



# FIRE DEPARTMENT

9 METROTECH CENTER

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SALVATORE J. CASSANO  
*Fire Commissioner*

Suite 8W-6

December 7, 2010

The Honorable Kirsten Gillibrand  
United States Senator for New York  
478 Russell State Office Building  
Washington, DC 20510

Dear Senator Gillibrand:

This letter is in response to your inquiry regarding the funding mechanism for the World Trade Center clinics.

As you know, the Fire Department of the City of New York (FDNY) responded bravely and effectively to the World Trade Center (WTC) on September 11, 2001. In addition to the 343 firefighters and paramedics we lost that day, the WTC fires and building collapses on and after 9/11 exposed thousands of first responders, workers and bystanders to dust and other noxious stimuli. Hundreds were injured and many died that day, but we did not know that thousands more would develop chronic illnesses such as asthma, chronic obstructive lung disease, sarcoidosis, sinusitis and PTSD.

When we responded on 9/11, all we knew was that thousands of innocent civilians were in need of rescue. Tens of thousands of people returned home because the FDNY, the NYPD and others ran into those towers so others could safely get out. Now thousands of FDNY firefighters, emergency medical service workers and others are suffering from chronic diseases and are worried whether their documented WTC exposures might lead to even worse disease, like cancer. We need to provide them with the medical monitoring and treatment that they require and deserve.

Since September 11th, the FDNY WTC Medical Monitoring and Treatment Program, the first of its kind, has cared for more than 15,000 FDNY members. At first, New York City funded this care with help from the Centers for Disease Control and Prevention (CDC) and philanthropic organizations like the American Red Cross. In the years since, the care was almost entirely funded by grants from the National Institute for Occupational Safety and Health (NIOSH).

The FDNY receives reimbursement for WTC-related medical services through a typical grant funding mechanism and follows New York City and federal accounting/reporting regulations.

This accounting attributes costs to categories specified in our grant awards from CDC/NIOSH, similar to what is required for other federal grants. While individual charges to each cost category can be tracked back to a specific invoice related to providing care for a WTC patient, this grant accounting mechanism does not attribute costs to a specific patient encounter as is done for a medical claim billed to an insurance company or Medicare.

While this reporting is quite detailed, we understand and support the need for cost accounting medical treatment services based on alternative accounting methods such as a "fee-for-service" medical claims approach. We have worked with NIOSH to develop such reports and to provide additional data. For the last few years, we have also provided detailed information upon request to Congressional staff (including the Senate HELP committee).

While we have explained to Congressional staff that budgets and accounting systems constructed to comply with grant requirements cannot easily be translated into a system based on individual medical claims, we have no objection to transitioning to such a system in the future. We supported Dr. Howard's 2007 proposal to switch funding for the medical treatment program to a medical claims system, and we were disappointed when these plans were canceled by the Department of Health and Human Services. We also fully support the reimbursement system and safeguards currently included in HR847. We believe that the reimbursement method required by the legislation will serve all of our needs, for those receiving these medical services and those responsible for providing oversight for this program.

The data emerging from the FDNY's medical monitoring and treatment program will help victims far beyond our Department. Because FDNY was the only workforce with pre-9/11 medical data for baseline comparison and because our medical program has consistently shown the highest enrollment and retention rates even for retirees, this program is our nation's best opportunity for understanding the long-term health effects from WTC exposure.

On 9/11, every member of our department knew what our mission was and we responded selflessly in an effort save lives. That is what the FDNY did before 9/11 and that is what we do today; we will continue to run toward danger so others may run from it. We know you understand and appreciate this mission and hope that your fellow Senators will join you in ratifying HR847.

Thank you for all your efforts on behalf of those who survived 9/11 and now need our help.

Sincerely,



Salvatore J. Cassano  
Fire Commissioner

SJC/yk