

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON CIVIL SERVICE AND LABOR

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June 4, 2009
Start: 2:00 pm
Recess: XXX

HELD AT: Committee Room
City Hall

B E F O R E:
MIGUEL MARTINEZ
Chairperson

COUNCIL MEMBERS:
Gale Brewer
Inez Dickens
Lewis Fidler
James Gennaro
Vincent Gentile
Letitia James
Melinda Katz
Oliver Koppel
John Liu
Miguel Martinez
David Weprin
Alan Gerson
Peter Vallone, Jr.

A P P E A R A N C E S

COUNCIL MEMBERS:

Kenneth Mitchell

Michael Nelson

James Oddo

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

Joey Kara Koch
Special Counsel to Mayor Bloomberg
City of New York

Frank Tramontano
Research Director
Patrolmen's Benevolent Association

Chris McGrath
Legal Counsel
Patrolmen's Benevolent Association

Edward Boles
Treasurer and City Council Chair
Uniformed Fire Officers Association

2 CHAIRPERSON MIGUEL MARTINEZ: We're
3 going to call to order the meeting of the City
4 Council Committee on Civil Service and Labor.

5 Good afternoon. First of all, I want to apologize
6 for the tardiness, but we're having a series of
7 hearings taking place at the same time. I had to
8 cast my vote over at the Land Use Committee.

9 However, good afternoon. My name
10 is Miguel Martinez. I am Chair of the Committee
11 on Civil Service and Labor. I want to introduce
12 Council Member Gale Brewer who's joined us.

13 Today we're hearing--today we're
14 going to examine proposed Intro 1714 [sic], a
15 local law to amend the Administrative Code of the
16 City of New York in relation to health care
17 expenses for certain 9/11 workers. Intro 714 will
18 require the City of New York to cover the cost of
19 medical care for certain city employees whom
20 during the performance of duty contacted [sic] an
21 illness or disease that is identified by New York
22 State Law as related to the New York--the World
23 Trade Center attack. This legislation would apply
24 to uniform forces of the Fire and Police
25 Departments, certain members of the Department of

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2 Sanitation and others. Currently, under the New
3 York State World Trade Center Disability Law
4 public employees who took part in the World Trade
5 Center rescue, recovery or clean-up effort are
6 presumed if they become permanently disabled
7 because of certain medical conditions to have
8 gotten sick in connection with the disaster, and
9 therefore, eligible for disability and benefits.
10 The conditions covered include respiratory,
11 physiological and skin illness, as well as late-
12 onset disease like cancer.

13 It is estimated that the State
14 World Trade Center Disability Law costs the City
15 approximately \$53,000,000.00 per year. If a City
16 employee does not qualify for the benefit under
17 the State Disability Law, members of the uniformed
18 forces can apply for line-of-duty injury benefits.
19 Line-of-duty injury benefits enable active duty
20 FDNY, NYPD, DOC and DSNY employees to get free
21 treatment for illnesses and injury arising out of
22 participating in the World Trade Center operation.
23 Employees receiving free health care services
24 including physician visits, diagnostic tests, in-
25 patient care with no out-of-pocket costs except

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2 for those for prescription drugs which are later
3 reimbursed. Under the current policy, the related
4 Departmental medical division must determine that
5 a uniform employee's ailment is work-related in
6 order for the employees to qualify for line-of-
7 duty injury benefits. Employees who do not
8 qualify for line-of-duty benefits are covered by
9 employer's health insurance. Intro 714 proposed
10 to change the line-of-duty approval process by
11 automatically granting line-of-duty benefits to
12 every employee who becomes sick with any of the
13 disease or an illness identified by the State
14 World Trade Center Law and meets the criteria of
15 exposure of the World Trade Center site. We look
16 forward from hearing from our witnesses and
17 testimony from interested parties discussing the
18 feasibility and necessity of this proposed law.

19 At this time we're going to call--
20 we've been joined by Council Member Mike Nelson
21 and Council Member Mitchell--I knew that--Mitchell
22 from Staten Island. Joey Kara Koch?

23 MS. KOCH: Good afternoon, Chair
24 Martinez and members of the Committee. My name is
25 Joey Kara Koch and I am Special Counsel to Mayor

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2 Bloomberg. I am here today to testify on the
3 World Trade Center health issues and Intro Number
4 714 which would amend Section 12-127 of the
5 Administrative Code to create a line of duty,
6 otherwise known LODI, World Trade Center
7 presumption for uniformed employees.

8 By way of background, I presently
9 sit for the Mayor on the Police and Fire pension
10 boards. I was also staff counsel to the panel
11 convened by Mayor Bloomberg on the fifth
12 anniversary of the attacks to assess the health
13 impacts of 9/11 and what needed to be done to
14 ensure that those who are sick, or could become
15 sick, get the treatment they need. I have since
16 worked with the Health Department and other
17 agencies to implement those recommendations
18 including pursuit of better legislation to provide
19 a long-term 9/11 health medical monitoring and
20 treatment program.

21 I will begin with a discussion of
22 current World Trade Center-related line-of-duty
23 practices and the Administration's efforts to
24 ensure continued medical treatments for responders
25 and other populations affected by the September

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2 11, 2001, terrorist attacks. For active duty
3 Fire, Police and Sanitation uniformed employees
4 participate in the World Trade Center rescue,
5 recovery and clean-up operations, the LODI process
6 is the primary means to obtain treatment for
7 illnesses and injuries arising out of that
8 service. Non-uniformed City employees are
9 generally compensated through the workers'
10 compensation system. Moreover, all City employees
11 who participated in World Trade Center operation
12 shad health coverage on 9/11 and still do if
13 currently employed by the City or retired with
14 vested health benefits.

15 When a uniformed employee claims
16 that an illness or injury arises from services at
17 the World Trade Center, the agency medical
18 division evaluates that LODI claim based on
19 individualized determination of an employee's
20 conditions viewed in light of the latest available
21 medical evidence. Once an agency medical
22 professional determines that a uniformed
23 employee's ailment is work-related, the employee
24 is entitled to free health care services including
25 physician visits, diagnostic tests and in-patient

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2 care. Until relatively recently, uniformed City
3 employees obtaining LODI coverage had to pay for
4 medications out of pocket and then later seek
5 reimbursement. As an alternative, many active
6 uniform employees used their union medication
7 coverage, imposing a significant cost to union
8 health benefit funds. This has improved markedly
9 in recent years. Fire fighters and police
10 officers receive prescription drug cards allowing
11 them to obtain LODI medications at no cost.

12 Central to the provision of health
13 care to the uniform and other City employees who
14 participated in World Trade Center operations are
15 the three World Trade Centers of Excellence--the
16 FDNY WTC Medical Monitoring and Treatment Program,
17 the World Trade Center Medical Monitoring and
18 Treatment Program at the Mt. Sinai Medical Center,
19 and the New York City Health and Hospital
20 Corporation's World Trade Center Environmental
21 Health Center. While the full extent of the
22 health effects resulting from the World Trade
23 Center attacks are unknown, medical evidence
24 suggests a variety of short-term and medium-term
25 health impacts. Along with providing medical

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2 monitoring and treatment to participants in World
3 Trade Center operations and others facing 9/11-
4 related health impacts, the World Trade Centers of
5 Excellence, the World Trade Center Health
6 Registry, a partnership between the City and the
7 federal government that includes more than 71,000
8 exposed people from every state in the country,
9 continue to generate valuable research adding to
10 our body of knowledge about these health effects.

11 Earlier this year, in fact, the
12 Registry applies for a three-year \$12,000,000.00
13 grant to continue serving a population that
14 includes many uniform responders about their
15 health in the years to come. At the federal
16 level, these centers have been supported through
17 ad hoc appropriations--excuse me--with the HHC
18 Nonresponder Program almost entirely funded by
19 City dollars. As the City has pressed repeatedly-
20 -has repeatedly pressed, I'm sorry, however,
21 addressing the long-term effects of this attack
22 will require federal legislation to provide
23 lasting World Trade Center monitoring and
24 treatment. A bill presently pending before
25 Congress, HR 874, would achieve these goals.

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2 While the Administration has concerns regarding
3 some of the provisions in the bill related to
4 cost-sharing and oversight it represents an
5 important step towards establishing a long-term
6 federal program to address the health impacts of
7 9/11. We are confident that Congress can address
8 our remaining concerns and present legislation for
9 President Obama's signature before another
10 anniversary of the attacks passes. Along with the
11 Centers of Excellence and the World Trade Center
12 Registry, two additional efforts bear mentioning.
13 Since 2001, NYPD has documented, evaluated,
14 tracked and covered treatment for members who have
15 come forward with World Trade Center-related
16 symptoms. NYPD has a large work force that
17 participated in rescue, recovery and clean-up
18 operations, and its medical division continues to
19 offer annual monitoring for all of its exposed
20 uniform members.

21 In addition, in 2008 the City's
22 Department of Health and Mental Hygiene launched
23 the 9/11 Benefit Program for mental health and
24 substance use services, which provides coverage
25 for mental health services for any New Yorker

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2 directly affected by the attack. Since its April
3 2008 inception, about 2,400 individuals have
4 enrolled in the program and approximately 200
5 people a month continue to initiate the process to
6 verify eligibility. As the efforts I have
7 described made clear, the Administration strongly
8 supports efforts to ensure that people who are
9 sick or who could become sick as a result of 9/11,
10 including the City's first responders, get the
11 care they need and deserve.

12 Turning to Intro Number 714, while
13 the bill is well-intentioned, it appears to create
14 a presumption of LODI coverage for the same World
15 Trade Center-related conditions in the State
16 Pension Law. The Administration opposed the World
17 Trade Center presumption bill when it was first
18 introduced because it eliminated medical judgment
19 from a broad class of pension determinations, the
20 same reason we cannot support Intro Number 714.
21 The bill before the Council will certainly
22 increase the costs of medical coverage. In fact,
23 it is extremely difficult to estimate what those
24 cost increases would be. And particularly in the
25 midst of the current economic crisis, the City

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2 must act with extreme caution on any measure that
3 would increase demands on City taxpayers. But
4 that is not the principal basis for the City's
5 objection to the bill. As with any publicly
6 supported medical benefit, individual medical
7 evaluations viewed in light of the latest in
8 medical research must determine what specific
9 illnesses or injury resulted from participation in
10 World Trade Center rescue, recovery and clean-up
11 operations. With respect to 9/11 illnesses,
12 thanks to the Center of Excellence and the World
13 Trade Center Health Registry, the body of
14 knowledge on the physical and mental health impact
15 of 9/11 continued to expand. Evidence-based
16 guidelines have been developed and widely
17 distributed by the Health Department to assist
18 clinicians in identifying and treating World Trade
19 Center-related illnesses. In addition, the Mayor
20 has formed a special medical panel comprising of
21 City medical experts as well as experts from the
22 Centers of Excellence and other experts in the
23 fields related to 9/11-related conditions. The
24 panel is charged with studying and reporting on
25 the latest research and assessing whether the

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2 resources available to deal with the health
3 impacts of 9/11 are adequate. The principal goal
4 of the panel is to ensure that the latest findings
5 and research are brought to bear in 9/11-related
6 medical determinations, whether made in a LODI
7 case, at a Center of Excellence or anywhere in
8 this City. But as the Administration has
9 repeatedly made clear, this is not an area
10 appropriate for presumptions. With scientists and
11 physicians learning more about this subject every
12 day, the Administration cannot support a bill that
13 will effectively strip medical professions of the
14 ability to use their professional judgment and
15 knowledge in making informed conclusions.

16 To be clear, the City recognizes
17 that the health impacts of September 11th warrant
18 significant attention and a long-term commitment
19 to monitoring and treatment. As I noted above,
20 the City has long pressed for long-term federal
21 legislation to address the health impacts of the
22 attacks, and Mayor Bloomberg and members of the
23 Administration have repeatedly traveled to
24 Washington, D.C. to lobby Congress for long-term
25 federal funding. Most recently, the

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2 Administration testified at a joint hearing of
3 this Committee and the Lower Manhattan Development
4 Committee to testify in support of a Council
5 resolution on this subject. That's Resolution
6 1924. While we do not support this bill, the
7 Administration is eager to work with the Council
8 to discuss other ways we can work together to
9 address the long-term health impacts of the World
10 Trade Center attacks.

11 Thank you very much, and I can
12 answer any questions you may have.

13 CHAIRPERSON MARTINEZ: Thank you.
14 Before we proceed, we have a statement by Council
15 Member Gale Brewer.

16 COUNCIL MEMBER GALE BREWER: I
17 know--thank you very much--I know that Council
18 Member and Chair Martinez outlined the provisions
19 and certainly the Administration has spoken. I
20 just want to say that I want to thank former
21 Council Member, now Congressman Mike McMann. It
22 was originally his bill and I inherited it, I
23 think, because my name is Brewer, B, and it was
24 one of the first names on the bill, but I'm very
25 supportive. I know that Council Member Mitchell

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2 is here and can speak eloquently in his place as
3 the Council Member for that District, and I think
4 what I should do is just wait until we have
5 questions, Mr. Chair, and I have a lot of
6 questions. But I would say that, one aspect is
7 that I have spoken recently to Council Member--to
8 Congress Member Maloney, Carolyn Maloney, and
9 she's not pleased with the pace at which the
10 federal legislation is moving, and she's not sure
11 that it is going to move at all. So I just bring
12 that out as something to be discussed in the
13 questions. Thank you very much, Mr. Chair.

14 CHAIRPERSON MARTINEZ: We've been
15 joined by Council Member Larry Seabrook. thank
16 you for your testimony. I have a few questions.
17 What are the illnesses the City would approve for
18 World Trade Center-related line-of-duty illness
19 for those officers that can prove that they were
20 at the World Trade Center site.

21 MS. KOCH: The City doesn't have a
22 list of illnesses that we view are World Trade
23 Center-related. Rather we look at--or the medical
24 divisions I should say--look at the totality of
25 the circumstances and make determinations based on

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2 that. There are certain illnesses, like
3 sarcoidosis, that I know in the past have been
4 somewhat, maybe not recognized, but now I believe
5 all medical divisions do recognize sarcoidosis if
6 the person was at the World Trade Center to be a
7 World Trade Center-related illness.

8 CHAIRPERSON MARTINEZ: So the City
9 has no record of what illnesses have been
10 identified to be related to the World Trade for
11 line of duty.

12 MS. KOCH: We can certainly provide
13 a list of illnesses that have been granted LODI.

14 CHAIRPERSON MARTINEZ: Mm-hmm.

15 MS. KOCH: I don't have a complete
16 list on me, but we can certainly get that for you,
17 but--

18 CHAIRPERSON MARTINEZ: Please.

19 MS. KOCH: --but what we don't have
20 is a list of pre-approved illnesses. If something
21 comes our way, we make the evaluation, the medical
22 divisions make the evaluation and follow the
23 science that has been published.

24 CHAIRPERSON MARTINEZ: Can you
25 share that, that--what you have with the

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2 Committee, please? Also, do you know--I know you
3 say you don't have it with you but it would be
4 interesting to know also any of those illnesses
5 that have been identified are the same that are
6 accepted at the 9/11-related medical program at
7 Mt. Sinai?

8 MS. KOCH: They are and oftentimes
9 the Mt. Sinai diagnosis plays a role in the
10 determination of LODI, and that the person seeking
11 LODI often will get it if the Mt. Sinai doctor
12 says it's related. I can't--I don't know if
13 that's every single, but I know that that does
14 play a factor.

15 CHAIRPERSON MARTINEZ: Mm-hmm.
16 What is the procedure for the police officers to
17 take to get reimbursed for medical expense related
18 to the approval of illness that you mentioned.
19 You mentioned reimbursements.

20 MS. KOCH: They used to have to pay
21 out-of-pocket for prescriptions and then would get
22 reimbursed, and because that process was--took so
23 long to get reimbursement and the fact that people
24 didn't want to wait for reimbursement and used
25 their union health coverage and that put a burden

2 on the welfare funds of the unions, they now get a
3 prescription card so they don't have to pay any
4 out-of-pocket expenses for prescriptions.

5 CHAIRPERSON MARTINEZ: Does line of
6 duty have to be approved?

7 MS. KOCH: By the medical divisions
8 of the agency, yeah.

9 CHAIRPERSON MARTINEZ: They have to
10 be approved by whom?

11 MS. KOCH: I believe by the
12 physicians who are making those determinations.

13 CHAIRPERSON MARTINEZ: And these
14 are NYPD physicians?

15 MS. KOCH: Fire, Sanitation.

16 CHAIRPERSON MARTINEZ: Does the
17 line-of-duty approval have to be--you just
18 mentioned that, but can you just describe that
19 process? Who, who makes the final determination
20 from the different various agencies? Is it the
21 agency physician? Is it the--

22 MS. KOCH: It's the agency's--

23 CHAIRPERSON MARTINEZ: --is there
24 an independent physician? Do I go to a doctor--

25 MS. KOCH: No, it's the agency--

2 CHAIRPERSON MARTINEZ: --and he
3 tells me I have? What--who approves it?

4 MS. KOCH: No, it's the agency
5 physicians that would do that.

6 CHAIRPERSON MARTINEZ: The, the
7 agency physicians?

8 MS. KOCH: Yes, that is my
9 understanding.

10 CHAIRPERSON MARTINEZ: And how many
11 line-of-duty requests have been approved in the
12 NYPD already? 9/11-related.

13 MS. KOCH: I have some general--I
14 have a general number.

15 CHAIRPERSON MARTINEZ: Mm-hmm.

16 MS. KOCH: I believe it is over--
17 let me make sure I have the right information for
18 you. I believe it's over 1,000 LODI requests
19 related to 9/11 have been approved.

20 CHAIRPERSON MARTINEZ: I'm sorry?
21 You said 1,000 have been approved?

22 MS. KOCH: Over 1,000 have been
23 approved. I don't have the specific numbers but I
24 believe it is to be over 1,000.

25 Cmpar: And how many applied? From

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2 that 1,000?

3 MS. KOCH: People have applied for
4 various injuries or illnesses. One person has
5 applied for various injuries or illnesses, so I do
6 not have a breakdown of how many people versus how
7 many illnesses have been given line-of-duty
8 benefits, but I can, again, certainly try and get
9 that information for you.

10 CHAIRPERSON MARTINEZ: Yeah, can
11 you please? Yeah, that would be important if we
12 could get the breakdown--

13 MS. KOCH: Absolutely.

14 CHAIRPERSON MARTINEZ: --per
15 individual and also the different illnesses. Let
16 me ask you a scenario. When a police officer gets
17 approved for World Trade Center accident
18 disability by the Pension Board and that
19 disability is recognized by a 9/11-related illness
20 by NYPD medical division, does the police officer
21 and union fund get reimbursed for the medical
22 costs related to the World Trade Center recognized
23 illness?

24 MS. KOCH: I'm a little bit
25 confused by your question. Are you talking about

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if someone is active or retired?

CHAIRPERSON MARTINEZ: Active. In other words, if a police officer gets approved for a World Trade Center accident disability by the Pension Board--

MS. KOCH: Mm-hmm.

CHAIRPERSON MARTINEZ: --all right, and that disability is recognized as a 9/11-related illness by the NYPD medical division, does the police officer and the union fund get reimbursed for all the medical costs related with the World Trade Center recognized illness?

MS. KOCH: If the retiree goes to the Mt. Sinai Center of Excellence--

CHAIRPERSON MARTINEZ: Mm-hmm.

MS. KOCH: --or HHC or any of the sister programs, they do not have to pay out-of-pocket for World Trade Center illnesses.

CHAIRPERSON MARTINEZ: He does not?

MS. KOCH: Does not.

CHAIRPERSON MARTINEZ: And does--so he gets reimbursed and does--

MS. KOCH: If he uses the Center of Excellence, he does not have to--my understanding

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2 is that he or she does not have to put out any
3 money. That is something that is paid for by the
4 federal government.

5 CHAIRPERSON MARTINEZ: Okay. Let
6 me go back to the previous question that had to do
7 with the how many. Can you also give us then how
8 many were approved in terms of line-of-duty?

9 MS. KOCH: Mm-hmm.

10 CHAIRPERSON MARTINEZ: Can you also
11 give us how many were denied? Actually, but we're
12 going to get both numbers.

13 MS. KOCH: Yep.

14 CHAIRPERSON MARTINEZ: Can you
15 clarify the City's position regarding illnesses
16 that are recognized as World Trade Center-related
17 by both the federal and the state? In other
18 words, are, are the illnesses that are on both of
19 these lists recognized by the City and approved as
20 all line-of-duty requests?

21 MS. KOCH: I'm not familiar with
22 what federal lists you're referring to. As to the
23 illnesses that are mentioned in the Pension
24 statutes, many of those illnesses, yes--

25 CHAIRPERSON MARTINEZ: Mm-hmm.

2 MS. KOCH: --they are granted line-
3 of-duty.

4 CHAIRPERSON MARTINEZ: So what the
5 City recognized as line-of-duty related to World
6 Trade Center, are those that you recognize in line
7 the same as what the State and the federal
8 government recognize?

9 MS. KOCH: Again, I am not familiar
10 with the federal so I can't respond to that, but I
11 believe that many of the illnesses that have been
12 granted line-of-duty are similar to what's in the
13 Pension statutes. I don't know if verbatim it
14 says all upper respiratory illnesses, but many of
15 those illnesses I believe they are related. And,
16 again, I will get you the list so you can make
17 that determination yourself.

18 CHAIRPERSON MARTINEZ: Thank you.
19 Now can you explain or give us sort of like some
20 detail about the Mt. Sinai program versus the
21 line-of-duty recognition?

22 MS. KOCH: Well, firstly, Mt. Sinai
23 is open to any first responder, not just uniform,
24 but if you happen to be a laborer down there for
25 instance you could go. I don't believe--I'm not

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2 an expert on the Mt. Sinai program. I can only
3 really speak to the City programs. My
4 understanding of the Mt. Sinai program is that
5 they do--whatever their evaluation is of the
6 person who came to see them much in the same way
7 the doctors do at the various health bureaus of
8 the uniform agencies.

9 CHAIRPERSON MARTINEZ: Mm-hmm. So,
10 just let me ask you a question in terms of the
11 opposition to the bill by the Administration. So
12 you are saying that this bill creates the
13 presumption?

14 MS. KOCH: Yes.

15 CHAIRPERSON MARTINEZ: Correct?
16 But, yet, you're also telling me that there, there
17 is a panel of physicians that actually have to do
18 an evaluation--

19 MS. KOCH: No, that's not--

20 CHAIRPERSON MARTINEZ: --before
21 they're granted line-of-duty?

22 MS. KOCH: No.

23 CHAIRPERSON MARTINEZ: Can you
24 clarify that for me?

25 MS. KOCH: What I said is that the

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2 Administration believes very strongly that we have
3 to let science speak to what illnesses are 9/11-
4 related. The LODI determination is completely
5 separate. The Mayor has put together a panel of
6 physicians from Mt. Sinai, from various agencies
7 and they collectively review the literature and
8 come out with what they view to be the current
9 state of illnesses--or science--when it comes to
10 World Trade Center.

11 CHAIRPERSON MARTINEZ: Now, part of
12 that panel--you mentioned Mt. Sinai and other
13 physicians and so forth, but what is the input of
14 the compensation panel, the line of--the
15 physicians that make the actual determination?
16 Are they involved in that commission?

17 MS. KOCH: Some. I believe Dr.
18 Prezant from Fire and I believe Dr. Kleinman from
19 Police are both on that panel, as are the experts
20 of 9/11 illnesses--experts in quotes because it's
21 very new--but occupational health physicians are
22 on that panel.

23 CHAIRPERSON MARTINEZ: So if a--
24 let's use a police officer, for example--goes
25 before the compensation--his panel for line-of-

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2 duty, they cannot make a determination without
3 consulting with the Mayor's--

4 MS. KOCH: No.

5 CHAIRPERSON MARTINEZ: Can you
6 explain that?

7 MS. KOCH: One thing has nothing to
8 do with the other.

9 CHAIRPERSON MARTINEZ: Mm-hmm.

10 MS. KOCH: The medical panel that
11 comes together to review medical literature and
12 make recommendations is completely separate than
13 the police officer who goes to the medical
14 division and gets examined by a police physician
15 who then makes the determination if that person is
16 eligible.

17 CHAIRPERSON MARTINEZ: Mm-hmm.

18 MS. KOCH: The police officer in
19 your scenario does not go before the medical panel
20 that is put together to study what is going on in
21 the world of 9/11 health.

22 CHAIRPERSON MARTINEZ: Correct.

23 Good. I'm glad you cleared up that, but can you
24 also clarify the fact that does the panel that
25 evaluates the police officers, do they follow the

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2 recommendation in terms of what is and what's not,
3 um--

4 MS. KOCH: First of all, to my
5 understanding, it's not a panel at the police
6 department. My understanding is--

7 CHAIRPERSON MARTINEZ: No, the
8 Mayor's--I'm talking about the Mayor's commission.
9 You said the Mayor put together a commission where
10 you have physicians and experts in the field that
11 study and are constantly looking at the--what
12 could be 9/11 World Trade Center-related.

13 MS. KOCH: Right. Right.

14 CHAIRPERSON MARTINEZ: My question
15 is, does the board that evaluates line-of-duty
16 illnesses, correct? If it's related to World
17 Trade Center, does this compensation board, this
18 panel that--

19 MS. KOCH: Do you mean the LODI?

20 CHAIRPERSON MARTINEZ: The LODI,
21 yes.

22 MS. KOCH: Okay. I'm sorry.

23 CHAIRPERSON MARTINEZ: Do they
24 follow guides, instructions, recommendations made
25 by the Mayor's commission?

2 MS. KOCH: Yes, if they make
3 recommendations. I mean, again, we--the
4 Administration is of the belief that one of the
5 reasons why a presumption bill is not necessary is
6 because physicians evaluate the science and they
7 have professional judgment to make those
8 determinations. How do they get that professional
9 judgment? By evaluating the literature and what
10 is being released and published about 9/11-related
11 illnesses.

12 CHAIRPERSON MARTINEZ: Mm-hmm.

13 MS. KOCH: So yes.

14 CHAIRPERSON MARTINEZ: Have any
15 questions from any of my members? Council Member
16 Gale Brewer?

17 COUNCIL MEMBER BREWER: Thank you
18 very much. On this panel that you mentioned in
19 your testimony on Page 5, are there any consumers?

20 MS. KOCH: I'm sorry, what do you
21 mean by consumers?

22 COUNCIL MEMBER BREWER: Patients.
23 People who are sick, have been sick, etcetera.

24 MS. KOCH: No. My understanding is
25 that it is a medical working group of physicians

2 to study the science and the medical literature of
3 9/11.

4 COUNCIL MEMBER BREWER: Okay.

5 MS. KOCH: It is not for people who
6 are ill to come and share what their issues are.

7 COUNCIL MEMBER BREWER: Okay.
8 Because that's always an issue in the health world
9 to try to have consumers to be part of those
10 discussions.

11 MS. KOCH: Maybe they will be in
12 the future.

13 COUNCIL MEMBER BREWER: If one is
14 retired and one is no longer active, can you just
15 describe if one last months gets ill, one assumes
16 it has something to do with 9/11, we don't know.
17 How would one proceed in that situation? Say
18 you're an officer, you get sick; you don't know if
19 it's 9/11 or not. You would go to a Center of
20 Excellence under your scenario?

21 MS. KOCH: Yes.

22 COUNCIL MEMBER BREWER: And then
23 what would happen?

24 MS. KOCH: They would get treated
25 as if they were a laborer who was suffering, a

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2 fire fighter who was suffering, any person who was
3 a rescue and recovery worker can go to the Centers
4 of Excellence and get treatment at no charge for
5 the illnesses.

6 COUNCIL MEMBER BREWER: But then it
7 if it is--you don't have to go through a LODI
8 evaluation in order to get the medical support
9 that you might need and the funding to go with it
10 if you're retired? How would that retirement
11 change?

12 MS. KOCH: I don't believe that
13 they retirees any different than they treat any of
14 the other rescue and recovery workers. They're
15 not determining a LODI scenario. They're not
16 determining a pension benefit. They're just there
17 to evaluate and then treat. Whether someone is
18 retired or active I don't believe goes into that
19 determination.

20 COUNCIL MEMBER BREWER: Because of
21 course we hear from a lot of police officers who
22 are ill who do not have the support in the sense
23 of the City of New York, and who are out-of-pocket
24 because I assume paying for their own medical
25 care, particularly prescriptions, and obviously

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2 there are a lot of them involved, because their
3 illness--and, again, this is unfortunately I
4 assume a new field--I'm not a doctor--but I assume
5 it's complicated in terms of what is or isn't
6 considered 9/11, because we've never experienced
7 anything like this. But the fact of the matter
8 are there are people who wouldn't, I assume, under
9 other circumstance be ill and who do feel that it
10 is a 9/11-related and yet are not considered 9/11-
11 related, I guess, because between the panel and
12 the LODI--I know they're not related, but they're
13 trying to figure out what is related to 9/11 one
14 way or the other. And that's where the challenge
15 is because people are sick. They're out of pocket
16 a lot of money because it is not considered 9/11,
17 and I think there's a real feeling of disconnect.
18 Have you heard any of these problems? Heard about
19 any of these problems?

20 MS. KOCH: I have heard that some
21 people are unhappy with various determinations
22 that have been made, whether it be LODI or
23 pension, and you know, I do sit on the Pension
24 Board and not everybody gets granted that are--of
25 course, there are always going to be people who

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2 are not going to be happy with whatever system
3 there is. I can't, certainly can't speak to how
4 many people are unhappy. What I can tell you is
5 that the Administration has made a concerted
6 effort to get federal funding--because, again,
7 9/11 was an attack on the United States and not on
8 New York--to pay for these treatments. And when
9 we did not get federal funding we paid for it.
10 The Bellevue Program is a perfect example. The
11 feds did not pay the money for that, and we--the
12 City--paid for it. So we're not immune to the
13 fact that there are issues and that people feel as
14 if they are not getting what they deserve. But,
15 again, we are--we do definitely, very strongly
16 feel that we are working towards a solution.

17 COUNCIL MEMBER BREWER: So again,
18 back to the Chairman's question, you don't know
19 how many people--because I assume some of these
20 quote unquote unhappy people would be in that
21 declined category, but you don't know how many
22 people are in that declined category?

23 MS. KOCH: Yes.

24 COUNCIL MEMBER BREWER: Do you have
25 any ballpark figure?

2 MS. KOCH: Ballpark, I believe it's
3 a little bit--it's about 425, roughly, maybe a
4 little bit more.

5 COUNCIL MEMBER BREWER: Okay. And
6 that's since the inception of--

7 MS. KOCH: That's since '01.

8 COUNCIL MEMBER BREWER: --since the
9 inception of the program? Okay. And do you feel
10 that if you had the federal money that you would
11 be able to, to support some of these people whom,
12 I guess it's a financial reason as to why you
13 can't support them now?

14 MS. KOCH: No, it's not a financial
15 reason why we can't support them now. The reason
16 why these people may have been denied--and again,
17 I don't know anything about them--

18 COUNCIL MEMBER BREWER: Oh, I know.
19 I understand. Yep.

20 MS. KOCH: --is that perhaps
21 medical science has not determined that there is a
22 correlation.

23 COUNCIL MEMBER BREWER: Mm-hmm.

24 MS. KOCH: And so we follow the
25 medical literature. We let the medical

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2 profession--professionals make their medical
3 judgment, and that's how it should be. At this--I
4 mean, I don't think it has anything to do with
5 wanting to pay or not wanting to pay.

6 COUNCIL MEMBER BREWER: Okay. I
7 mean, I think the issue for us--at least for me,
8 speaking for myself--is that it's not that we
9 don't understand that this Administration in
10 particular is very sympathetic and has tried to go
11 out of their way, but historically in this country
12 between the mining industry and the asbestos
13 industry and so on, there's always a lack of
14 information because later on these diseases catch
15 up with people. We didn't even know they existed.
16 Obviously mining and asbestos have--I won't say
17 the mining has been addressed, but there is
18 awareness.

19 MS. KOCH: And I think--

20 COUNSEL MEMBER BREWER: And I think
21 that's what people are nervous about is that as
22 professional as these medical professionals are--
23 and I certainly have a lot of respect for them--
24 who knows? And so, but people are ill. And I
25 think that that's something that needs to maybe be

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2 fought. This bill is certainly one way to address
3 it, but I think to say that the medical
4 professionals have not determined that this is an
5 eligible disease is, is a challenging situation
6 for those people who are ill and those who are
7 constituents and New Yorkers and I think we need
8 to think about. And that's different than just a
9 plain old pension issue which may be cut and dried
10 when there's no illness involved. I just throw
11 out because you never know what's going to happen
12 in 10 or 15 years. With the mining industry,
13 which I happen to be familiar with, people are
14 feeling it many years later, having not ever been
15 ill.

16 MS. KOCH: I don't--I don't think
17 the Administration disagrees with that. I think
18 they're very much aware that there are diseases
19 that we are not aware of having a relation to 9/11
20 at this point. That is why they are engaged in
21 epidemiological studies. That's why they have
22 this medical working group that meets on a regular
23 basis to study and take a look at what is going on
24 so that they can be prepared for when these
25 illnesses do show up. We can be prepared and act

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accordingly.

COUNCIL MEMBER BREWER: When did the medical group start meeting? Like a year ago or when did the--

MS. KOCH: It was a result of the study that we did in '05.

COUNCIL MEMBER BREWER: Okay. And, um--

MS. KOCH: '06, excuse me.

COUNCIL MEMBER BREWER: And how does the medical group communicate--'cause I know that you said that they don't really talk regularly to the LODI--but how do they communicate? Is it like a written, web-based--

MS. KOCH: I believe they're coming out with a paper. I don't know the correct terminology, very shortly, and I don't know that exact date, but I can get that for you as well.

COUNCIL MEMBER BREWER: Okay.

MS. KOCH: But I do want to add that the Department of Health since 9/11 has been studying this issue. It has broadened to many other people who also were studying that issue. They are now coming together and collectively

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2 arguing the medical science.

3 COUNCIL MEMBER BREWER: Okay. So I
4 understand that. So their paper comes out. It
5 does take a while to put the medical research
6 together, but the problem is between--you know, in
7 the interim there may have been illnesses that
8 were not able to be identified. We're not talking
9 about thousands of people, but we are talking
10 perhaps about hundreds. And I think that's where
11 the rubber hits the road in terms of our concern.
12 Thank you, Mr. Chair.

13 CHAIRPERSON MARTINEZ: Thank you,
14 Council Member. Council Member Nelson?

15 COUNCIL MEMBER NELSON: Thank you,
16 Mr. Chair. Most of the questions I was going to
17 ask have been asked and answered, but I just want
18 to make sure we're on the same page. I do believe
19 we are. I do agree with you that the federal
20 government should step up to the plate and ensure
21 that everybody who was directly impacted
22 negatively health-wise by 9/11, their health
23 concerns should be addressed. So we seem to just
24 have a little bit of disagreement as far as the
25 bill in question right now, 714. But the

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2 Administration also agrees that everybody who has
3 a legitimate health of course should get the full
4 extent of the benefits, which may go sometimes
5 beyond what they are presently covered for if they
6 were under a City contract already?

7 MS. KOCH: I'm sorry, what do you
8 mean by a City contract?

9 COUNCIL MEMBER NELSON: Well, City
10 contract, by that I mean as far as medical
11 coverage. Have you found any particular medical
12 conditions going beyond what a general medical
13 coverage would cover in the City?

14 MS. KOCH: Beyond what health
15 insurance would cover?

16 COUNCIL MEMBER NELSON: Not to my
17 knowledge. I don't know. Every single City
18 employee has medical insurance and vested retirees
19 have medical insurance as well.

20 COUNCIL MEMBER NELSON: As far as
21 co-pays, have some of them become so extraordinary
22 that the people may be in financial straits?

23 MS. KOCH: One of the reasons why
24 the City has instituted a LODI prescription
25 benefit--

COUNCIL MEMBER NELSON: Mm-hmm.

MS. KOCH: --is because we were made aware that--

COUNCIL MEMBER NELSON: Mm-hmm.

MS. KOCH: --of the problem with the lag time of reimbursement and the alternative that many people were doing with using their union welfare benefit and that it was tapping those resources.

COUNCIL MEMBER NELSON:

[interposing] Could it--

MS. KOCH: Therefore, we now gave them the card so those--it doesn't have to go to the welfare fund or they--nor do they have to get reimbursed.

COUNCIL MEMBER NELSON: As you mentioned before. Is that totally across the board or only with City workers? Not any volunteers that came in?

MS. KOCH: That is only for LODI, for uniform Fire, Police, Sanitation.

COUNCIL MEMBER NELSON: Mm-hmm.

MS. KOCH: Keep in mind, though, that if you are non-uniformed and if you are

2 deemed to be ill by workers' compensation, they do
3 pay for prescriptions and doctors for that
4 illness, so that, too. They're covered that way.

5 In terms of volunteers, they can go
6 to Mt. Sinai and take part in that program or any
7 of the other Centers of Excellence.

8 COUNCIL MEMBER NELSON: Those are
9 all inclusive as far as the financial outlay?

10 MS. KOCH: As far I know it is the
11 same whether you are a laborer, a volunteer who
12 cleaned or helped rescue or a police officer or a
13 fire fighter. I believe it is the same.

14 COUNCIL MEMBER NELSON: Well, I
15 salute the Administration as far as trying to get
16 the feds to come up with what they should be
17 covering, which is actually all costs that, that
18 we have to ascertain is directly related to 9/11.
19 Have you found some people--I'm sure you have, but
20 how many people have been out-and-out frauds,
21 though, that have come forward and had no part of
22 it whatsoever?

23 MS. KOCH: I have no idea.

24 COUNCIL MEMBER NELSON: Okay. That
25 would be an interesting thing to bring to the

Council as well. If the--should--might have been a few who don't work for the City and just claim they were there to try to get benefits. I'm sure that I've read about a few of those people. And that's why I understand you have to be really on top of this to make sure that the good people who actually are out there and suffered because of it don't have to have this as a disadvantage as far as money coming out from where it should be going.

MS. KOCH: Absolutely.

COUNCIL MEMBER NELSON: I thank you. Thank you, Mr. Chair.

CHAIRPERSON MARTINEZ: Thanks. Let me just ask one more question in terms--with respect to those who have been granted World Trade Center accident disability through the Police Pension Board--

MS. KOCH: I'm sorry?

CHAIRPERSON MARTINEZ: Hmm?

MS. KOCH: I'm sorry.

CHAIRPERSON MARTINEZ: I just want to ask you one more question with regard to those who have been granted World Trade Center accident disability through the Police Pension Board.

2 MS. KOCH: Mm-hmm.

3 CHAIRPERSON MARTINEZ: We
4 understand that some of these individuals may have
5 not, requested line-of-duty status, but they may
6 have qualified. Is there a policy in place for
7 these individuals?

8 MS. KOCH: I don't know what that
9 policy is. If there is, I'm not aware of it. And
10 if there isn't, again, I'm not aware of that
11 either. Again, I can certainly see what that
12 policy is.

13 CHAIRPERSON MARTINEZ: Thank you.
14 We would appreciate it if you could get the, the
15 answer, both the breakdown of those individuals
16 that have been granted and those who have not
17 compared to the different, disabilities that they
18 have applied for. And if you could get us that
19 information in terms of the policy for those who
20 have been granted disability but then, did not
21 request the line-of-duty and may qualify for it.
22 What's the policy to get them on there?

23 Seeing no further questions from
24 any of my colleagues, I will call on the next
25 panel to testify. Thank you for your testimony.

MS. KOCH: Thank you.

[pause]

CHAIRPERSON MARTINEZ: All right.

We have Frank Tramontano and Ed Boles, Edward Boles. Just identify yourself for the record in any order you would like to start.

MR. FRANK TRAMONTANO: My name is Frank Tramontano. I'm the Research Director from the Patrolmen's Benevolent Association. I'm also joined by Chris McGrath who is a legal counsel for the Patrolmen's Benevolent Association. He's helped us in preparing this testimony.

I would like to thank the Speaker and her staff as well as the Chairman, Miguel Martinez, and his staff and the Councils to this Committee as well as all the other members of the Civil Service Labor and Committee and Councilwoman Gale Brewer for taking the time to understand this issue and agreeing to have this hearing on this important legislation.

As you know under the Administrative Code of the City of New York, the City is obligated to pay medical expenses of any employee who is injured or made ill in the scope

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2 of employment. Intro 714 addresses an unfair
3 hardship that currently faces City employees who
4 were victims of the World Trade Center attacks of
5 9/11. This bill requires the City to provide
6 medical care for those City employees who become
7 ill with a medical condition identified in State
8 law as eligible for World Trade Center accident
9 disability. Under State law if a City employee
10 has one of these medical conditions and can no
11 longer perform their duties, there is a
12 presumption that the medical condition is a direct
13 result from the work at one of the World Trade
14 Center sites and the employee is granted an
15 accident disability providing he or she meets the
16 eligibility criteria in the State law for time
17 spent at one of the World Trade Center sites.

18 In contrast these same individuals
19 are often not provided line-of-duty status by the
20 City for these same illnesses denying them the
21 cost-free medical care that would come with that
22 determination. Currently employees who do not get
23 line-of-duty status for their World Trade Center-
24 related illness often rely on their medical
25 benefits provided by their chosen medical plan,

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2 which in some cases imposes a severe financial
3 hardship. In addition, union welfare plans must
4 shoulder the cost of prescription drugs for any
5 World Trade Center-related ailments which are
6 considerable. Finally, almost all the employee
7 plans and union welfare funds require co-payments
8 and have both yearly spending limits and lifetime
9 spending limits which, depending upon your medical
10 needs, can be significant.

11 Employees do have an option to seek
12 free medical treatment and monitoring at the World
13 Trade Center programs at Mt. Sinai or Bellevue
14 Hospital, but cannot acquire free medical
15 treatment from their own physicians without a
16 line-of-duty determination. The medical needs for
17 these employees often limit their ability to
18 travel and these illnesses are generally life-
19 altering and life-threatening, making the choice
20 of doctors and type of care extremely important.

21 Intro 714 will remove these
22 limitations and because the City would be
23 providing the medical coverage, both early
24 treatment and quality care is more likely to occur
25 which can make a real difference in these victims'

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2 lives. Intro 714 would mandate the City to
3 provide free medical care for the employees who
4 contract the illnesses identified as World Trade
5 Center-related in State law. The City's
6 responsibility for providing medical coverage
7 would start upon diagnosis of the listed medical
8 condition in the State law. Too often these
9 employees are not provided line-of-duty status and
10 then must seek medical coverage on their own,
11 navigating their insurance plan and attempt to
12 seek the best possible coverage. While this
13 legislation covers all employees, I'd like to
14 provide the Committee with some evidence we have
15 gather regarding PBA members and the frequency of
16 the agency's denials of World Trade Center-related
17 line-of-duty designations provided by the NYPD's
18 medical division.

19 From January 2007 until December
20 2008, 59 PBA members were approved for an accident
21 disability under the State World Trade Center
22 Disability Law. Only three of these individuals
23 were granted a World Trade Center line-of-duty
24 injury providing them with the cost-free medical
25 care. Out of the 56 others that were not provided

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2 the line-of-duty status that would be automatic
3 under this proposed law, the vast majority have
4 similar if not identical medical conditions,
5 particularly pulmonary disorders, as the three
6 officers that were approved for the line-of-duty
7 status.

8 In September of 2007 after
9 conclusion of a hearing held by this Committee on
10 the access of medical care and benefits for
11 uniformed municipal workers involved in 9/11
12 recovery effort, I had a conversation with Dr. Eli
13 Kleinman, Chief Surgeon for the NYPD medical
14 division. Dr. Kleinman stated that all medical
15 costs related to 9/11 illnesses of a uniform
16 member of the NYPD will be reimbursed by the
17 Police Department after these members receive an
18 accident disability under the World Trade Center
19 Disability Law. In the last two years we are
20 unaware of any of our members being reimbursed for
21 their medical expenses with the exception of one
22 member who filed an Article 78 against the City
23 and the City agreed in a stipulation to approve
24 his line-of-duty request and reimburse him for all
25 his related medical expenses.

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2 The City appears, at least in the
3 NYPD, to be very reluctant to grant line-of-duty
4 status for World Trade Center-related illnesses.
5 We fear that these decisions are being driven by
6 concerns of financial costs and are not based on
7 the type of illness and the relationship to
8 exposure to toxins from the World Trade Center
9 attacks.

10 In the City's report released in
11 the spring of 2007 titled *Addressing the Health*
12 *Impacts of 9/11*, the City attempts to explain
13 their process for granting line-of-duty status for
14 9/11 victims. On Page 76 of that report, the City
15 states the NYPD medical division line-of-duty
16 injury decisions are based on the DOHMH WTC
17 clinical guidelines. However, the list of
18 illnesses identified as World Trade Center-related
19 in those guidelines are the same as most of those
20 56 members identified above, yet not one of them
21 were granted line-of-duty status or reimbursed for
22 their medical expenses. The refusal to cover
23 medical expenses for these individuals is in
24 conflict with their own guidelines and contrary to
25 what Dr. Kleinman told me back in September 2007.

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2 Tellingly, the majority of this 56 employees have
3 illnesses that are eligible for treatment under
4 the federally-sponsored World Trade Center program
5 at Mt. Sinai. The fact that the federal
6 government recognizes these illnesses are World
7 Trade Center related and the State recognizes them
8 as qualifying for World Trade Center accident
9 disability makes the City's refusal to do the same
10 questionable at best. The refusal to grant line-
11 of-duty status also works against an employee
12 getting quality treatment in a timely manner. In
13 cases where the federal government and the State
14 have determined the illnesses are World Trade
15 Center related, we would expect the City to be
16 even a stronger advocate and coordinate the effort
17 to get the best treatment available for these
18 employees. This, unfortunately, is not the case.

19 In closing, it is our hope that
20 this Committee will closely consider and support
21 this legislation. It is important that those who
22 have been made ill simply because their job
23 exposed them to toxins after the 9/11 World Trade
24 Center attacks are provided the medical care at no
25 cost to them and their families as required by

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2 law. This is not the current situation and we are
3 hoping the City Council will correct this
4 injustice and move forward on Intro 714. This
5 City is often called the greatest city in the
6 world and we hoping that the City government will
7 be reflective of that moniker when it comes to
8 treating its employees who have become sick due to
9 their World Trade Center-related work.

10 Thank you, and we're here to answer
11 any questions you have.

12 CHAIRPERSON MARTINEZ: Thank you.
13 Mr. Boles?

14 MR. EDWARD BOLES: Good afternoon.
15 My name is Eddie Boles. I'm the Treasurer and
16 City Council Chair for the Uniformed Fire Officers
17 Association. I apologize for not having any
18 testimony. I didn't know I was going to testify.
19 I just came for a Board meeting, so I will send a
20 written transcript at a future date.

21 But, as I was sitting--first of
22 all, I represent 2,500 fire officers that, that
23 are lieutenants, captains, supervisors, fire
24 marshals, battalion chiefs, deputy chiefs and
25 medical officers in the New York City Fire

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2 Department. I was listening to the City's
3 position and, and to this day I still find it
4 illogical in what they say. They warrant
5 significant attention to a long-term commitment to
6 monitoring and treatment of WTC illnesses, yet
7 they do not fully acknowledge all of our members
8 who have gotten ill or who have died as a result
9 of 9/11. What will it take for the City to
10 finally acknowledge that many of our members are
11 suffering and even dying from WTC illnesses.

12 FDNY members are unique. All of us
13 responded to WTC or worked in that toxic
14 atmosphere for countless hires, and almost all of
15 us were healthy prior to the rescue and/or
16 recovery work because there was a health baseline.
17 The Fire Department has a health baseline of our
18 members pre- and post-9/11. And yet, many of them
19 got sick. So for the City not to recognize that
20 you had a healthy population before the 9/11
21 attack and now you have a sicker population, is
22 just incomprehensible. I know from first-hand
23 experience having to deal with my members on a
24 daily basis, many, many are suffering and many
25 have died as a result of an illness. And there's

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2 not one member, including myself, that has not
3 suffered the physical or mental aspects regarding
4 9/11.

5 Giving an example, Lt. Ruben Natal
6 [phonetic] is no longer here and able to play
7 basketball with his son, now a teenager, because
8 he died as a result of his 9/11 illnesses which is
9 documented, and his family is not on a WTC LODI
10 pension. Or the same holds true for Lt. Murray or
11 Firefighter McCarthy and countless others that
12 have been identified as dying from WTC illnesses.

13 Then we have members like Lt. Marty
14 Fullam who has been suffering from a WTC illness
15 for the last three years and now is probably only
16 alive because of a recent lung transplant. And I
17 know Council Member Martinez was present was, was
18 present the day that he was released from Columbia
19 Pres after getting a successful lung transplant.

20 That is only the result of funding
21 that we get from the federal government. It is so
22 imperative--and thank God we have it--it is so
23 imperative that we had that federal funding
24 because many, many of our members have been
25 diagnosed and treated as a result of 9/11

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2 illnesses. But we need further funding and this
3 resolution helps to get that ball rolling or
4 continue that ball going in the right place so we
5 can get a bill signed finally that we have a long-
6 term federal funding stream for those suffering,
7 uniformed members that are suffering from 9/11
8 illnesses.

9 One of the travesties--again, I
10 deal with the families all the time--and one of
11 the travesties that I've encountered when dealing
12 with families is you go to their house and they'll
13 have a dedicated table, generally a dining room
14 table, and it's filled to here, countless piles
15 and sometimes on the floor, of hospital bills,
16 that are just sitting there. So not only dealing
17 with the physical anguish of the illness, but also
18 the, the emotional and the economic impact that it
19 has on members in regards to paying the bills,
20 dealing with bill collectors and things like that.
21 That shouldn't have to happen.

22 Again, the Fire Department under
23 Dr. Kelly and Dr. Prezant have done an incredible
24 job, yeoman's work in regards to setting up the
25 medical monitoring program in the FDNY. My

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2 empathy goes to my brothers and sisters in the PBA
3 and other police unions and the other uniforms
4 that it seems that they're not getting the due
5 treatment that they should be, and that is
6 absolutely a disgrace. But, having said that, we
7 support Resolution 714. We will assist the City
8 Council and local legislators to achieve long-term
9 funding for our dedicated uniformed members who
10 bravely answered the call of duty and continue to
11 show that bravery while facing their illnesses.
12 Again, if there is any questions, I'm more than
13 happy to answer them, and I want to commend
14 Chairman Martinez, your Committee and the Speaker
15 for having this hearing.

16 CHAIRPERSON MARTINEZ: Thank you.
17 Thank you both. from the PBA perspective, how
18 many members would you think benefit from Intro
19 714?

20 MR. TRAMONTANO: Well, clearly,
21 everyone will. It will be--hopefully, this will
22 be the bill that will make everyone who has got an
23 illness at 9/11 be taken care of. There wouldn't
24 be any doubt any more because what it does, it
25 says the illnesses that are identified in the

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2 State law as available for accident disability, if
3 it's severe enough, those illnesses, which we
4 think are pretty comprehensive, will be treated by
5 the City as related to on-the-job immediately upon
6 diagnosis.

7 CHAIRPERSON MARTINEZ: Mm-hmm.

8 MR. TRAMONTANO: The game's over.
9 Everybody gets treated. And the City should be
10 the advocacy for that. Now, we understand there's
11 financial concerns and we understand that, that
12 this could be a lot of money, but we need the City
13 to stand up and take responsibility and take us to
14 bat and to the federal government and get what we
15 need to treat out members.

16 If you talk about what the City's
17 approach on this is, they're saying each agency's
18 medical division gets to make these decisions
19 based on the individual that they see in front of
20 them. But what does that mean? So the Fire
21 Department has this federally funded program, so
22 everyone who walks through that door they're going
23 to look with open arms because to them it
24 represents someone that they can treat with
25 federal funds. Great; let's go. The City NYPD

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2 doesn't have that availability. So people walk in
3 that door; they may have similar diseases, similar
4 illnesses but they're not getting the same
5 designation. There should not be designations
6 based on the agencies. There should be one
7 designation based on one set of circumstances. In
8 the federal Mt. Sinai program, there are a list of
9 diseases there and illnesses that we see every
10 day. Just last week someone came into our office,
11 was denied a line-of-duty that are being treated
12 Mt. Sinai for a condition that they recognize as
13 WTC related, put down on the line-of-duty, this
14 person should be recommended for line-of-duty and
15 the NYPD surgeon turned them down. And this
16 doesn't happen once in a while. It happens more
17 often than you think. And I kind of question--the
18 impression that I got was there's only 1,400 or so
19 line-of-duty requests. From our information, we
20 were told there's thousands--thousands upon
21 thousands, closer to 10,000. I really would love
22 to see the data in on this and I would hope the
23 Committee follows up on this because this is a
24 serious issue and it's only going to get worse.
25 And we all need to be on the same page about what

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the right thing to do is.

CHAIRPERSON MARTINEZ: You heard testimony from the Administration in terms of, the Mayor setting up a, a panel of experts and physicians that look at developing diseases related to World Trade Center. And you also just mentioned the fact that you have a system where there's an entity that recognizes illnesses that are related to the World Trade Center, yet the Pension Board of the Department does not agree with that determination made by Mt. Sinai. Is that correct?

MR. TRAMONTANO: The medical division at the Department.

CHAIRPERSON MARTINEZ: At the Department?

MR. TRAMONTANO: Yes.

CHAIRPERSON MARTINEZ: Does not agree with Mt. Sinai?

MR. TRAMONTANO: That's right.

CHAIRPERSON MARTINEZ: Now, why is that? Are there different sets of examination or different criteria set by Mt. Sinai as opposed to the Pension Board at the Department?

2 MR. TRAMONTANO: Chris is probably
3 the best person who can talk to you about this.
4 Chris, do you want to? Chris McGrath, he does all
5 the disability cases for the PBA.

6 MR. CHRISTOPHER MCGRATH: Yes.
7 Good afternoon. I'm Christopher McGrath,
8 Associate General Counsel for the PBA, and I
9 handle all the health issues with regard to line-
10 of-duty and with regard to disability. I think
11 it's important to point out initially that
12 disability is a little different than line-of-
13 duty. Disability means that you're incapacitated
14 from employment and can no longer be employed, and
15 therefore, will be granted three-quarter
16 disability pension benefits for life.

17 Line-of-duty disability is for, is
18 for treatment for World Trade Center illnesses,
19 while at the same time continuing in your
20 employment. So they're a little bit different in
21 that respect. From the perspective of line-of-
22 duty in the Police Department, it's a process
23 that's been around for a long time and usually
24 with the Police Department it has dealt with
25 traumatic injuries--car accidents, trip and falls,

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2 gunshot wounds, that type of thing. Environmental
3 illnesses are a little new with regard to the
4 Police Department.

5 The process is that you file a
6 line-of-duty report and it goes through a command
7 structure of uniformed officers, sergeants,
8 lieutenants, captains, deputy inspectors, and
9 finally it gets to the, the medical division.
10 And in the Police Department the medical division
11 is composed of Dr. Kleinman, who's the Chief
12 Surgeon, as well as district surgeons. And it is
13 the district surgeons along with Dr. Kleinman and
14 Dr. Wright, the Deputy Chief Surgeon, who make
15 final determination with regard to granting of, of
16 line-of-duty, whether it is approved or not. And
17 the problem that we have with regard to World
18 Trade Center illnesses is that early on from 2001
19 to approximately 2007, many of those
20 determinations were being disapproved because of
21 no causal relation, and the thought being that the
22 medical science wasn't far enough along to
23 determine whether certain World Trade Center
24 illnesses were causally connected or resulted from
25 exposure at 9/11. That science is continuing.

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2 The Centers of Excellence and the World Trade
3 Center Registry are studying those matters as we
4 go along. Many of our members receive treatment
5 at Mt. Sinai. They bring letters from Mt. Sinai
6 to the Department surgeons and say I have
7 sarcoidosis or I have RADS or I have PTSD. Here's
8 my proof from my doctor, and the Department
9 doctors, the district surgeons review those,
10 sometimes grant them and sometimes don't. It's
11 not so much that they deny that these members have
12 these conditions because if someone from Mt. Sinai
13 or another respectable physician licensed in the
14 State of New York says you have a certain
15 condition, it's usually based on tests. It's
16 based on sometimes biopsies. The question, I
17 think the problem is has to do with causal
18 relation. Oftentimes they deny there's a causal
19 relation, saying that we don't know whether these
20 illnesses resulted from 9/11. Sometimes the
21 science hasn't caught up with the illnesses, but
22 the problem is these members are sick; they're
23 suffering. And as our colleague in the Fire
24 Department, I do the same thing; I talk to people
25 on a daily basis with PTSD, cancers, pulmonary

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2 illnesses where they can't breathe. You can talk
3 on the phone and you can hear them. They wheeze.
4 You can't--you know they have an illness 'cause
5 they can't talk or they cough. You can't even
6 carry on a conversation.

7 So it's not so much--and I think--
8 my hope is that the district surgeons who are
9 Department employees, my hope is that they are
10 looking at the science. They are looking at the
11 studies that many entities, private and public are
12 doing. But my concern is, doctors being cautious
13 as they are sometimes, I think that they wait and
14 they say we can't really establish beyond a degree
15 of medical certainty that it's causally connected,
16 and yet these members suffer. Thank goodness for
17 the Centers of Excellence, because what happens is
18 with regard to the Police Department, when line-
19 of-duty is approved then you go back to the
20 district surgeon again and they grant you
21 authorization for treatment from your physician or
22 from others. And when line-of-duty is denied,
23 they have no alternative but to go to their own
24 doctors and pay for their own insurance, or to go
25 to Mt. Sinai. We encourage our members to go to

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2 the Centers of Excellence. Oftentimes, even with
3 regard to our members, sometimes they don't
4 understand. Some of the illnesses that are World
5 Trade Center-related that are pulmonary and
6 respiratory, they don't realize that they were
7 incurred as their 9/11--as a result of their 9/11
8 service, and they go to their own doctors and only
9 find that out later on.

10 And in fact, the Department did
11 change the line-of-duty procedure, in November of
12 2007 with an operations order known as Operations
13 Order No. 60, where if you felt that you had a
14 line-of-duty illness, you could come into the
15 medical division of the Department, be evaluated
16 or go to Sinai or one of the other Centers of
17 Excellence and be evaluated, and then begin a
18 process of line-of-duty application where you
19 would provide what we in the Department call a 49,
20 or a memorandum explaining the history of your
21 treatment so that that could be presented to the
22 medical division to obtain approval of line-of-
23 duty. And sometimes even after doing all of that,
24 it's still disapproved. So with regard to the
25 relationship, Councilmen, between Sinai and the

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2 Department, I don't know that Sinai has any direct
3 dealings with our district surgeons in the
4 Department, but certainly our members bring
5 reports from Sinai and other medical
6 professionals, treaters, to the medical division
7 district surgeons for consideration for them to
8 review to assist them in making determinations of
9 whether to approve a line-of-duty or not.

10 MR. TRAMONTANO: Let me make clear.
11 Everyone who's in this situation that gets denied,
12 all--they all qualify for exposure. They were all
13 down there for the number of hours that were
14 required. So it's never denied because they
15 weren't deemed not to be exposed.

16 CHAIRPERSON MARTINEZ: Now, let me
17 ask you a question in terms of you said that the
18 bill will fall within the State laws that have
19 already been established, yet the Administration
20 mentioned that this bill would create a
21 presumption that everybody has it. Is there a
22 contradiction there? Doesn't the State law
23 clearly--

24 MR. MCGRATH: The, the State law
25 that the City was referring to, Councilman, is the

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2 World Trade Center presumption bill, the New York
3 City Administrative Code 13-252.1. That is for
4 disability, for establishing whether you are
5 disabled. 12-127 is the Administrative Code
6 section that has to do with line-of-duty and if
7 you are approved for line-of-duty the City will
8 pay for your treatment. So with regard to what
9 we're seeking to do here with presumption, it's
10 sort of taking that presumption for disability and
11 utilizing it in the line-of-duty context to help
12 establish that causal connection that seems to be
13 a problem for the Department.

14 CHAIRPERSON MARTINEZ: Thank you
15 for that clarity. You've got a question, Council
16 Member Nelson?

17 COUNCIL MEMBER NELSON: Well, if we
18 learned anything today, it's not just cut and
19 dried, anything, especially with your explanation.
20 It's murky. It's somewhat murky. emotionally
21 nobody would want to deny somebody who was ill
22 based upon a national calamity all the health care
23 that can be given. And that's part of our job to
24 make sure they receive it. Or even traveling, for
25 instance, to Mt. Sinai, it may be--it's very

1
2 difficult for some, and it may be impossible for
3 others. So that, that's something else that
4 should be considered. It's like this one area for
5 the entire City is always a problem, like it is
6 with the VA, for instance. They closed down one
7 of them.

8 Out of the--you call them
9 contradictions--it seems like the Administration
10 stated that at one point it wasn't driven by
11 financial costs alone? I think I heard that. I
12 don't think that that is the case, but and there's
13 no problem to get help without overwhelming co-
14 pays. That shouldn't be a problem, the co-pays,
15 but it is a problem, isn't it?

16 MR. MCGRATH: Yes, the co-pays and
17 also, with regard to limits of treatments in these
18 programs. These illnesses seem to be chronic and
19 life-long in many respects. And I think, in
20 talking to my members, they often complain that
21 they're very concerned early on in their treatment
22 that they're reaching certain limits in their own
23 programs--health programs, that they fear they're
24 going to exceed them--

25 COUNCIL MEMBER NELSON: Mm-hmm.

1
2 MR. MCGRATH: --and will then be
3 more, a greater - - financial responsibility for
4 themselves and their family for this treatment.

5 COUNCIL MEMBER NELSON: Yeah, I
6 personally know from co-pays and they could add up
7 to be hundreds and hundreds of dollars a month,
8 which can really, really, really hurt.

9 MR. MCGRATH: And, Councilman, if I
10 may interrupt for just a moment, it's just--

11 COUNCIL MEMBER NELSON: Sure.

12 MR. MCGRATH: --I know with regard
13 to, to Mt. Sinai, they have opened, satellite
14 offices. Most recently in Staten Island, Richmond
15 University Hospital.

16 COUNCIL MEMBER NELSON: Oh.

17 MR. MCGRATH: And also out in Long
18 Island associated with Stony Brook University
19 Hospital and Suffolk County and Nassau County
20 Medical Center. And I believe there are, there
21 are more so they are branching out to try to meet,
22 the demand. Especially, most recently in Staten
23 Island where they opened a very nice facility down
24 there for, not only our members, but other first
25 responders, uniform and nonuniform.

COUNCIL MEMBER NELSON: Mm-hmm.

That's fair and balanced for you to say that. I wish there was one in Brooklyn, then, too. because while I applaud the Administration for leaning on D.C. to take care of their obligations, I can't applaud the Administration until all of the legitimate concerns of health with our brave workers are taken care of. What more would you say to the Administration based upon the statements that were made?

MR. BOLES: Well, we--myself and Jack McDonald, our President, and several members have gone down to Washington several times. I know Mayor Bloomberg has been down there. We need the federal government to come through with the funding. We need that bill signed. We need to collaborate together and go down collectively so everyone is taken care of in regards to if they get sick, they need to be taken care of.

I was glad there was clarity-- clarification on the presumptive bill from the State. That's for pension purposes only. It doesn't deal with when a person gets sick. It only deals with if they are sick and they are

1 disabled, they would be entitled to a disability
2 pension. We need to address those who are getting
3 sick. We need to continue the monitoring. If it
4 wasn't for the prescription drug program, I know
5 our welfare fund would be, would be bankrupt at
6 this time. There's no doubt it, no question in my
7 mind.
8

9 COUNCIL MEMBER NELSON: Mm-hmm.

10 MR. BOLES: We need resolutions
11 such as this. We need a commitment from the City
12 Council and from City Hall to make sure that we
13 endorse and embrace the, the federal funding for
14 those that are suffering from 9/11 illnesses.

15 MR. TRAMONTANO: And I would just,
16 just add with regard to the City's position I
17 think there's a distinction can be drawn between
18 diagnosis of a condition. I don't think there's
19 any question that the members who present for, for
20 LODI or for disability have a diagnosis of a
21 condition. Otherwise they wouldn't be there
22 filling out this paperwork. I think the issue--
23 and the City kind of clouded it a little bit--I
24 think the issue has to do with not so much
25 diagnosis of World Trade Center conditions because

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2 in the, in the disability bill for the State
3 there's a list of the conditions, and those pretty
4 much have been the conditions that we've seen over
5 the, the course of the last eight years. I think
6 what it is, the problem that we have in LODI is
7 not so much identifying that someone's been
8 diagnosed with a condition 'cause everyone I think
9 would agree that they've been diagnosed. I think
10 that the question where the medical division draws
11 the line and tends to disapprove these cases is to
12 say that they're not the result of or they're
13 causally connected to World Trade Center exposure.

14 COUNCIL MEMBER NELSON: Mm-hmm.

15 MR. TRAMONTANO: And from a medical
16 point of view, I understand that doctors tend to
17 be cautious about--

18 COUNCIL MEMBER NELSON: Mm-hmm.

19 MR. TRAMONTANO: --making causal
20 connections. It's the nature of their education.
21 It's the nature of their business. I think we saw
22 that from a federal point of view where even
23 executives from the tobacco companies were denying
24 causal connection between smoking and cancer for a
25 very long time. The problem that we have with

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2 this causal connection and why this presumption is
3 so important is that by the time all the
4 epidemiological evidence is in, a lot of the
5 members are going to be a lot older. They're
6 going to be suffering from these illnesses and we
7 will have lost that opportunity to treat them when
8 the illnesses become apparent.

9 COUNCIL MEMBER NELSON: Sure, and
10 the longer it can go on obviously the less chance
11 there is for survival and pain and anguish and
12 everything else. I mean, pancreatic or prostate,
13 this may be somewhat questionable or murky in some
14 cases, although it could be related, too. But
15 certainly, esophagal [sic], lung, etcetera, this
16 seems to be a more obvious causal effect when
17 you're right there breathing that stuff. And
18 there was a dog that, that perished in like no
19 time after, I believe. Sniffing, sniffing,
20 sniffing, you know, which also bothered me very
21 much. But that's lends credence to the obvious
22 effects of the so-called clean air around Ground
23 Zero of the EPA.

24 Were you perplexed somewhat that
25 the Administration didn't have the details of how

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2 many had been approved for line-of-duty requests
3 and how many were denied? Were you surprised they
4 didn't come equipped with that?

5 MR. TRAMONTANO: I would think that
6 they would have that. It would make sense. It's
7 a special category they should be tracking. I'm
8 sure it exists somewhere. We thought we
9 understood the number to be much higher than it--
10 than what they claimed, so, yeah, we, we were very
11 surprised that they didn't have the numbers.

12 COUNCIL MEMBER NELSON: This is
13 just for the record. I have to excuse myself. I
14 have a 3:30 meeting.

15 MR. BOLES: Just to - - on one
16 point, but it was well-articulated with regards to
17 the real need for--I know we all understand
18 causality, and waiting for the results of
19 causality could take many, many years, but I would
20 love to see a epidemiological study on thyroid
21 incidences and cancers because thyroid--the
22 majority of our occupation is male and the
23 incidence of thyroid incidences and cancer is off
24 the charts in regards to the national data. We
25 have many, many members that are suffering and

1
2 that are still to this day not diagnosed as WTC.

3 COUNCIL MEMBER NELSON: There are
4 facts and proof to that, of course, obviously. I
5 also want to thank, of course, Miguel Martinez,
6 the Chair, and Council Member Gale Brewer for
7 keeping this right in the front, the public
8 questioning and informationally speaking. Just
9 one more thing I wanted to say along these lines,
10 but if I think of it I'll just jump in, okay.
11 Because it's really so important that we make sure
12 that everybody who was injured from this national
13 calamity are respected and taken care of and as
14 soon as possible.

15 Oh, well, this is what I wanted to
16 say, too. The Church of Scientology has some sort
17 of a center which I thought--because I went to
18 visit it a long time ago--and I thought they were
19 doing tremendous work speaking to the patients
20 that were there. Did you go there at all? Oh.
21 Because I know it seemed to be maybe hocus pocus
22 or something, but they were showing how these
23 elements were coming out, oozing out of their
24 skin, coming through the pores and everything
25 else. So I didn't know if you had a chance to

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2 ever speak to any of your members who might have
3 partaken in this, which is not covered by
4 insurance, and saw any positive results from that?

5 MR. TRAMONTANO: It's interesting,
6 when you talked about cancers before, the things
7 that we've found is that the cleansing organs of
8 the body--

9 COUNCIL MEMBER NELSON: Mm-hmm.

10 MR. TRAMONTANO: --being the lungs,
11 the liver, pancreas, kidneys, those cleansing
12 organs of the body seem to be particularly
13 affected by these cancers because what we've found
14 is that doctors telling our members, you're a 28,
15 29-year-old person, this isn't the kind of cancer
16 we expect to see in someone until they're elderly.
17 And now you have it, and you didn't smoke and you
18 didn't have any prior, health particular problems,
19 so with regard to the toxicity of it, I've seen
20 that in the cancer context.

21 COUNCIL MEMBER NELSON: Yeah.

22 MR. TRAMONTANO: And also, I've
23 seen some of the press coverage with regard to the
24 Scientists--Christian Scientists.

25 COUNCIL MEMBER NELSON: Mm-hmm.

2 MR. TRAMONTANO: Many of our
 3 members said for that many, many months after that
 4 they were expelling through the throat and the
 5 nose black soot and particulate matter for many,
 6 many months afterwards. Something that they had
 7 never encountered in their careers before and it
 8 was very, very frightening to them.

9 COUNCIL MEMBER NELSON: Yeah, I
 10 just throw it out there. I'm not a member. I've
 11 never even met Tom Cruise for that matter. But,
 12 just to throw it out, because when I was there I
 13 just--these people were not like--it's wasn't a
 14 cooked story. These people were really there and
 15 feeling so much better and getting these things
 16 coming out of their system with whatever they're
 17 doing there. I don't know. But I just throw it
 18 out there. Thank you. Thank you very much.
 19 Thank you, Mr. Chair.

20 CHAIRPERSON MARTINEZ: Thank you,
 21 Council Member. Council Member Brewer?

22 COUNCIL MEMBER BREWER: Thank you.
 23 I have a question about the panel, this panel
 24 that--were you ever asked to participate? Can you
 25 figure out their role? I was a little bit

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2 confused when I listened to the Mayor's
3 representative because it's something that's got a
4 report coming out, founded a couple of years ago,
5 no consumers, and I wasn't clear on their
6 relationship with the LODI.

7 MR. MCGRATH: There are many
8 studies going on, private and public, and private
9 and public in collaboration, and as I said
10 earlier, my hope is that the district surgeons who
11 review LODI applications are reviewing all this
12 data. I don't know that there's any particular
13 contact between the Commission that the Mayor's
14 representative and the people who are dealing with
15 LODI on a daily basis. I'm not sure that that
16 actually occurs. My hope is that they would
17 educate themselves to all these illnesses 'cause
18 of course these district surgeons are handling all
19 sorts of other injuries and illnesses to our
20 members. But I don't believe there's any direct
21 contact or any educational relationship back and
22 forth.

23 COUNCIL MEMBER BREWER: Why do you
24 think--and maybe Frank knows this--what would be
25 the reasoning you would be given as to why three

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2 people would be considered eligible and then the
3 fifty-something would not. What kind of reasoning
4 would that be?

5 MR. TRAMONTANO: Well, it's a
6 combination of things. And mostly the blame I
7 believe is because there's no attempt to get these
8 people in a program that allows the City to take
9 over their treatment and get them into the right
10 place at the right time. Because if they were,
11 they would tell them, yeah, it's probably 9/11-
12 related. Because let's face it. If you're a
13 police officer, you can't just call up and say I'm
14 not showing up for work. You have to tell them
15 what your illness is. You've got to go down
16 there, report. They know what the illnesses are.
17 They know these guys were exposed to 9/11. They
18 should be--you know, this is probably related; why
19 don't you fill out a line-of-duty and let's get
20 the help that you need. Instead, they leave them
21 on their own to try to--they tell them now, which
22 started in 2007, that you can go for a free
23 screening at Mt. Sinai. 2007 that started. So
24 they go to Mt. Sinai and then they either make a
25 determination, or they go on their own doctors

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2 because they don't know that it's a 9/11-related
3 issue. So some of them never even get a chance to
4 think about filling out a line-of-duty, action or
5 request because they never made the connection.
6 Out of the people who we saw who went out accident
7 disability--and these are the people who are
8 really sick--they probably, when they got injured
9 or when their illness came on, and they just--the
10 first thing they thought of was going out and
11 getting themselves taken care of. But where's the
12 Department's responsibility to say, hey, you know,
13 this is 9/11-related. We have a responsibility
14 here, too. Now, that probably happens differently
15 in different agencies. The Fire Department has a
16 great program funded by the federal government. I
17 think their attitude would be different. This is
18 why it doesn't work in the Police Department.

19 COUNCIL MEMBER BREWER: So what
20 you're saying is this bill would address--the
21 causal relationship wouldn't be so questioned. It
22 would be like everybody--

23 MR. TRAMONTANO: Automatic.

24 COUNCIL MEMBER BREWER: It would be
25 automatic too--

2 MR. TRAMONTANO: [interposing]

3 See, this is--I mean, if you--

4 COUNCIL MEMBER BREWER:

5 [interposing] Because I would assume there will be
6 a lot more people down the line unfortunately, you
7 know. You know, as people, we all age out and
8 people find out something, you know, this bill
9 will be even more important in a few years because
10 if there isn't any basis, so the more people who
11 are ill, unfortunately, and, less opportunity if
12 there's no cause. People will not understand the
13 cause relationship is what I'm trying to say.

14 MR. TRAMONTANO: And what the State
15 bill does it says this is a presumption, that if
16 you have one of these illnesses you're in. And
17 one of those illnesses is cancer. And one of the,
18 at least out of those 59 there were about 10 to 15
19 of our members that had cancers. So they're never
20 going to get a line-of-duty approval. And then
21 there were others that put in for line-of-duty and
22 got denied. And then there were others who simply
23 never made a line-of-duty request.

24 COUNCIL MEMBER BREWER: Okay, so,
25 and the way that this bill would deal with that is

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2 to make it clear that any one of these illnesses
3 would be presumed to have come from the World
4 Trade Center because it's pretty obvious to
5 anybody, any of us that it wouldn't have come from
6 anywhere else with a 28-year-old or 29-year-old
7 who never had A pre-existing condition and
8 wouldn't fit the stereotype.

9 MR. TRAMONTANO: That's correct.
10 It would also make it consistent with now State
11 law. State law says for accident disability,
12 these are the diseases. It's presumed. This
13 would now make it consistent with that.

14 COUNCIL MEMBER BREWER: And are you
15 also finding that your members are paying vast
16 costs when they're not covered? What are some of
17 the costs factors?

18 MR. TRAMONTANO: Well--

19 COUNCIL MEMBER BREWER: I know you
20 mentioned the bills on the table, on the kitchen
21 table and so on.

22 MR. TRAMONTANO: Well, the biggest
23 one obviously comes with cancer because no one
24 recognizes--Mt. Sinai's not treating cancer, which
25 is a fault of the federal government. They're not

1
2 there yet, which is one of our objections to the
3 Zegrota bill. We think the Zegrota bill has to
4 include cancer. There were carcinogen levels
5 unprecedented tested here that never before,
6 highest levels ever, for the longest period of
7 time ever. Carcinogens cause cancer. There are
8 cancers that come out, like he talked about. And
9 there are young people with cancers that shouldn't
10 exist for people those age. So you have to have
11 cancers included in that because we're seeing
12 that. And we have to get those things included so
13 that everyone is covered.

14 COUNCIL MEMBER BREWER: Thank you.

15 MR. MCGRATH: And also with regard
16 to costs, what we find is that generally World
17 Trade Center first responders don't have just one
18 illness. They generally have possibly two or
19 three different types of illnesses, which might be
20 gastrointestinal, respiratory, upper respiratory,
21 lower respiratory, so they need multiple
22 medications, multiple types of treatments because
23 it's usually not just one illness.

24 COUNCIL MEMBER BREWER: And that's
25 expensive.

1
2 MR. TRAMONTANO: And let me just
3 point out one more thing. Yes, the pain
4 medication for cancers can be very expensive. But
5 one of the things that we've also seen when, when
6 there's multiple illnesses, we see the medical
7 division of the Police Department approving
8 something like sleep apnea, but not approving all
9 the other stuff. So they'll give you a line-of-
10 duty for sleep apnea, but they won't give you a
11 line-of-duty for bronchitis, asthma, or for all
12 the other diseases that are covered under the
13 federal, but for something like which is more like
14 a symptom, sleep apnea. So it, it doesn't make
15 sense on a--it needs to be coordinated and uniform
16 throughout all the City.

17 COUNCIL MEMBER BREWER: Okay.

18 MR. TRAMONTANO: It's just not fair
19 any other way.

20 COUNCIL MEMBER BREWER: Thank you,
21 - -. Thank you for your testimony.

22 Mr. BOLES: And just add, we also
23 feel that an illness like GERD, which is a
24 precursor to esophageal cancer, we are now seeing
25 some of our members suffering from GERD and now

1
2 some of them now are getting esophageal cancer,
3 which, again in young men you rarely, you rarely
4 see.

5 CHAIRPERSON MARTINEZ: I want to
6 thank you for your testimony, and this will
7 conclude the first hearing on Intro 714. Having
8 no further witnesses, we'll adjourn the meeting
9 for today.

10

C E R T I F I C A T E

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

A handwritten signature in cursive script that reads "Rita Dillingham".

Signature

Date July 22, 2009