

Testimony of Rep. Carolyn B. Maloney (NY-14)
before the House Energy and Commerce Subcommittee on Health
on H.R. 6594, the James Zadroga 9/11 Health and Compensation Act of 2008
July 31, 2008

Chairman Pallone, Ranking Member Deal, members of the Health Subcommittee, I want to thank you for inviting me to testify here today on H.R. 6594, the James Zadroga 9/11 Health and Compensation Act, which I introduced with Representatives Nadler, Fossella, and King, with the support of the entire New York Delegation. I am pleased to be here with Mr. Nadler, Mr. King, and Mayor Bloomberg, and I am grateful that the Committee is taking up the important issue of health care for the heroes of 9/11—the World Trade Center rescue, recovery and clean up workers, residents, area workers, school children and others who have become sick because of exposures to the toxins of Ground Zero.

On 9/11, our nation was brutally attacked at the hands of terrorists. Nearly 3,000 people lost their lives that day. But as we now know, many more have lost their health.

The James Zadroga 9/11 Health and Compensation Act would ensure that those brave Americans who have lost their health have a right to medical monitoring and treatment for their WTC-related illnesses and the opportunity to get compensation for economic loss and harm. We need to pass this bill because responders came to the aid of our nation after 9/11 and many are sick as a result. If we don't take care of them now, what will happen in the event of another disaster?

Now, some here today might say that this is a very expensive endeavor and, truth be told, they would be right. Thousands of people from all 50 states were exposed to the toxins and many of them are sick. Monitoring, treating, and compensating all of them

carries a hefty price tag. And it's a price tag that the federal government is going to have to pay.

Because the truth is that this is a national problem that needs a federal solution. We all wish the terrorist attacks had never happened, we wish all those lives weren't needlessly lost, and we wish that there weren't so many people sick because of the air as caustic as Drano, but that won't change the facts. People are sick because our nation was attacked. Not just New York City, not just New York State, but our nation as a whole. In the aftermath of 9/11, Americans everywhere cried for our losses, prayed for our country, and found that patriotic spirit within. And people acted: first responders traveled from every single state in the nation to help.

Early on, some in Congress and in the Administration didn't think that 9/11 health issues were a real problem. They questioned the science. They questioned the need for funding. But hearing after hearing and GAO report after report made clear what we know today: that thousands of people are sick from 9/11 and they need and deserve our help.

So we in Congress went to work to drum up the funding that was needed. Over six years, we have provided \$335 million for screening, monitoring, and treatment for Responders and community members. This funding allowed the Director of NIOSH, Dr. John Howard, to provide medical monitoring for 40,000 Responders and treatment for 16,000 sick responders. Furthermore, NIOSH made arrangements for a national program for those who live outside the New York area, and has started the process toward helping non-responders who are sick and need treatment.

And what happens in this Administration to an official who does what Congress directs and helps the heroes of 9/11? Unfortunately, he gets fired. That's right, although Dr. Howard asked to be reappointed as Director of NIOSH, Secretary Leavitt and CDC Director Gerberding refused to reappoint him to his post. There was absolutely no reason given for his dismissal. In fact, at a meeting just this morning with Secretary Leavitt and Dr. Gerberding, they refused to offer any grounds for terminating Dr. Howard.

The program that Dr. Howard supervised, the WTC Medical Monitoring and Treatment Program, is playing a very important role in the lives of so many heroes of 9/11, and the facilities that are a part of this program are truly Centers of Excellence. The FDNY has a program of over 16,000 firefighters who are being monitored, and a Consortium of providers led by Mt. Sinai is monitoring about 24,000 other responders. Combined, the responder programs are treating about 16,000 responders for WTC-related illnesses. For all the good work that the WTC Medical Monitoring and Treatment Program is doing, it constantly faces the challenge of uncertain funding, never knowing when they may need to close their doors or cut back on their medical personnel. Notably, year to year funding makes it very difficult to recruit and keep the high quality doctors and other care providers that make this Center of Excellence what it is.

Today, residents, area workers, school children and others are being screened and treated at a WTC Center of Excellence which receives no federal funding whatsoever. The City of New York is picking up the bill for the WTC Environmental Health Center at Bellevue Hospital, which has about 2,700 community members currently enrolled.

H.R. 6594 will build on these current Centers of Excellence, expanding what's working and filling in the gaps left by what's missing. It will provide the steady funding that people need to know their care will continue and provide the funding to recruit and keep doctors who are experts in their field. It will make care for Responders and others mandatory. The care for sick heroes of 9/11 should not be left to the discretion of the year-to-year appropriations process.

As I mentioned earlier, this is not an inexpensive proposition. Handling a big problem usually has a big cost. But, as some of you know, hand-in-hand with the City of New York and the AFL-CIO, we have sharpened the scope of our previous bill, H.R. 3543, allowing us to save billions of dollars in our newly introduced bill, H.R. 6594. We were able to do this because our original bill didn't match the problem it was trying to solve on the ground. It was too broad in its scope. In drafting H.R. 6594, we brought the bill in line with the real problem that needed to be solved: monitoring only those who were exposed and treating only those who are sick.

For example, H.R. 3543 included a radius of 2-5 miles within which community members would be covered. In the new bill, we create a smaller geographic area—south of Houston Street in Manhattan and up to a 1.5 mile radius in Brooklyn—which more closely mirrors where the dust cloud blew. Then, for anyone outside that smaller radius, we set up a capped contingency fund which could screen and treat only those community members who are determined to have WTC-related conditions. We made a number of changes like this so that the bill targeted the problem that needed solving and helped the people who need to be helped.

This morning, I hope that my testimony has set the stage for you to hear more from the other panelists about H.R. 6594, the James Zadroga 9/11 Health and Compensation Act.

In closing, I'm pleased to say to the Committee what I've told thousands of people before—I will not rest, we here at this table will not rest—until everyone at risk of illness from Ground Zero toxins is monitored and all those sick receive treatment for the WTC-related illnesses. This is the very least we can do, as a grateful nation.