World Trade Center collapse?

1734 Dr. {Reibman.} We have a variety of people, and we sort
1735 of group people by whether they were residents, whether they
1736 worked in the area, went to school in the area, or were there
1737 commuting, for example, people who were stuck in the tunnel
1738 at the time of the collapse.

1739 We also then look at people who were in the initial dust
1740 clouds of that day or people who came back a week later. And

1741 what we are finding is that there is a great variety and
1742 difference in how people's health responded to these
1743 exposures but that many people have many of the same
1744 illnesses that you are hearing described in the responders of
1745 chronic rhinosinusitis, that is sinus infections, nasal
1746 congestion, shortness of breath due to asthma or other lung
1747 diseases as well as gastroesophageal reflux disorders and
1748 clearly a lot of mental health issues.

1749 Mr. {Engel.} You talked a little bit about the kinds of
1750 illnesses these community members are suffering from as a
1751 result of their exposures. Can you tell me about the
1752 similarities similar to those of the responders? What I am
1753 trying to get at is that I believe that it is just as serious
1754 to help the people living in the immediate area as well. And
1755 do you find that the first responders and the people in the
1756 area have had similar difficulties?

1757 Dr. {Reibman.} What you are raising is a very important
1758 question, which is how do we know whether these illnesses are
1759 World Trade Center related or not. And we don't always know
1760 except by seeing many of the same symptoms over and over and
1761 over again in many of these people. The severity is clearly
1762 variable, and we have people who have very, very persistent
1763 sinus disease who have required surgery for their sinuses on
1764 repeated occasions.

1765 We have people who, for example, used to run a marathon
1766 who are now on chronic medications. We have people who can
1767 no longer--had to have their offices moved because their
1768 cough was so irritating that their workmates couldn't sit
1769 next to them. So that there is clearly a variety of severity
1770 in these people.

1771 We think that is due in part to degree of exposure.
1772 People who were in the dust cloud, for example, on the first
1773 day or people who had prolonged exposure as well as
1774 individual response to these exposures.

1775 Mr. {Engel.} Dr. Melius, can you explain what role
1776 provide health insurance would play in the community program
1777 under this legislation?

1778 Dr. {Melius.} Yes, under the current legislation,
1779 people that have coverage, there would be a billing mechanism
1780 set up for the government to be able to, through the clinics,
1781 the treating clinics, to recover the cost. So health
1782 insurance for those who have it, non-work-related health
1783 problem, health insurance would be essentially the first
1784 payer. And then what was not covered by health insurance
1785 would be covered through the federal program.

1786 Mr. {Engel.} Thank you. Can I ask you also, Dr.
1787 Melius, the legislation relies on Centers of Excellence for
1788 providing most of monitoring and medical care for the

1789 program. Responders and community residents who qualify for
1790 the program can only receive services at the program's
1791 expense through these Centers of Excellence.

1792 Now of course, the patients, the way I understand it,
1793 they continue to see their personal physicians. But if they
1794 want the monitoring and treatment services for the World
1795 Trade Center related conditions that the program offers them
1796 without charge, they will have to use the Centers of
1797 Excellence. Is that true? Am I right? And in your
1798 testimony, you defend the continued use of the Centers of
1799 Excellence. So why do you think that we should continue to
1800 rely on these centers rather than allow individuals to use
1801 their personal physicians?

1802 Dr. {Melius.} Yes, the reason for relying on the
1803 centers is because given all that we don't know about what is
1804 going to happen to these people medically and given the
1805 complications of diagnosing and treating them, we believe
1806 that a better quality overall medical care can be provided to
1807 them through these Centers of Excellence rather than trying
1808 to rely on providing that same experience and medical
1809 information to their personal physicians.

1810 Now, both Dr. Reibman and Dr. Moline would tell you that
1811 they coordinate with the personal physicians. So that--who
1812 may be treating the same person for some unrelated health

1813 condition, you know, heart disease or something that is not
1814 related to the World Trade Center. But I think it has been
1815 the experience of all the programs that it has not worked
1816 well for people to go to their personal physicians because
1817 they just don't have the experience in handling these types
1818 of conditions, and the quality of care is not as good.

1819 Now, there are also provisions in the legislation to
1820 allow for the expansion of the Centers of Excellence to bring
1821 in new centers and so forth. And I am sure, in fact, that
1822 the judiciary hearing on March 31, the police detective who
1823 had serious pulmonary disease and had developed before there
1824 was a treatment program, was being seen by another major
1825 medical center in New York City. And there is no reason that
1826 that medical center could not become part of this program,
1827 and there are a number that expressed interest.

1828 So I think we need to expand that out. It is also
1829 certainly true for the national program, people living in
1830 other parts of the country, that there be additional centers
1831 and additional physicians brought in. But it is trying to
1832 strike a balance between getting good care and ensuring that
1833 there is good follow up and at the same time, something that
1834 is convenient and practical for the patients.

1835 Mr. {Engel.} Dr. Moline, did you want to comment?

1836 Dr. {Moline.} I think Mr. Torres actually told us why a

1837 Center of Excellence can be essential in his care. He was
1838 going to a wonderful physician on the outside, but when he
1839 was able to come to a Center of Excellence, they were able to
1840 make a connection between his illnesses because we have seen
1841 thousands of people like Mr. Torres with the same
1842 constellation of symptoms and knew how to treat him in the
1843 same manner that we have treated thousands of others.

1844 One other issue related to not having Centers of
1845 Excellence is if we want to know what the ramifications were
1846 from a disaster, a manmade disaster, terrorist or otherwise,
1847 if the cure is fragmented, if it is in--if everyone is not
1848 receiving centralized care in a number of centers, then we
1849 will have no way of knowing the true scope of illnesses.
1850 There will be no way of being able to scientifically say that
1851 exposures to--of this sort can cause health problems. So
1852 that in 20 years when something else happens, we can say that
1853 every doctor is going to know because it will have been in
1854 the literature that these are the things you do first.

1855 And they are in this not only to treat people now, but
1856 to be able to inform the doctors and the people who might
1857 have ailments going forward.

1858 Mr. {Engel.} Mr. Torres, would you want to comment on
1859 that?

1860 Mr. {Torres.} Yes, just like the doctor said I already

1861 commented on my experience. I was going to my doctor almost
1862 a year, and I had a CAT scan done from my neck down, and they
1863 never found nothing wrong with my throat, but I was losing my
1864 voice. When I went to the monitoring program, when they were
1865 evaluating me, one of the doctors there said well, Mr.

1866 Torres, if you have GERD, acid reflux and you are having a
1867 breathing problem, a lot of people need to see an ENT doctor.

1868 So we are going to make an appointment for you, and they
1869 sent me to a throat doctor. And when they put the scope
1870 down, there was a polyp, a mass, in my throat, which wasn't
1871 picked up by a CAT scan, which wasn't picked up by my doctor,
1872 which--this might sound strange--was a very happy moment for
1873 me because I got an answer out of a year of no answers.

1874 And I am one of those males that don't like going to the
1875 doctors. I am one of those males that my wife had to force
1876 me to go to the doctor, and I was so happy to finally get an
1877 answer because I was tired of going to the doctor and coming
1878 back home and not knowing what was wrong. And I knew there
1879 was something wrong.

1880 Mr. {Engel.} Well, thank you. It is very good to hear
1881 firsthand experiences, Mr. Torres, Mr. Holloway. Let me ask
1882 one final question. How does the legislation--and perhaps
1883 Dr. Melius would be the best to answer this, but anybody else
1884 can. How does the legislation ensure that the care received

1885 through a Center of Excellence is coordinated with the care
1886 received by a responder or community resident from his or her
1887 personal physician? Mr. Torres talked about how he wasn't
1888 getting answers. But if someone has gone to a personal
1889 physician, how is it coordinated with the Center of
1890 Excellence? How does this legislation ensure that it is
1891 coordinated?

1892 Dr. {Melius.} I think there are no specific provisions
1893 in the legislation for that, but the normal way that--usual
1894 way that these physicians operated in these centers is they
1895 focus on World Trade Center related conditions. So they are
1896 focused on the sinus, on the lung disease and so forth.

1897 When there are other personal health problems that
1898 people may have, existing conditions or something else
1899 develops that is non World Trade Center related, then as any
1900 specialist would, they would refer back to the primary care
1901 physician. They would be building off what medical records,
1902 what medical information they would be in contact with that
1903 personal physician in terms of either doing referral or
1904 direct referral back for further care, and I think that is
1905 routine in the operation of the Sinai program and the
1906 Bellevue program.

1907 Mr. {Engel.} Right, but what about someone who gets
1908 care from a private physician and now is going to the Center

1909 of Excellence, as Mr. Torres said, went to a private
1910 physician first and a Center of Excellence? What is the
1911 coordination? Does the private physician reach out to the
1912 center? Would the center reach out to the physician? How
1913 would we know that it is not duplicative? That is the kind
1914 of question I am asking.

1915 Dr. {Moline.} There is a variety of ways at Mt. Sinai
1916 we do this. First of all, every patient who is in a
1917 monitoring program, whether it is the fire department's
1918 monitoring program or the consortium monitoring program, gets
1919 a results letter to bring with them to their doctor. And
1920 they get a copy of all of their test findings.

1921 We also ask if they would like copies sent to their
1922 doctor. If they give us authorization, then we send copies
1923 of all of this information to their doctor. All of our
1924 physicians reach out to these doctors to make sure that we
1925 aren't going at cross purposes, we are not both prescribing
1926 the same medications or medications that might counteract
1927 each other, that we are all on the same page in providing the
1928 best care.

1929 We are working in many ways as a consultant would to a
1930 primary care physician. We are providing care for a number
1931 of conditions. In addition to going to your family doctor
1932 for your routine checkup, you would be referred to--if you

1933 had a back problem, you would be referred to an orthopedic
1934 surgeon. The orthopedic surgeon would communicate back to
1935 the family doctor to say yes, this is what I saw. That is
1936 how we work with the private doctors.

1937 Mr. {Engel.} Well, thank you, Dr. Moline, and thank you
1938 for all the good work you do. And thank everyone. I want to
1939 thank everyone on the panel for the good work you do and for
1940 the people who have the courage to make their public
1941 struggles--their personal struggles, to share them with us.

1942 It is very important that the country understands, as so
1943 many people have said, that this is a problem affecting all
1944 of us. And we need a federal response, and that is why we
1945 need this bill. New York happened to be the place where the
1946 terrorists attacked, but the terrorists attacked New York
1947 because of the symbol of New York and what it means.

1948 And therefore we have a tremendous responsibility. And
1949 those doctors who were on the front lines, you indeed are
1950 first responders because you are on the front lines. And
1951 those people with the courage to tell us their stories are
1952 really making such great progress.

1953 And finally, Mr. Chairman, I want to commend you because
1954 I am on this subcommittee, and there are so many related
1955 health concerns that we have in this country. And you and I
1956 have spoken many times about the need to have this hearing,

1957 and you have always been positive and helpful. And obviously
1958 this wouldn't have happened today without your leadership in
1959 this very, very important matter. And you and I have
1960 discussed this, and I am confident with you as chairman we
1961 are going to finally move forward and break through and pass
1962 this legislation, which is so desperately needed.

1963 So thank you again, Mr. Chairman. I want to state on
1964 the record how helpful you have been.

1965 Mr. {Pallone.} Well, thank you, and we do intend to
1966 move forward. Mr. Weiner.

1967 Mr. {Weiner.} Thank you, Mr. Pallone, and I want to
1968 echo the remarks of Mr. Engel. You and Mr. Deal have been
1969 very helpful in moving this forward, and it reminds us that
1970 when the first Victim Compensation Bill was passed, it was
1971 unanimous or nearly unanimous, the notion that people who
1972 perished in what was essentially an act of war deserve not
1973 only our gratitude. But they also deserve a quick
1974 dispensation of the needs of their surviving family members.

1975 And the universe of people that we talk about today, in
1976 fact many of them are people who are dying by degrees because
1977 of that day. And has been remarked in the past, if we knew
1978 then that people would be dying years later, there is no
1979 doubt in my mind that we would have, in a bipartisan fashion,
1980 changed the language of the bill to make sure that the Victim

1981 Compensation Fund took into account people like Mr. Torres.

1982 And Mr. Torres, who speaks for many people, some of whom
1983 are here, many of whom have gone on with their lives, some of
1984 whom unfortunately have perished, many of whom are sick.

1985 They responded that day because it was a combination of their
1986 job and their sense of their obligation to their neighbors.

1987 They went without being asked to sign forms. They didn't go
1988 with an instruction book. If anything, they advice they were
1989 getting from many officials, as we now know, was wrong.

1990 We had head of the EPA at the time saying the air was
1991 just fine. People were handing them equipment that you
1992 wouldn't use to paint your apartment, and they were being
1993 asked to wear it when they were dealing with the toxic soup
1994 that has been described here as unprecedented.

1995 But let me just ask a question that perhaps can refocus
1996 us on the broader question. The people with Drs. in front of
1997 your name, is there any doubt in your mind that people today
1998 are dying because of the attacks on September 11 and their
1999 proximity to that attack?

2000 Dr. {Reibman.} I think that people are very, very sick
2001 because of September 11 and their proximity at that time. We
2002 certainly hope we can prevent them from dying.

2003 Mr. {Weiner.} Dr. Melius, is there any doubt in your
2004 mind that are people who are dying by degrees because of that

2005 attack?

2006 Dr. {Melius.} Absolutely not.

2007 Mr. {Weiner.} Dr. Moline, any doubt in your mind that
2008 there are people who are dying by degrees because of that
2009 attack?

2010 Dr. {Moline.} Absolutely not.

2011 Mr. {Weiner.} And, Doctor, I want to take a moment to
2012 thank you. I have seen your work secondhand as folks who are
2013 close to me have turned to you for care and have received it.
2014 One of the questions that has come up is that whether or not
2015 in addition to us providing a service to the people who are
2016 sick, we also send a message to future generations of people
2017 like Mr. Torres that if they do run into the aftermath of
2018 these things and try to help out, that we are going to be
2019 there for them just as we would if they were soldiers.

2020 Mr. Torres, I know that you have said in a couple of
2021 places that you don't regret anything about the way you acted
2022 and your colleagues, the service that you provided. But
2023 certainly there must be a time in the still of the night
2024 where you think boy, was it worth it? Are you concerned that
2025 if someone--if you are seeing someone else and they say to
2026 you, you know it sounds like you got really sick from being
2027 there on the job and now the federal government isn't
2028 responding, that we might be in a circumstance in future

2029 attacks where people start to have second thoughts about
2030 whether or not they should go into that place when called by
2031 their neighbors?

2032 Do you think about that at all that, you know, that all
2033 that you have gone through--and you must have a lot of
2034 brothers and sisters who have situations that are like yours.
2035 They must sometimes say to themselves you know what? If I
2036 knew then what I know now, maybe I wouldn't have raced there
2037 to be of help.

2038 Mr. {Torres.} That conversation comes up a lot. At the
2039 workplace, it comes up. Just two days ago when I was telling
2040 my wife about this committee, she asked the same question.
2041 What will happen if they don't pass this bill? Will people
2042 go back out there and help again?

2043 I have a brother who is a fireman in Jersey City. He
2044 was out there too working. And we talk about it. He will go
2045 out there if he wasn't a fireman. I will go out there again.
2046 I will go out there. Hopefully, God willing, we never have
2047 to. But there is not a doubt in my mind even with the
2048 illness. I don't regret what I did. I did it because it was
2049 the right thing to do.

2050 And so to answer your question, most likely yes, some
2051 people do have that in their mind. But I think human beings
2052 in nature when something tragic happens, they respond.

2053 Mr. {Weiner.} Right.

2054 Mr. {Torres.} And we saw that at the World Trade Center
2055 because it wasn't firemen and policemen there alone. There
2056 was a lot of other people working, male, woman, old, young.
2057 Jersey City had a chain gang filling up tugboats from young
2058 people, high school, grammar school, anybody helping.

2059 I want to believe that they will come out again.

2060 Mr. {Weiner.} I believe they will, and we should be
2061 there for them now. Let me just conclude with just this one
2062 question. There was some opposition that has been voiced
2063 about the idea that we don't know for sure when someone comes
2064 in, whether they are afflicted by the effects of Ground Zero
2065 dust and their being in that environment or something else.
2066 You know someone comes in with a headache, it could be from
2067 anything.

2068 As you accumulate a larger database of information and
2069 see more clients and do more research, are you reaching the
2070 point where you can say, perhaps not with metaphysical
2071 certitude, but some certainty when you are dealing with
2072 someone who has come before you because of a 9/11 related
2073 thing?

2074 There have been some concerns raised well, it sounds
2075 like we have this catchall situation if anyone can show they
2076 were anywhere nearby at any time, they could come in. It

2077 might have nothing to do with the 9/11 dust. If we can just
2078 perhaps start with Dr. Moline, and then we will go down the
2079 line. Do you have some sense now that you have a sufficient
2080 body of knowledge, and as it grows, that you can allay the
2081 fears of some of my colleagues that this isn't entirely open-
2082 ended, that you can tell? We now have some foundation on
2083 which to draw a conclusion about who there by the effects of
2084 9/11?

2085 Dr. {Moline.} Well, I think if you look at the medical
2086 studies that have come out, and studies come out from the
2087 fire department, from the police department, from the
2088 consortium that Mt. Sinai coordinates from Dr. Reibman's,
2089 everyone has the same numbers.

2090 You look at objection measures like pulmonary function
2091 tests. Twenty-eight percent have abnormal pulmonary function
2092 tests, whether it is police officers in a separate study,
2093 whether it is a group of 10,000 folks that we reported on.
2094 Whether it is folks from fire department or from Dr. Reibman.
2095 When you see this constellation of symptoms in thousands upon
2096 thousands of people, that I think there can be no doubt that
2097 these exposures were the cause of many of the ailments we are
2098 seeing, if not the specific ailments--

2099 Mr. {Weiner.} Yeah, I am asking the inverse of that. I
2100 am asking we know about the population as a whole. The

2101 question is individual citizens that come in and say okay, I
2102 want to take advantage of the provisions of this bill. I am
2103 made sick by 9/11. Do you have the ability to be able to
2104 allay the concerns of some of my colleagues that say you
2105 don't really know. It could have been from something, they
2106 could have had something predated that could have, you know,
2107 that you could be seeing.

2108 Are you at a point now that when you see someone, you
2109 look at the combination of where that person was, what kind
2110 of symptoms they have, their profile as, you know--are you at
2111 a pretty comfortable place that you can say yeah, we are
2112 pretty sure. We don't know with absolute certainty, but we
2113 are pretty sure this is someone who was made sick by
2114 September 11.

2115 Dr. {Moline.} What you are describing is my specialty,
2116 which is occupational medicine, which is--

2117 Mr. {Weiner.} You should testify before a hearing or
2118 something. You would be perfect.

2119 Dr. {Moline.} Thank you. That is what we do. We say
2120 what do you do, where were you, what were you exposed to, and
2121 find out what was your health like before you had these
2122 things. And I do that every time I see a patient. I was
2123 going to be taking care of patients this afternoon, but I
2124 will be seeing them tomorrow morning. Those are the

2125 questions that all of them have been posed by me to find out
2126 on an individual basis. Sure we will publish on the
2127 aggregate, but on an individual basis, how were you on
2128 September 10? What was your medical history before that?
2129 And now when did you begin to have symptoms? What were you
2130 doing? Where were you? What other things have intervened in
2131 between? It might be something else. It might not be. How
2132 are all of these things affecting your health now?

2133 Mr. {Weiner.} And so you have some constant?

2134 Dr. {Moline.} We have constants.

2135 Mr. {Weiner.} And, Mr. Melius, you have a similar sense
2136 that you pretty much--you can now spot it when you see it and
2137 take a look at it?

2138 Dr. {Melius.} I don't provide the direct care, but I
2139 think what I would add to what Dr. Moline is said is remember
2140 that again why we have Centers of Excellence is to have
2141 standardized approaches for addressing and examining people.
2142 So they use the same questionnaires, the same types of
2143 testing. So that is standardized in everybody. And as I
2144 work with these physicians, they pick up on--they understand
2145 that issue, and they have developed so much experience that I
2146 am very confident in--

2147 Mr. {Weiner.} Thank you. Mr. Chairman, I have a vote
2148 in the other markup, and I want to thank the panel very much.

2149 Mr. {Pallone.} Thank you. We are about to conclude,
2150 but I do want to ask one or two more questions with the
2151 support here of my ranking member. I thought you said
2152 earlier--this is following up on what Mr. Weiner said. I
2153 thought you had said earlier, Dr. Melius, that you actually
2154 have a certification of some sort that a person had a World
2155 Trade Center disease or disorder? Did I misunderstand?

2156 Dr. {Melius.} No, right now the--what I was referring
2157 to earlier was in the legislation, there is now the
2158 requirement, which is not strictly in place now sort of
2159 administratively. But going forward that say Dr. Moline, Dr.
2160 Reibman would first, you know, they would say that when a
2161 person is eligible for the program, secondly that they have a
2162 World Trade Center related condition and so forth. They
2163 would do that.

2164 There would then be a certification by NIOSH or whoever
2165 is administering the federal agency that, you know, sort of
2166 reviewing that, making sure that it followed all the
2167 procedures, that it was correct.

2168 Mr. {Pallone.} So essentially--I mean maybe
2169 certification isn't the word. But essentially you would say
2170 this person has the disorder, and they are eligible for the
2171 program.

2172 Dr. {Melius.} Yes.

2173 Mr. {Pallone.} And if they weren't, if they didn't meet
2174 those criteria, you wouldn't treat them anymore in theory?

2175 Dr. {Melius.} Correct, and that is currently happening
2176 now in the program.

2177 Mr. {Pallone.} You do get people that come in that you
2178 decide don't have the disorder and then you turn them away
2179 essentially?

2180 Dr. {Melius.} Right, it is a limited number, but there
2181 are people. And we have actually worked out among all the
2182 participating Centers of Excellence a program to sort of make
2183 sure that in their process, as patients come in--because
2184 everyone is handled slightly differently--that they--if they
2185 are suspicious that someone is not really eligible or, you
2186 know, that they have a way of, you know, more intensively
2187 following up, you know, demanding that there be more
2188 documentation that they actually work there.

2189 And that process is working because I get calls from
2190 them, and we talk about at the steering committee meetings
2191 and so forth. And certainly, you know, with people coming in
2192 now, you know, seven years later, I think we have to be more
2193 careful about it. Though again it is not to say that the
2194 vast majority of the people coming in are--

2195 Mr. {Pallone.} I mean most people don't show up if they
2196 really don't have a problem.

2197 Dr. {Melius.} Exactly, yeah.

2198 Mr. {Pallone.} All right, and my last question is this,
2199 and I kind of went back to the beginning. You know in terms
2200 of the need for a permanent program and authorization, which
2201 is what we are all about. And let me preface that by saying,
2202 you know, we are an authorizing committee, so we don't
2203 particularly like the fact that you operate without a
2204 permanent authorization because we don't like to do business
2205 that way. And certainly for us, that is not the way we do
2206 things. But the question really is without the permanent
2207 authorization, again sort of being the devil's advocate, I
2208 assume that you have had problems operating the way you are
2209 and that there is some inherent benefit in having a permanent
2210 authorization. If any of you would like to comment on that,
2211 I think that might be important.

2212 Dr. {Moline.} You know working in a clinical setting
2213 where there is uncertain funding year to year, I reach a
2214 certain point where I begin to draft the letter that is going
2215 to go out to say we can't provide the care that you have been
2216 receiving to all the patients. We can't guarantee that they
2217 will get the services that they need without having a
2218 permanent solution. We are intensely grateful, immeasurably
2219 grateful for the monies that have been appropriated for us,
2220 and it is year-to-year funding.

2221 I mean we have a staff that is--we are seeing thousands
2222 of patients a year at Mt. Sinai. We have an infrastructure
2223 that is developed. It is very hard when you don't know if
2224 you are able to sustain that every year, and you are worried
2225 is this going to be possible. Am I going to have to start
2226 from scratch again where I have this expertise that I have
2227 build up?

2228 And that has been one of the challenges in trying to
2229 make sure that we have the resources so that we know that if
2230 we do have to expand, if there are more people coming in or
2231 there are new illnesses, that we will be able to handle that.

2232 We are more worried about whether we are even going to
2233 have funding for the next year available.

2234 Mr. {Pallone.} Anyone else want to comment because I
2235 think that is kind of important here.

2236 Dr. {Reibman.} I would like to agree just to say that
2237 it is very important to be able to recruit people, to train
2238 people, to get people with experience so that they can answer
2239 just the questions you are asking. How do you know this is
2240 World Trade Center? Is this what we have seen before? How
2241 are we going to approach it? And to have--to not know
2242 whether you are going to be able to retain people, to have to
2243 retrain people all the time makes the program very difficult.

2244 Mr. {Pallone.} Mr. Holloway?

2245 Mr. {Holloway.} And just on--we are talking in part
2246 about programs that have appropriations, you have to come
2247 back and do it from year to year. There are also, from the
2248 city's perspective, a number of programs that are primarily
2249 funded by the city. And although we have gotten some of the--
2250 -recently from NIOSH some money appropriated there, the HHC
2251 program right now is actually running at a deficit.

2252 One of the other programs that we didn't talk about in
2253 detail is a mental health program, which actually does
2254 reimbursement for mental health services that is funded in
2255 the bill, also operating at a deficit.

2256 So for some of these programs, you know, the city, as I
2257 said didn't wait for Congress to act for us to meet the needs
2258 that we found when we dug into this. But, you know, the
2259 program will be subject to the vagaries of the very, very
2260 difficult budget choices that the city has to make about all
2261 of the programs that it provides. And so, you know, this
2262 isn't just a matter of coming back and everybody testifying
2263 every year about an appropriation.

2264 You know we would really like to see this go past the
2265 point where it is a question whether these programs are going
2266 to run. And we do feel that it is important that, with the
2267 city contributing, it is a national responsibility.

2268 Mr. {Pallone.} Okay, thank you.

2269 Dr. {Melius.} Can I just add I think it is also very
2270 important for the participants in the program, and one good
2271 recent example is one of the individuals, a firefighter, just
2272 recently underwent a lung transplant. And he and his family
2273 were asked well, do you want--who should cover this because
2274 it is covered out of this program, and it was World Trade
2275 Center related. Then what is going to happen in the future?
2276 Because that individual is going to be on, you know,
2277 significant medications for the rest of his life, which we
2278 hope is a long one. And who is going to be able to pay for
2279 that going forward?

2280 So knowing that this program had long-term funding would
2281 have made that decision much more easy for that individual
2282 and I think for everybody involved here. They often wonder
2283 what is going to happen with their health insurance. Who is
2284 going to take care of them in the future? It also has
2285 implications for the Victims Compensation Fund portion of
2286 this.

2287 Mr. {Pallone.} Sure. Mr. Deal.

2288 Mr. {Deal.} Well, my information is that CDC had, I
2289 think, \$180 million carried over that was appropriated for
2290 fiscal year 2009, and they have obligated just over \$16
2291 million through the end of March of '09. And my
2292 understanding is that based on those currently appropriated

2293 funds that there appears to be adequate funding through 2010.

2294 So that carryover money, I think, does make a difference.

2295 Mr. {Pallone.} I mean we obviously, you know, you still

2296 have to go through the appropriations process every year.

2297 But there is a big difference in terms of having something

2298 that is permanently authorized that you can count on as, you

2299 know, as being authorized versus having to, you know, come

2300 back every year for the money. We can't avoid that. That is

2301 just the annual process. Did you want to add anything?

2302 Otherwise we are going to conclude.

2303 Mr. {Holloway.} Just one thing to Congressman's point.

2304 There is money that carries over. It actually took NIOSH and

2305 CDC for whatever reason many, many months to actually get an

2306 RFP out on the street and create a vehicle to access that

2307 funding that had been appropriated. And in fact, after this

2308 hearing today, I will be going to NIOSH to talk about how we

2309 can do a better job ensuring that the money that has already

2310 been appropriated to deal with this is best used.

2311 So any help you can provide would be appreciated.

2312 Mr. {Pallone.} Sure. All right, well thank you very

2313 much. You may get additional questions within the next 10

2314 days that members can submit for the record. And you would

2315 respond to us, and the clerk would notify you about that.

2316 But I just wanted to thank you. I thought this was a very

2317 good analysis. And as I said, we do intend to move forward
2318 with the legislation. So without objection, this meeting of
2319 the subcommittee is adjourned. Thank you.

2320 [Whereupon, at 12:20 p.m., the subcommittee was
2321 adjourned.]