CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON CIVIL SERVICE AND LABOR
COMMITTEE ON LOWER MANHATTAN REDEVELOPMENT

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Start: 12:07 pm
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HELD AT: Council Chambers
City Hall

B E F O R E:
MICHAEL C. NELSON
MARGARET S. CHIN
Chairpersons

COUNCIL MEMBERS:
James F. Gennaro
Melissa Mark-Viverito
Domenic M. Recchia, Jr.
Eric A. Ulrich
Rosie Mendez
Fernando Cabrera
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A P P E A R A N C E S (CONTINUED)

Dr. Carolyn Greene
Deputy Commissioner
Division of Epidemiology
New York City Department of Health and Mental Hygiene

Dr. David Prezant
Chief Medical Officer
Special Advisor to the Fire Commissioner on Health Policy
New York City Fire Department

Dr. Roberto Lucchini
Vice Chairman for Translational Medicine
Department of Preventive Medicine
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Dr. Laura Crowley
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Dr. Iris Udasin
Professor of Environmental and Occupational Medicine
Rutgers Robert Wood Johnson Biomedical Sciences

Mary Parillo
Representative
World Trade Center Health Program Survivor Steering Committee

CHAIRPERSON CHIN: Good afternoon. My name is Council Member Margaret Chin, and I am the council member for Lower Manhattan and chair of the Committee on Lower Manhattan Redevelopment. I welcome all of you here today to discuss a very important issue--the remaining health effects of those exposed after September 11th terrorist attack. I would like to thank the Chair of the Committee on Civil Service and Labor, Council Member Michael Nelson--he will be joining us later--for holding this joint hearing. I would also like to thank our staff of this committee, Chris Santori [phonetic], Patrick Mulvehill and Nat Collin [phonetic] for helping put this hearing together. 12 years after the terrible event of September 11th, our community still remembers and feels the effect of that day every day. Today we are going to hear more about a report made by Mount Sinai that confirms that many of us have been arguing that exposure to the toxins, stressors, and hazards can cause not only the respiratory disorder and post-traumatic stress disorder, but also many types of cancer. The report was specifically based on our brave first

responders, many of whom now suffer from ill health effects; however, I know many of us in the community would like to see similar studies on others who were living, working , or going to school downtown and who we believe also suffer from cancers related to 9/11 exposure. Today's testimony from the National Institute of Environmental Science report will allow us to monitor the overall progress on this concerning issue and learn what we can do more to confront it. We will hear testimony on the impact of the James Zadroga 9/11 Health and Compensation Act and how it is working to treat World Trade Center related illness. We expect to hear from the FDNY, the Department of Health and Mental Hygiene, Community Board 1, medical experts from Mount Sinai and Rutgers University as well as community leaders. I would like to thank everyone who come to testify, and we look forward to hearing your thoughts and experience. We have just been joined by Council Member Nelson. We have been joined by members on the Lower Manhattan Redevelopment Committee, Council Member Andy King from the Bronx and Council Member Cabrera from the Bronx.

Council Member Nelson?

CHAIRPERSON NELSON: Thank you, Madam Chair. Good afternoon and thank you for coming. My name is Mike Nelson. I am the chair of the Committee on Civil Service and Labor. I thank you, Council Member Chin, chair of the Committee on Lower Manhattan Redevelopment for agreeing to hold this hearing jointly. Today's hearing asks the question, are cancer rates increasing in 9/11 responses? In the last few years, this Committee has held annual hearings with the Lower Manhattan Redevelopment and Mental Health Committees because the city has made a commitment to caring for the health of those who are affected by the attacks of September 11th. In past years, the city issued a report of 9/11 health; however, with the passage of Zadroga 9/11 Health and Compensation Act of 2010, which was signed by President Obama in 2011, the federal government has taken on more of the responsibilities in this area. Instead, today we are discussing a report issued by regarding cancer rates in 9/11 responders issued by the National Institute of Environmental Health. This report

entitled Cancer Incidents in World Trade Center Rescue and Recovery Workers from 2001 to 2008 was primarily written by doctors from the icon school of medicine at Mount Sinai, which has been the home of the World Trade Center program data center. We expect to hear from the representatives for Mount Sinai after we hear from the New York Department of Mental Health and Mental Hygiene and New York Fire Department on this topic. We will hear much more about this study, which did find certain cancers were elevated amongst the population of workers who generally were in better health and less likely to get cancer than the general population when the 9/11 attacks occurred. The issues of the health impacts of 9/11 are issues which will remain with us in our city and beyond for indeed a generation or more to come. We know that some of the substances, asbestos in particular, but other toxins to which people here without question exposed in potentially dangerous quantities are such that their impacts are often on the body and often delayed for years or decades after exposure. Last year certain cancers we added to the diseases

covered by Zadroga, which is encouraging; however the link between exposure from 9/11 and cancer should continue to be researched and hearings like this one should continue on an annual basis. In addition to hearing from the Department of Health and the FDNY and representatives from Mount Sinai, we also expect to hear from groups representing some of the people whose health were affected by 9/11, civic leaders and community and union advocates. I would like to thank the Committee staff, Matt Carlin, to my right, our counsel; Faith Corbett, our policy analyst. I'm sure Council Member Chin--oh, you already went. Okay. Thank you, Margaret. Okay. You take it from there. Sure. I'd like to call up Dr. Carolyn Greene and David Prezant of the FDNY, the chief medical officer and special advisor on health policy.

DR. CAROLYN GREENE: Good afternoon, Chairman Nelson, Chairwoman Chin, and members of the Committees. My name is Dr. Carolyn Greene, and I am the Deputy Commissioner for the Division of Epidemiology at the New York City Department of Health and Mental Hygiene. On

behalf of the Health Department and Commissioner Farley, thank you for the opportunity to testify today on cancer rates among 9/11 responders. As you know, the Health Department oversees the work of the World Trade Center Health Registry and I represent the Health Department on New York City's World Trade Center Medical Working Group, which is co-chaired by Deputy Mayor Linda Gibbs and Commissioner Thomas Farley. I also am a co-author of the Registry's first cancer analysis among World Trade Center exposed individuals which was published last December in the Journal of the American Medical Association, one of the nation's leading medical journals. Including the World Trade Center Health Registry study, three major studies examining the potential association between World Trade Center exposure and cancer rates among responders have been published to date in the scientific literature: Researchers at the Fire Department of New York (FDNY) found a 19 percent increase in all cancer rates combined among WTC exposed firefighters compared to non-exposed firefighters largely due to increases in three specific types of cancer: thyroid, prostate

and non-Hodgkin's lymphoma. My colleague at FDNY, Dr. Prezant is here today to provide you with more details about his study which focused exclusively on male firefighters. Researchers at Mount Sinai, who looked at a more diverse group of responders including police and construction workers, found a 15 percent increase in the rate of all cancers combined. Again, this increase was largely the result of confirming more cases of thyroid and prostate cancers than expected, and more cases of all blood cancers combined than expected. Dr. Laura Crowley [phonetic] from Mount Sinai will describe this study shortly. At the time of their publication, the FDNY, Mount Sinai, and the World Trade Center Health Registry studies analyzed only cancer diagnoses confirmed through 2008. Cancers typically take many years to develop and the authors of all these studies have stated that these very early results should be interpreted with caution, and that close monitoring of WTC exposed individuals should continue. The remainder of my testimony will focus on the World Trade Center Health Registry's study. The Health Department has published more than 30 articles in

the scientific literature documenting the health effects of the World Trade Center collapse on exposed individuals. Chronic respiratory problems and psychological distress are by far the most prevalent adverse health outcomes identified. We have long been interested in the question about whether exposure to the disaster has an effect on cancer and mortality rates. The World Trade Center Health Registry has included questions about cancer on all its major surveys beginning in 2003-2004. In 2007, the Health Department first brought together an expert panel to discuss the potential impact of the World Trade Center disaster on cancer rates and mortality. This included representatives from the Fire Department of New York City, the Mount Sinai School of Medicine, the New York State Department of Health, and the National Institute for Occupational Safety and Health. The scientific literature offers limited information about the role environmental exposure can play in the development of different types of cancer, but we know that cancer usually takes many years or even decades to develop. As a result, it only became feasible recently for WTC

researchers to begin preliminary analyses of cancer rates among 9/11 responders and others who were exposed to the WTC collapse. In 2010, after starting the lengthy process of confirming cancer diagnoses, the Health Department and FDNY co-chaired a conference of national experts, including biostatisticians, environmental health scientists and cancer epidemiologists, to help address the complex methodological challenges associated with any early cancer investigation. The conference produced several recommendations which the Health Department then followed in our research. In addition, the Registry's cancer research team included one of these experts, Dr. Leslie Stayner, a professor of epidemiology and biostatistics at the University of Illinois' School of Public Health. In 2003-2004, nearly 71,000 people enrolled in the World Trade Center Health Registry. This population is unique because it includes both responders to the World Trade Center disaster, people who lived, worked or went to school in Lower Manhattan, and passers-by on 9/11. In the Health Department's initial cancer study, we analyzed cancer rates among

nearly 56,000 enrollees who were living in New York State on 9/11 with the objective of learning whether persons who were exposed to the WTC disaster have developed more cancers than unexposed persons of the same age, sex and ethnicity. This is the largest analysis to date among WTC exposed persons, and it included nearly 22,000 responders. Half of these are city employees, including members of FDNY, the Police Department and our Department of Sanitation. Although much of the information that the WTC Health Registry gathers through its surveys is based on self-report, our cancer study included only cancer cases that were diagnosed by health professionals and reported by state cancer registries. This method ensured the accuracy of case identification and also was used by researchers at FDNY and Mount Sinai in their analyses. Physicians, hospitals and laboratories report cancer diagnoses to registries in each of their states. We contacted cancer registries in 11 states where more than 95 percent of our enrollees now live and asked the cancer registries to match our enrollees against their databases.

They provided us with information on all confirmed cases of cancer among these people. In our initial analysis, we included all new cancers diagnosed between 2003 and 2008. Since cancers associated with environmental exposures take many years to develop, we believe that cancers diagnosed from 2007 to 2008 were more likely to be related to 9/11 than those diagnosed earlier. Therefore, we analyzed these later cases separately from those cancer cases occurring before 2007. In order to determine if the number of new cancer diagnoses was higher than it would have been if the WTC collapse had not occurred, it was extremely important to select a comparison population that was similar to our study population. We chose residents of New York State because the majority of our enrollees continue to live here. We also adjusted our analysis for age, gender and race, which is standard practice in epidemiology. Our analysis confirmed 439 cancer diagnoses among 22,000 responders from 2003 to 2008, which was approximately the number that would be expected had the WTC disaster not occurred, based on our comparison population of

New York State residents. However, in our separate analysis for 2007 and 2008, we did find statistically significant increases in three of the 23 specific types of cancers we examined: prostate cancer, thyroid cancer and multiple myeloma, a type of blood cancer. We found 67 cases of prostate cancer (20 more than would expected in our comparison population); 13 cases of thyroid cancer (seven more than expected); and seven cases of multiple myeloma (four more than would be expected). The other 20 types of cancer did not show statistically significant increases, but we should point out that during the same period, we also found six fewer cases of lung cancer than would be expected (20 instead of 26). It is unclear why we and other WTC researchers found more prostate and thyroid cancers in our study population of responders than we expected. Radiation, an environmental exposure that has been associated with thyroid cancer, was not present at the WTC site and scientists have not yet found any environmental exposures conclusively associated with prostate cancer. It is possible that the increases in prostate and thyroid cancers may

result from the fact that first responders, who generally are well insured, are screened for health problems more frequently than other adults in New York State, and thyroid and prostate cancers are often identified by health screenings like these. For example, responders enrolled in the federal WTC Health Program, which includes both the FDNY and Mount Sinai cohorts, routinely receive computed tomograms, also known as CT scans, of the chest. These tests can pick up thyroid cancer, which may explain the increase in diagnosed thyroid cancer. More frequent screening with prostate-specific antigen tests could also explain the increase in diagnosed prostate cancer among responders, although it did not appear that responders in the WTC Health Registry were more likely to have their cancer diagnosed at an early stage than our New York State comparison population. Increases in multiple myeloma, the second-most commonly diagnosed blood cancer in the United States, among WTC responders may be more plausible from a biological perspective. Blood cancers take less time to develop than solid tumors, and they have been associated with

benzene, a chemical found in jet fuel which was released into the environment when the two planes crashed into the World Trade Center. In addition, Mount Sinai published research in 2009 confirming multiple myeloma diagnoses in eight responders, four of whom were younger than typically expected at the time of diagnosis. At the recommendation of our experts, we also performed our analysis by level of exposure to the WTC disaster, classifying responders who arrived at the WTC site on 9/11 or who worked more than 90 days at the site in the high exposure category. We did not find that people with more intense exposure were more likely to get prostate cancer, thyroid cancer, or multiple myeloma, but it is important to note that our ability to measure an individual's exposure level, similar to that of other WTC researchers, was limited because all exposures in the wake of the disaster were self-reported. Unlike our previous studies of asthma, PTSD and other health conditions that were clearly related to WTC exposure, we are not able to say at this early stage whether the increases we found in prostate cancer, thyroid cancer and multiple myeloma are

caused by WTC exposure. As I said at the beginning of my testimony, the follow-up period for our study ended in 2008, which means that most cancers would not have had time to develop. Looking at all three of the studies completed to date, it is still too soon to reach any firm conclusion about whether we are seeing cancer increases in 9/11 responders. The WTC Health Registry, FDNY and Mount Sinai all have received federal funding to continue our cancer analyses. We plan to conduct our next analysis among enrollees in 2014, at which time state cancer registries will be able to confirm cancer diagnoses through 2011; a full decade of post-9/11 cancer data for WTC responders will be available for analysis. As the Health Department continues to accumulate more years of cancer data, we will publish new findings as soon as we are able. Thank you for the opportunity to testify, and I would be happy to take any questions.

CHAIRPERSON NELSON: Thank you, Dr. Greene. We have also been joined by Council Members Melissa Mark-Viverito from Manhattan, Council Member Eric Ulrich of Queens and Council

Member Domenic Recchia of Brooklyn. Just one question, and then I will turn it over. Are there any other organizations that have done any surveys, any studies that might counter what you have said? What is their criteria?

DR. CAROLYN GREENE: At this point, the only three major studies that have looked at cancer among WTC responders are the World Trade Center Health Registry, the Fire Department of New York and the Mount Sinai School of Medicine, so these are the three major studies in the literature to date. This is part of the issue is that we are still in the very early stages of our research.

CHAIRPERSON NELSON: You have done an intense study evidently reading your remarks. So you feel it would be about 2011 or '13 you said, I think, to really be able to formulate a more scientific truthful result, if you will?

DR. CAROLYN GREENE: I think that is an excellent question. Unfortunately, as I have stated or fortunately, cancers take many, many years to develop, and this complicates the nature of cancer epidemiology research, and

therefore, we believe that the more time that passes, the more likely we will be able to understand the association between exposure and cancer. So at this point, we were only able to analyze cancers confirmed through 2008, which was only seven years after 9/11. Now while some blood cancers can form after five years or so, most solid cancers take many years to develop, even decades. So in 2014, we will have data on cancers confirmed through 2011, which will be a full decade of data post 9/11, so we do feel that additional analyses will continue to provide critical information.

CHAIRPERSON NELSON: It does seem to be the correct thing to do scientifically for sure to prove things. I am sure there are people out there saying I may be dead before I--

DR. CAROLYN GREENE: [interposing] I absolutely agree. I think often epidemiology cannot provide answers in as timely a fashion as we want, and that is why I am very relieved that since I last testified here a year ago the federal World Trade Center Health Program now provides treatment for many cancers, and I think that we

just have to recognize that sometimes epidemiology particularly cancer epidemiology cannot provide timely answers as much as we would like.

CHAIRPERSON NELSON: Factually speaking, you are right. Just an emotional basis, obviously we will have a problem with it.

DR. CAROLYN GREENE: No, I completely understand. I have to say that both as a physician and as a human being, I have tremendous compassion for anyone who receives a cancer diagnosis and their families and their friends. I should state that I also understand the intense desire to understand the connection between why did I get this cancer and unfortunately, that is not easy to do because there are so many different factors that lead to cancer. Environmental exposures are one, occupational exposures, family history, other risk factors, and unfortunately, cancer remains very common in New York City, so today in New York City cancer remains the second leading cause of death, and again, this adds to the complicated nature of studying cancer epidemiology and its association with environmental exposures.

CHAIRPERSON NELSON: Well, your compassion and concern is not in question at all. I thank you, Dr. Greene, for your testimony. I'll turn it over to Council Member Chin, co-chair.

CHAIRPERSON CHIN: I just wanted to ask Dr. Prezant to present your testimony. The Fire Department was really the first one to really bring this attention to this issue on the forefront, and I think we would love to listen to your testimony, and then we can ask questions. Thank you.

DR. DAVID PREZANT: Thank you. I apologize for my cough. I have a cold today. Yeah, it happens. It happens. It improves our compassion, right? Good afternoon Chairwoman Chin, Chairman Nelson and Council Members. My name is David Prezant, and I am the Chief Medical Officer for the New York City Fire Department and the Special Advisor to the Fire Commissioner for Health Policy. I am also a Professor of Medicine in Pulmonary Diseases at the Albert Einstein College of Medicine and at Montefiore Medical Center--its academic hospital. Along with Dr. Kerry Kelly, I am the Co-Director of the FDNY

World Trade Center Medical Monitoring and Treatment Program. I appreciate this time to talk to you today about cancer rates in FDNY first responders. The testimony I'm giving today is based on our September 2011 article from FDNY - along with Einstein and Montefiore that was published in a special issue of The Lancet, the world's best known medical journal. I have copies of that article that have been given out or will be given out to the members of the Committee. That article presented our first assessment of cancer outcomes in FDNY firefighters after the attacks of 9/11. As Dr. Greene mentioned, it is a seven year study. Our study evaluated the health of 9,853 WTC exposed and non-exposed firefighters over the seven year time period from 9/11/2001 to 2008. In summary, we found that New York City firefighters exposed to the 9/11 World Trade Center disaster that there was a 19 percent increase in the overall incidence of cancer during that seven year time period as compared with their non-exposed FDNY firefighters. Now this was a conservative analysis because we corrected to the best of our ability for those cases that might

have been determined due to surveillance bias due to the picking up of disease early on because we do more exams. It was also a conservative analysis because the 19 percent figure corrects for the fact that cancer really should not have occurred in the first few years, so in the 19 percent factor concentrates on cancers found in the second half of that time period after 2005. When we compared these firefighters to the U.S. general population, there was a ten percent increase in cancers, not a 19 percent. The terrorist attacks on 9/11 created this unprecedented environmental disaster both in New York City and elsewhere that we are here to talk about today. Our first responders at FDNY are comprised of approximately 12,500 firefighters and about 3,000 EMS workers, though this study concentrated on the firefighters. They were exposed to hazardous aerosolized dusts consisting of pulverized cement, glass fibers, asbestos, lead, polycyclic aromatic hydrocarbons, polychlorinated biphenyls, polychlorinated furans, dioxins--all of these combustion products from the collapsed and burning buildings as well as the

burning jet fuel and the diesel fuel from all of the equipment down there during that ten month recovery effort. My FDNY colleagues and I have published numerous articles on lung health, approximately 50 articles, but this study today was our first effort on cancer. The great value of our studies was that we have access to health records for all the firefighters prior to their exposure going back as far as 1996. That is why we started our cancer started looking at data from 1996 forward. Additionally, as Dr. Greene has mentioned, all the cancers in this study were confirmed cases. They were not based on self-reports. Our team of investigators looked at cancer incidence and its possible association with these exposures. We compared the cancer incidence rates in exposed firefighters with cancer incidence in non-exposed firefighters and also with a general population from the United States that is comprised of by the U.S. National Cancer Institute Surveillance Epidemiology and End Results database, commonly called SEER. When cancer incidence among non-exposed male firefighters was compared with cancer incidence in

the SEER general population, we actually found that cancer rates in firefighters were lower than the general population, so this is non-exposed World Trade Center firefighters.

CHAIRPERSON NELSON: That was juts with firefighters themselves?

DR. DAVID PREZANT: This is non-exposed firefighters to the general U.S. population, and what that demonstrates is that they are healthy. It demonstrates that we would expect to see lower cancer rates because of the healthy worker effect. FDNY firefighters have lower smoking rates than New York City and the United States. They have stringent pre-employment health requirements and greater physical fitness standards and more frequent exams, so thankfully they stay healthy. So we would have expected cancer rates if not for World Trade Center to be less than the general population. Instead what we found was compared to the general population there was a ten percent increase risk for all cancers in World Trade Center exposers, and compared to non-exposed FDNY firefighters, there was a 19 percent increase based on an excess of 38 cases. In a

report published two months before our study, the National Institute for Occupational Safety and Health concluded that at that time evidence did not demonstrate a causal association between exposures from World Trade Center and cancer occurrence. For this reason, at that time the World Trade Center Health Program determined that there was insufficient evidence to link cancer to World Trade Center health exposures. However, following the publication of our findings in The Lancet study, the World Trade Center administrator's expert panel after reviewing our study and other sources recommended in 2012 that these cancers be covered by the World Trade Center Health Program. The Lancet study, which was funded by NIOSH, compared cancer incidence at 15 specific sites. The 19 percent increase that I have mentioned before was all cancers put together. When we tried to find if there was any single organ that was increased, we found no sites in the body for which there was overwhelming statistical evidence for an increase in cancer probably 'cause we didn't have enough cases. We had to put all the cases together to see that 19

percent increase. However, there was a trend towards an increased risk in ten of the 15 organs that we studied. Most notably thyroid, prostate, non-Hodgkin's lymphoma and probably multiple myeloma. We had so few pre-2001 cases that we really couldn't say anything about multiple myeloma. The study noted that this failure to reach statistical significance may have been due to the small sample size, may have been due to the fact that we have only gone forward through 2008. The finding that lung cancer incidence was similar in both exposed and non-exposed firefighters is actually fascinating. It took smoking into account, and it is important to note that the nine firefighters who had lung cancer in our study were exposed to the World Trade Center, but were also cigarette smokers. So an association between World Trade Center exposure and cancer incidence among WTC exposed firefighters is biologically plausible especially for the hematologic malignancies due to their exposure to polycyclic aromatic hydrocarbons, p biphenyls, dioxins, all known carcinogens. Also, the World Trade Center exposure caused chronic inflammation, which has

become increasingly associated with increased cancer rates at least in animal models. In summary, we remain cautious in our interpretation of the findings because the time from 9/11 was short, only seven years. At the time we also remained caution against generalizing our findings to other WTC worker or resident cohorts because firefighters had very unique exposures. However, since the publication of our study as you now know the New York City Department of Health and Mental Hygiene as well as Mount Sinai have found similar results in non-firefighter WTC exposed cohorts, and the most important epidemiologic evidence is always findings that are substantiated in different cohorts exposed to the same toxins. The study does demonstrate how imperative it is to continuing our monitoring efforts both at the Fire Department, The New York City Department of Health, Mental Health WTC Registry and Mount Sinai following every person who has responded to the WTC and who has been exposed to these potential toxins. This monitoring should include cancer screening and every effort to prevent cancer and to treat cancer in those exposed individuals. The

343 firefighters who perished on 9/11 are tragic reminders of the risks that our members suffer every day when responding to help New York City. We remain concerned though about the long term health risks in the survivors, in those firefighters and EMS workers, who lived past that day. It is critical that we continue these efforts to keep them well. Early treatment of symptoms we know can reduce disability and restore function in these members and they deserve that effort. Sufficient resources must be provided to continue this long term monitoring and treatment program. Obtaining that sufficient funding remains of great concern to us because our funding runs out in 2016. We will continue to work with our elected officials to fight for the long term financial support for those who suffer. We thank the Council for their continued support. I thank you for the ability to testify today.

CHAIRPERSON NELSON: We thank you, Doctor, very much for your testimony as well, which you have been doing all along. We have been joined by Council Member Steve Levin from Brooklyn, and we had some questions if that is

okay, my Co-Chair, from some of our members. Oh, Rosie Mendez is here as well. Council Member, welcome. Who is the first?

CHAIRPERSON CHIN: Council Member Cabrera?

COUNCIL MEMBER CABRERA: Thank you so much to both chairs and thank you for the informative briefing that you have given us. I have a couple of questions. I am curious as to know why the control group was people from New York State rather than New York City.

DR. CAROLYN GREENE: That is a great question. You are absolutely right that in any epidemiologic study, it is very important to choose a control group that is very similar to the study population, but the issue is you also want to make sure that your control group is not exposed as the study population is. So as you know New York State has a population of almost 20 million, the vast majority of whom were not directly exposed to the World Trade Center disaster, and therefore, we thought that was the best study population that would give us a sense of what the cancer rates would be if there had not

been any World Trade Center disaster. If we had used the New York City population, a great many people in New York City were in fact exposed to the World Trade Center disaster--

COUNCIL MEMBER CABRERA: [interposing] Were there some in the study that-- when you say New York State were there some in the study that were as part of the control group in the city?

DR. CAROLYN GREENE: That is correct. So a small percentage would have been in our control group also. That is correct.

COUNCIL MEMBER CABRERA: And did you see a discrepancy in the control group between those from the city and state? Did you get the similar results from the city as to those in the state?

DR. CAROLYN GREENE: So when we have information from the New York State Cancer Registry, we were not able to tell who among those were in fact exposed to the World Trade Center disaster. The percentage would likely be very small. So it is an excellent question. The control group included--

COUNCIL MEMBER CABRERA: [interposing] I am sorry, Doctor. Just so I have clarity, are you telling me that in the control group, you cannot guarantee that they were not exposed even though they were part of New York State?

DR. CAROLYN GREENE: That is correct.

COUNCIL MEMBER CABRERA: So how is that a control group?

DR. CAROLYN GREENE: It's a control group--

COUNCIL MEMBER CABRERA: [interposing] It is very possible that--I tell you after 9/11 I went down there because I was there on that Friday helping as a chaplain. There were people I know from Westchester, people coming down they got close enough that they were exposed, so how is--wouldn't it have been better to come up with a control group where we ask participants to say whether they were close in the proximity that way you have a better control group?

DR. CAROLYN GREENE: I think that is an excellent suggestion. The issue is that for

confirmed cancer cases that information comes from the Cancer Registry, so we would not have information about exposure from the Cancer Registry. So the difference with other studies where we actually are asking people about exposures and this study is that we were--this was not based on self-report; it was based on confirmed cases within the Cancer Registry, so we would not have that information available. So you are pointing out a potential limitation of the study; however, I should say that the percentage of New York State residents who were exposed was very small compared to the larger comparison population.

COUNCIL MEMBER CABRERA: And in both studies was there a variable for the proximity as to how close they were, exactly where they were and also how long the exposure was and there was a significant difference in the studies?

DR. CAROLYN GREENE: That's a great question. I will talk about my study, and I will let Dr. Prezant talk about the FDNY study. So in the Registry study, we did in fact do an analysis looking at intensity of exposure, so we looked at

those who were highly exposed and those were defined as responders who were in the area on 9/11 and who worked on the dust and debris pile or who worked for 90 days or more starting in the week of 9/11. That was our definition of highly exposed. Then we had a definitely of low exposed and intermediate exposure, and we did this because we wanted to do something called an internal comparison, which is what you are suggesting, which is absolutely an excellent thing to do. We wanted to compare those who were more highly exposed with those who were less exposed to see was exposure level intensity associated with increased cancer rates. Now at this time, we did not find that for any of the cancers we looked at; however, I should note that our numbers are small and so it may be that over time as we have more time period, as more cancers develop, we will be able to see this difference by exposure.

COUNCIL MEMBER CABRERA: - - is the sample?

DR. CAROLYN GREENE: So for example just to give you a sense, in our prostate cancers, we had 67 prostate cancers, and when you are

dividing that into three different groups your numbers get very small, right. For multiple myeloma in the late period we had seven cases, so again the numbers were small to do that type of analysis, but that is exactly the type of analysis that our experts recommended and that is exactly the kind of analysis we must continue to do in the years to come because we need to understand the impact of exposure on cancer rates, so that is an excellent question.

COUNCIL MEMBER CABRERA: And did we find similar findings in your study, Doctor?

DR. DAVID PREZANT: One of the problems with FDNY study is when it is attempting your question in exposure response radiant is that nearly all of our firefighters are what we call heavily exposed. So if you look at our study 88 percent of the nearly 10,000 firefighters that we studied for this cancer study, 88 percent of them, were there on the pile having arrived within the first two days, so they suffered extremely heavy exposure, so we were not able to demonstrate an exposure response radiant for cancer incidence between our heavily exposed and our less exposed,

our less exposed being only 12 percent of our population.

COUNCIL MEMBER CABRERA: And I am wondering--look, I was there that Friday. They gave us masks. When I got there, I saw that most first responders were not wearing their masks, and I said to myself how can I talk to them if I have the mask on. I took my mask off; I have to tell you when I took the mask off, the significant difference was so obvious. I am wondering and Doctors, I am asking because I really don't know is there a huge difference on terms of exposure what happened on day one obviously with the cloud when the toxins were more concentrated, but does it really--what could happen--on Thursday the level of exposure was just enough to have the same kind of results that you would have had with somebody who was there in the first day or is there a way to measure that or is it impossible to measure?

DR. DAVID PREZANT: Certainly common sense would tell us that early intense exposures are more clinically significant than later exposures, but common sense sometimes gets

us to the wrong point. Because what about long term, low level, chronic exposure? What about someone who is trying to do a rescue or recovery for the first time down there two, three, maybe even several months later, and in digging through a crevice is exposed in a large manner to really virgin World Trade Center dust, dust that had been trapped down there, dust and gases in that crevice since 9/11? Unless people are wearing personal monitors you really can't make very clear scientific assumptions with that as a limitation, certainly what we tried to do then and what we will try to do in every disaster from now on is to stress the importance of respiratory protection. Our firefighters and EMS workers and many of the first responders were not capable of doing that in the first few days, in the first week. There was a necessity for a massive rescue effort. But in the weeks that followed, we tried and we will try harder next time if there is a next time to stress the need for respiratory protection.

COUNCIL MEMBER CABRERA: Do you trust--I am almost done here with the questions, Chairs. Do you trust the monitoring that took

place? You mentioned that there was no radiation detected--I forgot which others, and you are talking about a personal monitor. Did any of the firefighters, were they wearing any kind of monitoring device or was there a special unit that was doing that? Just for the record, what did they detect?

DR. DAVID PREZANT: We relied on the EPA and the DEP and other agencies to do monitoring. We did not have personal environmental monitorings for the firefighters.

COUNCIL MEMBER CABRERA: And where did they get there?

DR. DAVID PREZANT: Excuse me?

COUNCIL MEMBER CABRERA: When were they on the scene? How soon were they able to get at the scene?

DR. DAVID PREZANT: They relied on the general monitoring sites that were already in place from the EPA for the first day or two and then they were able to provide additional monitoring, but you are absolutely right. We will never know the extent of the chemical and gas exposure during the first few days.

COUNCIL MEMBER CABRERA: In case in such of huge crisis incident as you would call it, should the Fire Department have their own monitoring system already in the trucks, so that way we can have a comparison study with EPA or what about if EPA can't get there--this particular incident we got lucky because it was already on the scene, but let's say God forbid, another event were to take place EPA can't get there for whatever reason or just too late, and we are not able to get accurate measurements.

DR. DAVID PREZANT: Well, for the record, the Fire Department appreciates all the funding you provide us and all of the additional funding you wish to provide us, but in all seriousness really that is an expertise that is best served by governmental agencies that do environmental monitoring.

COUNCIL MEMBER CABRERA: Okay. Well, thank you so much. it is a very, very informative study, and I would hope that after 2016--and I am not sure about your studies--that funding will continue. We need to study that. My brother having gone through cancer three times I

could tell you that our firemen and other people who were there truly deserve to have the data so we can make good decisions. We can't make a good decision with bad information. Thank you so much.

CHAIRPERSON NELSON: Thank you, Council Member. We have been joined by Council Member James Gennaro from Queens, welcome, and now Council Member King has a question or two. Fernando used up your time.

COUNCIL MEMBER KING: It's okay. In the Bronx, we share. Thank you, Mr. Chair, Madam Chair, and thank you for your testimony this morning. It definitely was informative for me. I am new at this, but I am not a rookie, but it is good to hear good information. I have done a lot of good work with NYPD and the Fire Department. I respect the work that they do and unfortunately went through this occurrence in our part of American History, New York History, but I am glad we are getting through it and we are working it together. I did have just two questions really in regards to--and I am going to kind of change it up a little bit--in regards to the Zadroga Act, and asking a little bit about if you feel that it is

actually working to help our first responders and anybody who might have been affected, and additionally to that, I think any cancers that might be created as they are going through the incubation period as you talked about in these studies for the next 15, ten years that we are having, I would like to know what is the plan to continue to service people who might have something that emerges 15 years from now? In addition to that, are there any studies that include children and youth that were part of the particular area, and if they are, how are we tracking how this devastating event had an impact on our youth also? I will take two of the questions, but then I will defer to Dr. Prezant on the World Trade Center Health Program because your responders are actually been seen by the World Trade Center Health Program, so I will take the last question first, which is about children and youth. The World Trade Center Health Registry actually does study children and youth who were exposed to the World Trade Center disaster. We published a study earlier this year, which looked at children and adolescents who had been exposed

based on a survey in 2007 and '08, and what that study showed was that 14.4 percent of all children and adolescents at that time reported respiratory symptoms in the year prior, and about 74 percent of this group with symptoms had been diagnosed with asthma. Now there were certain risk factors for those who had these respiratory symptoms in the prior year. These included being exposed to the dust cloud, African American children aged five through ten years of age and those children who were living in homes that had household incomes of less than 75,000 dollars, so those were some of the risk factors for respiratory symptoms. Now we did also find the good news here is that it appeared that these children had good access to care. Their parents reported 98 percent of their parents reported that they have received a routine checkup in the prior two years, so that is good news. In addition to that, I should say that we have just completed another survey of adolescents that were exposed to the World Trade Center disaster last year, more than 1300 adolescents age 11 through 17. This was sort of a unique survey because the children were old enough now that we

not only mailed surveys to their parents, but we were also able to ask children the questions themselves, so those are data that we have now that we are going to be looking at, and the Registry is also now collaborating with external researchers, so we are going to collaborate with one group that is going to look at physical health effects of 9/11 now at this point and then we are collaborating with another group helping them recruit for a study that is going to look at mental health effects among children exposed. So we are doing what we can to look at this very important population exposed to the World Trade Center disaster. Now in terms of your second question, your excellent question about well, if cancers take a long time to develop, what are we doing now? I think the most important thing we are doing now is we have to be screening for cancers. We have to be looking for cancers because for the most part cancer outcomes are better when cancers are diagnosed early, so it is very important not only for our responders, but also for our other survivors who are non-responders and for our children that all of those

who were exposed get regular health care so that they can get appropriate screening and if they are developing cancers be diagnosed as early as possible so that treatment can be more effective. Now in terms of your third question, I believe Dr. Prezant is in a much better position to answer that about the World Trade Center Health Program.

DR. DAVID PREZANT: Thank you, Dr. Greene. The World Trade Center Health Program transitioned after 2011, July 2011, to provide health care consistent with the Zadroga legislation. Prior to that, we had money from NIOSH and other sources, but it wasn't as strictly regimented in terms of its use. Since July 2011, the healthcare that we have provided has been in the form of monitoring and screening as Dr. Greene just mentioned as well as for the treatment of specific conditions, including these cancers, lung conditions, sinus conditions, acid reflux, musculoskeletal conditions if the injury occurred at 9/11 and mental health conditions. All have to be World Trade Center related, and all have to be certified by the federal government, by the World Trade Center Health Program administrator. For

the first year after 2011, there were growing pains in transition to this more regimented process, but I have to tell you that with the cooperation of all of the clinical centers of excellence--Mount Sinai is here and is one of them; I see a representative from Robert Wood Johnson as well--with their cooperation and with the cooperation of the World Trade Center Health Program Administrator, the director of NIOSH, the transition after some growing pains, after the first six to 12 months has been a very smooth transition, and we have been providing this healthcare I think very efficiently to the members that have been exposed.

COUNCIL MEMBER KING: A follow up for both of you, thank you. Are you satisfied with all of the studies that you are doing and how you are doing them? And secondly, do you find that the individuals who are a part of all these studies, are they in full compliance? Because I read from the testimony some of this is voluntary whether or not they get back to you or they report it themselves. How is the cooperation among those who have been affected or don't even know they

have been affected at this date?

DR. CAROLYN GREENE: So in terms of being satisfied with the studies to date, I think yes, in terms of what we are able to do at this early stage I think all of the researchers here are doing as rigorous a job as they can. The challenge is really that it is still early as I said, and so that is challenging, but we need to continue to do this monitoring, and so we are very pleased that the federal government is continuing to fund us to continue this monitoring over time. In terms of participation, I will answer for the World Trade Center Health Registry, this is a group of 71,000 people who were exposed who agreed to enroll in the registry, and so these registrants were either self-identified meaning they themselves came forward and said I want to be in the registry or they were list identified, meaning we sent out lists to housing buildings and to employees and said, please let us know who was exposed, and then we invited people to enroll, and then they chose to enroll. So I think for the most part our relationship with our enrollees has been very positive. We just completed another

round of surveys. We had a solid response rate. I think for the most part our registrants know that we really want to monitor the mid and long term health effects for them, and that is not just for research, but this is to inform services, to inform programs and one of the things we do at the Registry is we also have a treatment referral program, so when we identify someone who has a World Trade Center health related condition, we always make sure that they are referred into the World Trade Center Health Program. So I think for the most part our registrants have been appreciative of our efforts to not only monitor their health, but also to link them to care.

DR. DAVID PREZANT: It is an excellent question. Typically after many disasters that have happened in this country and in other countries you only have about a 20 to 40 percent participation rate and that often occurs after the funding source has spent numerous dollars on advertising and recruitment and retention. I am proud to say that for the Fire Department we have 100 percent of the FDNY firefighters and EMS workers who were exposed

there, 100 percent of them have voluntarily participated in the program during the first year, and now 11 years later we have a 90 percent retention rate keeping almost everyone in the program, and we have not spent one dollar of New York City, New York State or federal or philanthropic funding on advertising or recruitment. Every dollar we receive is spent directly on healthcare monitoring and treatment, so I think that the participation rate speaks for itself, but over and above that, we have the support of the fire commissioner, who has served in every rank of the Fire Department throughout his career, and the support of all of our unions. This is truly one example of a phenomenally functioning labor management initiative.

COUNCIL MEMBER KING: Thank you.

CHAIRPERSON NELSON: Thank you, Council Member King. Council Member Recchia?

COUNCIL MEMBER RECCHIA: Thank you very much, and I have a--I am a bit puzzled by your testimony today, and so I just want to make sure I understand this correctly. There is--for prostate, brain and pancreatic cancers, in the

study done years ago, it was like ten percent, and now the most recent study it has grown to a higher level. Is that correct?

DR. CAROLYN GREENE: What study are you referring to?

COUNCIL MEMBER RECCHIA: You testified that studies--there has been an increase over a period of time in different cancers, correct?

DR. CAROLYN GREENE: Yes, so in our study if we look at--are you asking about the Registry study? In our study we had a study population and a comparison population and when we looked at cancers in 2007 and '08 among responders who had been exposed to the World Trade Center Health Registry we saw an increase in prostate cancer, thyroid cancer and multiple myeloma, so yes, that is correct.

COUNCIL MEMBER RECCHIA: Okay. Were there other studies that confirmed what you said?

DR. CAROLYN GREENE: At this point there have been three major studies to date looking at cancer among responders of World Trade

Center health disaster. Those include the Registry study that I just described, the FDNY study and the Mount Sinai study. And there were certain areas in common between these three studies, so Mount Sinai and FDNY studies also did see some increases although perhaps not statistically significant, but some increases in prostate cancer and thyroid cancer, so these are the areas that are common across all three studies.

COUNCIL MEMBER RECCHIA: What about the Zeg Owens [phonetic] study?

DR. CAROLYN GREENE: That is the FDNY study that we have been talking about.

COUNCIL MEMBER RECCHIA: Okay. And wouldn't I be correct in that the incidence of prostate cancer was 21 percent higher and it was higher than brain cancer? Is that correct?

DR. CAROLYN GREENE: I will let you speak to your study, Dr. Prezant.

DR. DAVID PREZANT: In terms of prostate cancer if we compare the exposed to the non-exposed it was somewhere between--it was about ten percent increased if you don't correct for

surveillance bias. If you correct for surveillance bias in that we pick up probably more prostate cancers, certainly more prostate cancers than the general population because we do prostate screening, so if you try to correct for surveillance bias--and these are only attempts; they can never be perfect--prostate cancer was not statistically increased in our population compared to the unexposed, correcting for surveillance bias. It was increased without those corrections. At 2008, we did not see an increase in brain cancer or pancreatic cancer. We have several cases, but they were not increased. Now that is why this study has to keep going. We too like the World Trade Center Health Registry will be repeating this study close to 2014 when we have a decade of data available. We also plan to expand our study to EMS workers. We couldn't do them because there were so few of them at the time. We didn't have enough cancers to do a scientific study, but 2014 we will.

COUNCIL MEMBER RECCHIA: So I am correct in saying that the prostate cancer is increasing according to all the studies?

DR. DAVID PREZANT: Yes, in one measurement it is.

COUNCIL MEMBER RECCHIA: Okay, and since it is increasing, since there is scientific data to back it up, how come no one is out there saying we have to cover prostate cancer right now and thyroid cancer under the Zadroga Act?

DR. DAVID PREZANT: So thyroid cancer is covered under the Zadroga Act as are many of the cancers. There is still not coverage under the Zadroga Act for primary brain cancer. There is for metastatic cancer to the brain, but not for primary brain cancers--cancers that originate in the brain. There is not coverage for pancreas, though there is coverage for nearly every other GI malignancy, and there is not coverage for prostate. There is coverage for breast cancer. The Zadroga Act has a capability for adding diseases to it just as these cancers were not originally part of the Zadroga coverage in 2011.

COUNCIL MEMBER RECCHIA: So are you saying that prostate cancer is covered?

DR. DAVID PREZANT: No, I am saying

that it is not.

COUNCIL MEMBER RECCHIA: It's not.

DR. DAVID PREZANT: Right.

COUNCIL MEMBER RECCHIA: What I am saying is how come you are not fighting to get it covered under it, and how much longer do we have to wait?

DR. DAVID PREZANT: I think FDNY has been at the forefront of these fights from the very beginning. The World Trade Center Health Program administrator, the director of NIOSH formed an expert panel, and in the expert panel's opinion prostate, pancreas and brain were not on the list of cancers. Nearly all other cancers were. We have discussed this with his designees. There is a mechanism for adding diseases to the Zadroga Act the same way these cancers were and we are working closely with him to try to achieve these things, but it is going to require data, it is going to require additional studies, it is going to require expert opinion.

COUNCIL MEMBER RECCHIA: And how do we get this added? What can we do because we just can't sit back and just let them take their time

not to add these other cancers? I mean people have to be made aware that there is data available, it helps to get this added, but what can we do to move this right along? How much longer are we going to wait? Who do we have to-- who has the final saying in making this decision?

DR. CAROLYN GREENE: Under the Zadroga Act, it is the World Trade Center Health Program administrator who has the capacity to implement changes to the list of conditions covered by the World Trade Center Health Program.

COUNCIL MEMBER RECCHIA: And who is the healthcare administrator.

DR. CAROLYN GREENE: It is Dr. John Howard, and Dr. John Howard works under advisement of the Scientific, Technical and Advisory Committee, which is the committee that Dr. Prezant just mentioned. This is a committee that is made up of not only multi-disciplinary scientists, but also has a member of the responder community and a member of the survivor community that sits on this Scientific, Technical and Advisory Committee. I think I would just echo what Dr. Prezant said is it is critical from our standpoint to continue to

research these issues and to provide the best evidence possible that will inform the recommendations of this Scientific, Technical and Advisory Committee.

COUNCIL MEMBER RECCHIA: We can sit back and do all the research we want, but how long does it take to get these people covered? We are seeing an increase, the scientific data there, and I am just saying people need help out there.

DR. CAROLYN GREENE: Absolutely.

COUNCIL MEMBER RECCHIA: We hear about it as Council Members, and to sit back here and just say, alright, they need more scientific data, more--before you know it…

CHAIRPERSON CHIN: Council Member Recchia, I think we have been advocating along with the community, community board, John Feal [phonetic] is here from the Fealgood Foundation, so we have been advocating along with the City Council, and that is how a lot of the cancer cases was added, so we will continue to advocate. We are not just going to leave it up to the studies. I feel your frustration, and that is what we have to continue to do, and that is what the hearing at

least will bring it out in the open, and then we have to get more people to support it - - advocacy.

COUNCIL MEMBER RECCHIA: Right, but I want to make sure there is support of these doctors, and they are there doing everything that they can in their power to make it--to bring it to the forefront to get these cancers covered.

DR. CAROLYN GREENE: Absolutely. We want to provide the best evidence possible. Absolutely.

COUNCIL MEMBER RECCHIA: Okay. Thank you very much.

CHAIRPERSON NELSON: Thank you very much. I think with that we can go to the next panel. Doctors, thank you so much. Oh wait, there is one more. Oh, I forgot, Dr. Levin. Steve Levin.

COUNCIL MEMBER LEVIN: Thank you, Mr. Chairman. Thank you both for being here. I want to ask a couple of questions here. Is it the opinion of the administration, the Bloomberg Administration as a whole across the agencies, that there is a link between 9/11 exposure and

increased rates of cancer whether that is specific cancers or cancer across the board? Is it the opinion of the administration that there is a link between 9/11 exposure and cancer?

DR. CAROLYN GREEN: I think what I want to emphasize is that all of the researchers that you are going to speak to today came to exactly the same conclusions in all three studies, and those conclusions were that we must interpret these findings with caution, and this is because Councilman Levin, this is because cancers take many years to develop, and this also responds to what we were speaking to earlier. When cancers take many years to develop, it is very difficult to establish a definitive link only seven years after exposure. So I think it is the opinion of the administration that we are obligated to continue to do the most rigorous research that we can to monitor the health of the responders, the health of survivors, the health of children and then to refer people to care whenever we can.

COUNCIL MEMBER LEVIN: Okay 'cause Dr. Prezant just said at the Fire Department you have been at the forefront of the fight to get it

covered, and so I just want to read you from NIOSH what came out last spring in there when Dr. Howard announced that there would be cancers covered under Zadroga. The World Trade Center Program administrator determined that enough evidence existed to propose adding certain types of cancer to the list of covered conditions. So are you saying that there is a different standard of--

DR. CAROLYN GREENE: Not at all. In fact, we were thrilled when the administrator made that decision because we very much want our responders and survivors to get the care that they need, so I think we too are very pleased that our responders are getting coverage.

COUNCIL MEMBER LEVIN: You are supportive of cancers then being covered under Zadroga?

DR. CAROLYN GREENE: Absolutely.

COUNCIL MEMBER LEVIN: I don't recall the administration testifying to that effect during the STAC committee hearings.

DR. CAROLYN GREENE: I believe they did come out with a statement. I don't have it in front of me saying that they were supportive of

the decisions made by the Scientific, Technical Advisory Group.

COUNCIL MEMBER LEVIN: I don't recall. I will go back and look.

DR. CAROLYN GREENE: There was that statement. I remember it clearly, but I can't say it verbatim unfortunately, so they were supportive of the stacks' decisions and of the World Center Health administrator's decision to cover cancer through the World Trade Center Health Program.

COUNCIL MEMBER LEVIN: And the administration would be supportive then of the World Trade Center group covering--for Zadroga to cover pancreatic and prostate cancers now?

DR. CAROLYN GREENE: I think the administration feel very strongly that the Scientific, Technical and Advisory Committee will make the best decisions based on the evidence that they have, and that is why the administration has been very supportive of all of us conducting research so that we can provide that evidence to the Scientific, Technical and Advisory Committee.

COUNCIL MEMBER LEVIN: Do you know if they recommended to Dr. Howard that pancreatic

and prostate cancer--

DR. CAROLYN GREENE: [interposing] I do not have that information.

COUNCIL MEMBER LEVIN: 'Cause there were cancers that they recommended that Dr. Howard did not include as - - I mean it is here. There is a question--considered, but did not recommend adding cancers of the pancreas, prostate and brain, so it looks like the STAC Committee actually recommended brain, pancreatic and prostate cancers. They did not?

DR. CAROLYN GREENE: They didn't.

COUNCIL MEMBER LEVIN: Okay.

DR. CAROLYN GREENE: And I think they were basing that at the time even though Dr. Prezant's study had come out, I think something that was very clear that the STAC stated at that time was that they didn't have enough epidemiological evidence--they basically said what we are saying now, so instead--

COUNCIL MEMBER LEVIN: [interposing] But they did have enough epidemiological evidence for other cancers?

DR. CAROLYN GREENE: No, they

didn't actually. They actually said what they did is they looked at exposures, what was released in the World Trade Center Health disaster and what cancers would be plausible based on those exposures, so it was not a decision based on epidemiology. It was a decision based on biological plausibility, and one of the things that I didn't state earlier for the prior Councilman is that to date there have been no conclusive links to an occupational or an environmental exposure with prostate cancer, and I think that was at issue when they did not include prostate cancer in the covered cancers.

COUNCIL MEMBER LEVIN: Because there is no occupational link?

DR. CAROLYN GREENE: No known occupational or environmental link to prostate cancer, and I think that was informing their decision.

COUNCIL MEMBER LEVIN: Never established anywhere?

DR. CAROLYN GREENE: Not conclusively.

DR. DAVID PREZANT: Where there has

been for breast cancer. Even though the FDNY study was all males, there had been for breast cancer in non-World Trade Center environmental exposures, so they added breast cancer. That was a 2012 decision. Since 2012, due to the research being done by the World Trade Center Health Registry and shortly you will hear from Mount Sinai, we don't as of yet have evidence for brain cancer and pancreatic cancer being increased, but we do have three studies now that show prostate.

COUNCIL MEMBER LEVIN: Prostate, which nobody has been able to establish an occupational or environmental link to, so how then does the STAC Committee or Dr. Howard proceed if there is evidence now showing increased correlation, but no established link. That is a question I guess for them to determine. I have one last question. It has to do with a letter that I sent to the administration over a year ago about asking them to open up the Police Department's records of first responders to be able--for Mount Sinai to be able to check against, so that Mount Sinai is able to have a better sense using that database, which they hadn't had access

to up till that point. Has that happened? Has the Police Department opened up their database to Mount Sinai to be able to crosscheck? The idea is that they would be able to crosscheck it against the state Cancer Registry.

DR. CAROLYN GREENE: Does Mount Sinai have the answer to that? I don't know. So maybe that is a question for Mount Sinai. I am not aware.

COUNCIL MEMBER LEVIN: Okay. The problem with--the reason why I ask it of the administration is because Mount Sinai wanted it. It was the administration wasn't really giving it, and I had had a conversation actually with Deputy Mayor Holloway and he said that this would happen, and so I--

DR. CAROLYN GREENE: [interposing] We will certainly follow up, and we will get back to you soon. I don't have the information, so I don't want to speculate, but we will certainly get back to you.

COUNCIL MEMBER LEVIN: Okay. Thank you. Thank you very much, Mr. and Madam Chair.

CHAIRPERSON NELSON: You are

welcome. Thank you, Doctors Greene and Prezant. We appreciate very much your testimony. Until the next time. Thanks so much. Now as mentioned, we have people from Mount Sinai. I hope the name is correct Roberto Lucchini and Dr. Laura Crowley. Doctors, any written testimony? Could you give to the sergeant at arms copies? Thank you. I believe, Doctor, you didn't have your microphone on. The red light needs to be on. Red means go. It's government.

DR. ROBERTO LUCCHINI: Thank you, Chairperson Margaret Chin and Michael Nelson and members of the Committee on Civil Service and Labor of the New York City Council. Thank you for inviting us for this testimony before you today. I am Roberto Lucchini, and I am the vice chairman for translational medicine in the Department of Preventive Medicine at Mount Sinai and since January 2012, and I am also the director of the Division of Occupational Medicine and of the World Trade Center Health Program datacenter and with me is Dr. Laura Crowley, who is the deputy director of the Clinical Center of Excellence at Mount Sinai. So here we have two structures basically

of the World Trade Center Health Program--one is the data center, one is the Clinical Center of Excellence with two different activities going on. One is the diagnoses, the clinical work, treatment of all conditions that are related to World Trade Center exposure in the clinical center. One is the data center where all the data are registered - - an intensive process of working on the data and do health surveillance and in this specific case cancer surveillance, which is very important. Dr. Laura Crowley will go through the details of our paper that was published in the Environmental Health Perspective, and let me just briefly introduce you this complicated information that we have dealing with cancer exposure to the World Trade Center dust that was a mix of very powerful carcinogens, You have heard not only asbestos, but also various metals and polychlorinated biphenyls, - - and dioxins, and these are all very powerful chemicals that are known carcinogens. And let me tell you, these of the World Trade Center is kind of a unique situation with the exposure of this mix that never happened in any other epidemiological setting, no accident at

international level. I am familiar in Italy with the cervezo [phonetic] accident in the '70s. In that case, there was only one exposure that was dioxins. Here you have a multiple exposure to a mix of powerful carcinogens that make a very big difference, and of course this difference imposes important problems because in epidemiology we always learn, and we don't know exactly what this exposure can lead to unless we don't continue as all my colleagues already said, continue doing this work and with more and more information, and with more details and rigorous methodology because we need to provide solid data. Regarding the exposure assessment we have data on the exposure assessment that are all subjective symptoms and information about where these people were, what were they doing, why time did they get to the site, so using this information was possible to have some data analysis regarding the exposure and so some exposure response assessment. We are in the process to refine further this important information regarding the exposure assessment that hopefully will provide us more important parameters to link all the cancer surveillance to

the exposure. This is going to be very, very important for the future. Thank you.

DR. LAURA CROWLEY: Thank you, Dr. Lucchini. I'd like to also extend a thank you to honorable Chairpersons Margaret Chin and Michael Nelson and members of the Committee on Civil Service and Labor of the New York City Council. We thank you for having this opportunity to present on this very important topic. To date, four studies have investigated cancer incidence among World Trade Center responders. Earlier this year, a team at the Icon School of Medicine at Mount Sinai along with other collaborators published a paper in the Environmental Health Perspective about the incidence of cancer rates among World Trade Center rescue and recovery workers. Our study compared incidences in a cohort of approximately 20,000 workers enrolled in the World Trade Center Health Program to incidence in the general population during the seven years after the 9/11 attacks. By comparing these rates the study aimed to estimate associations according to the levels of World Trade Center related exposure. Overall, incidence rates of all cancers

among World Trade Center rescue and recovery workers were 15 percent higher than expected. Incidence rates for thyroid cancer, prostate cancer, combined hemapoietic and lymphoid cancer and soft tissue cancers were also higher than expected. The findings of our study are concordant with the other studies that were so eloquently described today by Dr. Prezant and Dr. Greene. All of our studies also found elevated standard incidence ratios for thyroid, prostate and certain hematological cancers; however, there are limitations, and I think we should mention them. Due to short term follow up, long latency periods associated with cancer and other characteristics of our cohort the findings of our study as has been mentioned multiple times today should be interpreted with caution. Many occupational cancers manifest over a decade after carcinogenic exposure; thus, it may be too soon to determine incidence for certain types of cancer among responders. In addition, World Trade Center responders were substantially healthier than the general population at the time of exposure. Their jobs required periodic physical and mental fitness

tests and they were arguably more fit than the working population; therefore, these workers were at lower risk of cancer than the general U.S. population. Finally factors like self-selection and under reporting of certain cancers to state registries may also affect the findings of the study. Like the Fire Department and the Department of Health, we have received federal funding for continued cancer surveillance in relation to exposure and certainly look forward to reporting on new updates in cancer incidence rates. As many of you are aware as of October 2012, this was a turning point for our program. Many of our responders now have the opportunity to receive cancer care under the NIOSH federally funded World Trade Center Health Program. To date, the Mount Sinai World Trade Center Health Program has successfully certified over 280 cancer cases. What does this mean? Each responder's clinical history and exposure history is reviewed in great detail by our providers at each clinical center, Mount Sinai and Fire Department and the other clinical centers, and we then provide supportive documentation directly to the

administrator of the World Trade Center Health Program at NIOSH for certification. All patients approved for coverage may then be provided cancer services at no cost to themselves under the program. Exposures in the aftermath of 9/11 were unusual in terms of their high intensity and the complex mix of known and suspected carcinogens involved. The World Trade Center Health Program is proud to be able to provide this small service for those heroes who have suffered for years with so many health ailments related to their exposure. We are still early in the incubation period for those cancers with longer latency, and we will continue to stress the need for exceptionally close follow up for this highlight exposed population. Thank you, and we are pleased to accept any questions.

CHAIRPERSON NELSON: Thank you, Doctor. First we will have Council Member King, and then Council Member Levin.

COUNCIL MEMBER KING: Thank you for your testimony, Doctor. I just have one question. We talk about the incubation period and I know it is because you as doctors in the hospital--Mount

Sinai is great at what you do--what would be the plan? You are servicing the people today ad 20 years from now, 25 years from now someone gets ill, will you be able to take care of them or will there be some obstacle in place because we are saying time ran out on whatever funding or what would be the plan? If you know that someone was at 9/11 down at the Ground Zero 25 years ago, do they automatically whether there is funding, we take care of them or will there be another conversation getting in the way of servicing those individuals?

DR. LAURA CROWLEY: I think that is a million dollar question. Ideally we hope funding will continue long term and we will fight for that to happen. Until then unfortunately we operate under every five years, but you know, we will fight for the responders. They deserve to be cared for.

DR. ROBERTO LUCCHINI: Well, this of course is a very important question because we have been talking about the incubation period, so if we base ourselves on these parameters here, we sort of are concerned that the number of course

will increase and what to do next and Dr. Crowley is totally right. It is all dependent upon funding, but let me say, it is also dependent upon what we are able to support in terms of good solid science because I believe that as soon as we are able to have supporting and more and more convincing data I mean this will become an important point in the consideration for the next future.

COUNCIL MEMBER KING: I'll end with this. If there is any way I know we here at the Council would support anything that we need to to make sure that first responders or anyone who was part of that devastation that they get the service, is there any way that you guys can just put a commitment at heart to say right now, listen, if anyone who was during this time was down there, we will look to do all we can to service them and not get caught up in the world of politics of why we can't people? We make a commitment today because we know in ten to 15, we may get more people that are going to come through who were in that area. We can generally identify they were down in that area. We are going to take

care of them no matter what is on the--let's make a commitment to take care of them because they came out on that day to help everyone, so that is what I am asking. If there is not a plan, let's see how we can put that in in your files so just in case you want to do something else the next people who are there will say there was a commitment made 20 years ago to take care of anybody who walks in the door who was part of the first responders there. That is my ask. We will do what we can at the Council.

DR. LAURA CROWLEY: I think we can safely say yes to that. I think overall this program has been driven by extremely strong supporters in the labor movement with the city, the responders of course. The instinct of the responders and helping us come to decisions has really driven this program along with labor and we are extremely supportive of that, and we will support whatever we need to do to get them taken care of.

CHAIRPERSON NELSON: Thank you, Council Member. We had a question also from Council Member Levin.

COUNCIL MEMBER LEVIN: Thank you very much, Mr. Chairman. So I wanted to ask the same question that I had asked the previous panel about whether or not Mount Sinai was able to receive information from the NYPD over the last year to be able to cross check their database against what you guys were doing with the state Cancer Registry. I actually spoke to Dr. Landry [phonetic] again about that, and this came up prior to Dr. Howard officially reaching his decision on the cancers that are not covered, and so there was a lot of intensity over the issue in the weeks leading up to the STAC hearings, but I was told by the administration that that information would be made available to Mount Sinai. Has it been made available at this point? Do you know?

DR. LAURA CROWLEY: In truth, I do remember that there was conversation happening. I don't know if the actual data was transmitted, but we can certainly get back to you.

COUNCIL MEMBER LEVIN: - - Would that then be helpful?

DR. LAURA CROWLEY: Absolutely.

Yes.

COUNCIL MEMBER LEVIN: It would be helpful.

DR. LAURA CROWLEY: Mm-hmm.

DR. ROBERTO LUCCHINI: Totally. We are here talking about three studies, three different points of view. I am pretty sure on behalf of my colleagues what we are willing to do more and more is to put all of this information together and share--

COUNCIL MEMBER LEVIN: [interposing] The more information the better.

DR. ROBERTO LUCCHINI: Absolutely.

COUNCIL MEMBER LEVIN: 'Cause the NYPD has extensive information with regard to their personnel, their overall health records, and so okay, I am going to have to then follow up with the administration. You don't know at this point whether or not that information has been received or if it has been communicated or if there has been any follow up over the last year or so?

DR. LAURA CROWLEY: Correct.

COUNCIL MEMBER LEVIN: Okay. Okay. I will then take that up with the administration.

DR. LAURA CROWLEY: I know there was a lot of conversation, but I don't know what the end result was.

COUNCIL MEMBER LEVIN: Okay. I will follow up. Thank you.

CHAIRPERSON NELSON: Okay. Thanks, Steve.

COUNCIL MEMBER LEVIN: Thank you for your good work, by the way.

CHAIRPERSON NELSON: I think that is it for the questioning. We very much appreciate your taking the time out of your very busy schedules and productive schedules I know, and see you hopefully in the next meeting. Thank you, Doctors.

CHAIRPERSON CHIN: Can we invite up Catherine McVay Hughes, chair of Community Board 1, John Feal from the Fealgood Foundation, Dr. Iris Udasin [phonetic] and also Mary Parillo [phonetic]. Yeah. Anybody else that would like to testify you have to fill out a slip with the sergeant. Who is going to start first? Catherine?

CATHERINE MCVAY HUGHES: Can you

hear me? Good. Good afternoon, Chairpersons Chin and Nelson and members of the New York City Council Committees on the Lower Manhattan redevelopment and Civil Service and Labor. I am Catherine McVay Hughes, chairperson of Manhattan Community Board 1. We thank you for the opportunity to comment on this very important topic for our community. We continue to appreciate the important work done by the 9/11 medical working group. Mount Sinai's World Trade Center Health Program found that the World Trade Center first responders have a 15 percent higher rate of contracting cancer than the general public according to recently published report, but please note that this report was published five years after the 2001 to 2000 date, so no one specifically called that out, so I would just like to emphasize that. These findings are particularly troubling. I quote "elevations were seen for cancers at all anatomical sites in the human body combined as well as for cancer of the thyroid, prostate cancer, blood and lymph node cancer and soft tissue cancer. Cancer incident rates were most highly elevated in very highly

exposed responders who were trapped in the dust cloud or who worked a significant number of days at the World Trade Center site." This report confirms prior studies by the FDNY and the New York City Department of Health and Mental Hygiene that also found correlation between first responders and others exposed on and after 9/11 had an increased rate in cancer. Most importantly the Mount Sinai report acknowledges that additional time is needed to study the relative extended latency of cancer developed and advises continued research and surveillance. When the James Zadroga 9/11 Health and Compensation Act of 2010 was implemented in 2011 cancer was not included in the list of World Trade Center health related conditions covered by the act due in part to the publishing of insufficient evidence. One of the problems is a long delay between collecting and publishing data like you heard today--in this case five years. This is highlighted in an article that appeared recently in The Economist. "Ask a researcher what annoys him most about scientific publishing and slowness will come near the top of the list of gripes. It takes nearly

six months on average for a manuscript to - - its way from submission to publication, worse before a paper is accepted by a journal. It is often rejected by one or more others. The reason need not be a fatal flaw in the research. Sometimes the work is simply not splashy enough for outlets high up in the pecking order." So it takes a lot of time for research to be done, collated and published, and then it needs to be reviewed by the World Trade Center expert technical panel. CB1 has continuously supported adequate coverage of all diseases and medical conditions associated with 9/11 in adopted resolution in January 24, 2012 calling for the act to include coverage of cancer following extensive scientific research review by the World Trade Center Health Program's Scientific, Technical Advisory Committee, which I do sit on. The CDC National Institute for Occupational Safety and Health ruled in September 2012 that free monitoring and treatment for 50 forms of cancers would be included under the act. The recent Mount Sinai report highlights the need to look again at whether additional cancers such as prostate cancer, one of the most frequent types

of cancers among 9/11 first responders, should be included as World Trade Center related health conditions. CB1 strongly supports the addition of 50 cancers by the World Trade Center administrator. All 50 cancers were added for responders as well as survivors under the act. The World Trade Center Health Program has a multi-step process for certifying cancers. Hundreds of responder cancers and scores of survivor cancers have been certified. In addition CB1 is concerned about children in the World Trade Center exposure. On January 24th, 2012 a unanimously passed resolution on World Trade Center pediatric research and called for ongoing research into World Trade Center physical health impacts onto children, specifically in depth evaluation of pediatric effects of exposure including lung function, mental health or developmental and endocrine effects. Additionally on September 20th, 2012, we unanimously adopted a resolution urging NIOSH to fund early deification of World Trade Center conditions in adolescents. Little is known about the effects of exposure during the vulnerable growth period. CB1 fully supports

continued research into the rates of cancer and other medical conditions among the first responders and others exposed at and around the World Trade Center site on and following 9/11. The World Trade Center health conditions of the act should be modified to reflect the findings of this ongoing research. CB1 continues to vigorously support adequate health services for first responders as well as residents, children and workers exposed on and after 9/11. We are grateful to the advocates and allies who have worked tirelessly with us to address the physical, mental health concerns of those all affected by 9/11 terrorist attacks. We hope this testimony and our efforts will help lead to further support of these very important studies and expansion of vitally important services. Thank you for this opportunity to testify.

CHAIRPERSON NELSON: Sure. Whoever is ready, Doctor or…

DR. IRIS UDASIN: Can you hear me? So I would like to thank everybody for inviting the interloper from New Jersey to come in, and I wasn't quite sure whether to speak from

PowerPoints or to speak from the prepared talks so I brought both. In any event, I want to say my name is Iris Udasin. I am professor of environmental and occupation medicine at what is now going to be called Rutgers Robert Wood Johnson Biomedical Sciences, and it is a mouthful, and I am the New Jersey investigator for the World Trade Center medical monitoring program, but I also want to say, and I am sorry that the Councilman left, I am born and raised and educated in the SUNY system, and I graduated from SUNY Downstate in 1982, so I feel a very strong connection to my friends in Brooklyn. So when I show the slides that I do, the slide that I show--and you have my slide presentation here--is of the Elizabeth fire trucks leaving Elizabeth on the Staten Island ferry and going into New Jersey. The reason why I show that slide is to show that not only are employees of New York affected, employees of New Jersey are affected and came in as volunteers. The Elizabeth Fire Company rotated in with their brother company in Staten Island, and one of my sickest World Trade patients is one of those firefighters. He has a serious and disabling

throat cancer. For people with throat cancers, it is tough to treat a throat cancer. You lose part of your ability to speak. You have disfiguring surgery on your mouth. Furthermore, that is a cancer that when we look at the slides later on, I want to explain that it is a rare cancer. It is elevated in the population, but because of the fact that it is such a rare cancer, it is hard to achieve statistical significance, and that is what I thought I could add to this presentation is to talk about a few of my patients and explain why I am here. So the second slide that I show is the of course the study that we have been talking about, the Mount Sinai study, and again the consortium being Mount Sinai, NYU, Queens, Stonybrook and us. You heard from the other speakers about how complicated it is to confirm these results for several reasons. I believe the material that we present is actually an underestimate of the number of cancer cases in the population. First off, you heard from other speakers that we are not reporting on cancers from 2009 and later, and so of course, we can't confirm that because it takes so long to do this, but I

also want to point out the fact that many of our cancer patients are just so sick that they couldn't come into any of our programs, they couldn't be reporting to any of the programs. Ah, the Brooklyn Councilman is back. I said I went to school in Brooklyn, so I am sort of Brooklyn related, and you can hear my New York Long Island accent. In any event though if you were that sick with your cancer, particularly a hematopoietic malignancy you probably couldn't even make it into the program, you couldn't get counted in the program, so I wanted to say that the number of patients we are counting is an underestimate. I also wanted to add here--I am trying not to repeat what the other people said--almost 60 percent of the people presented in the study in the Mount Sinai consortium study of which I am a part of were never smokers and when you are looking at cancer rates you think oh, well, people should be smokers, and so we are presenting never smokers of almost 60 percent, and that is in one of the tables that I sent to you. So I am going to skip the comments about bias because people have said those already. So finally, I wanted to speak to

you about my last two slides, which are cancer cases here in New Jersey. My office is in Piscataway, New Jersey. Piscataway, New Jersey is far closer to where most people live in Staten Island than any of the New York programs. Consequently, it is maybe 15 minutes from where most people live in Staten Island so they are my largest county of patients. We also have many retired New York Police Department workers living in Middlesex, Monmouth and Ocean County. We have many public employees that are allowed to live in New Jersey and live in New Jersey for various reasons that people may or may not appreciate in New York. Hey, I moved to New Jersey 1982. So I am presenting to you a little bit of an update of my own patient population, which notes that we have seen more than 20 patients with hematopoietic malignancies, including nine with non-Hodgkin's lymphoma and four with multiple myeloma. A significant number of our patients are either law enforcement or communications workers who really don't have any prior history of significant hazardous exposure prior to 9/11, and I am especially speaking to you on behalf of many of my

patients, but one of whom is a very sick NYPD young man who was promoted to sergeant at a very young age. This young man is extremely fatigued as a result of his chemotherapy, his radiation and his stem cell transplant. He has difficulty participating in the childcare of his baby and toddler. He has mental health issues that are related to this that we need to take care of. We have six patients in New Jersey that we have seen with head and neck cancers. Again, that is an unusual cancer. One of these people is a retired NYPD officer who already testified in the STAC Committee. Again, if you look at the table that I showed you, that number is higher than one, but it is not statistically significant meaning the confidence interval goes under one so it is not statistically significant, and that is 'cause it is such a rare cancer, and it is a suggestion certainly of the increasing cancer that we can expect to see. So at this time, I just want to say as the previous speakers have said that these observations that I have made as a clinician, board certified internist and occupational physician suggest that this really is an alarming

trend and there is certainly a need for further screening and diagnostic testing as well as treatment of the effected individuals as well as their family members who need the support we can provide to them. Thank you for allowing the interloped from New Jersey to cross the bridge and speak.

CHAIRPERSON NELSON: Thank you, Doctor. Whoever would like to speak next… yes, sir.

JOHN FEAL: Thank you. My name is John Feal. I am a 9/11 responder, and I am the founder and the president of the Fealgood Foundation. Thank you, Councilwoman Chin again for having me, and Councilman Nelson and my friend, Mr. - - over there. Listen, I am the least educated person that spoke today, but what I know is this bill, and it has been my life for the last decade. I memorized the bill. I know the ins and outs of the 9/11 communities, so I am here to humanize what these doctors and others couldn't. I have been to 80 funerals in five years, two in the last week. We have lost 30 people in 2013, 28 of them cancer. I don't care

if you get an MD or a PhD or anything that ends in a D, you don’t need to be a rocket scientist to know that 9/11 and its aftermath has caused these cancers. We no longer have to prove that 9/11 got us sick. It is up to the government to prove that 9/11 didn't make us sick. Due to absorption, to due nose, mouth and skin, these toxins made these men and women sick, and a lot of them have passed away. But what I do know is that Dr. Howard has done a phenomenal, magical job in getting cancers added to the bill. It takes decades of studying, he did in a couple of years, so kudos to Dr. Howard. Kudos to Mount Sinai and kudos to the FDNY for doing the great job that they are doing. When this bill runs out in 2016, it will be renewed, but like in 2010 when we did get the bill passed, a lot of people left us. They left us high and dry when we walked the halls of Congress for eight years thinking the bill wouldn't get passed. I hope those people have a renewed energy and focus and join us on the Capitol in getting the bill renewed in 2016. We can't wait until the end of 2016. The process will start in the very near future. The healthcare part will always stay

up and running. I guarantee that. It is the compensation part that will probably wind up running out, but when the new waves of cancers come and the asbestos cancers come that take 15, 20, 30 years to manifest, we are going to need to compensate these men and women. So with that being said, we have a lot of work ahead of us, and what is more important we should be talking about stuff like on October 3rd is the deadline to file for the BCF [phonetic] of this year. People need to know that. That information needs to get out. People need to know that we are D.C. now fighting for sequester, while they are trying to cut ten percent of the Zadroga bill, which is going to cut into the healthcare and the compensation. We have 23 co-sponsors. There is 26 members of the New York delegation and only 17 of them have co-signed so far. We need to put pressure on the New York delegation to find the same energy that they had in 2010 when they all wanted to take pictures of 9/11 responders who walked the halls of Congress for ten years. So with that being said, thank you to the Council again for having me, and great job by all the doctors, and I look forward to

everybody working together without egos, in harmony for the best interest of the people in Lower Manhattan and the 9/11 community. Thank you.

CHAIRPERSON NELSON: Thank you very much.

MARY PARILLO: Hard act to follow, John. Hi. My name is Mary Parillo. I am a longtime resident of 125 Cedar Street and a patient at the World Trade Center Health Program Survivor Program. The following statement is by Kimberly Flynn [phonetic] who serves as the chair of the World Trade Center Health Program Survivor Steering Committee, who could not be here today, and on behalf of the World Trade Center Health Program Survivor Steering Committee, I'd like to thank Civil Service and Labor, Lower Manhattan Redevelopment Committees for the opportunity to testify. As we all know, the Zadroga Act provides the healthcare for WTC certified conditions to both responders and survivors--residents, students and area workers whose health was harmed by the destruction of the World Trade Center. The committee that Kimberly chairs, the Survivor

Steering Committee, was established by the Zadroga Act to advice federal health program as to ensure that it meets the needs of 9/11 survivors and includes representatives from the community including three Lower Manhattan community boards and community based organizations and labor unions. The exposures that occurred occurred on the morning of 9/11 and those that occurred from the fires for a month after were extraordinary in magnitude and intensity. In addition with respect to survivors, it is important to remember that less than 19 percent of the downtown apartments were cleaned in the EPA's 2002-2003 indoor cleanup, a program which excluded the area above Canal Street and all workplaces in the affected area. Given the chemical compounds of the smoke and dust there is great potential for simultaneous and synergistic exposures to substances that were carcinogenic, mutagenic, immune toxic and endocrine disrupting. The addition of the 50 cancers to the World Trade Center conditions by administrator John Howard was a principled and scientifically sound decision that ensures that responders and survivors alike will have access to

the healthcare they need and deserve for their 9/11 related cancers, but many in the community are not yet aware of the recent expansion of coverage to cancers, including the fact that childhood cancers are now covered--that is all cancers that appear in 9/11 affected people under 20 years old at the time of the diagnosis. So we ask that the Council please include the survivor program in any resolution that emerges from this hearing. By way of an update, since the implantation of the administrator's directive more than 76 residents, students and area workers have had their cancers certified as WTC related. Many residents and workers were also unaware that WTC centers of excellence are working to develop an extensive cancer provider network in the New York City area available to survivors and responders alike with the goal of assuring patient choice and an excellent standard of cancer care. Currently that network not only includes New York City Health and Hospitals Corporation, SUNY Stonybrook and Mount Sinai, but also Memorial Sloan-Kettering and other premier cancer centers. In the April 2013 Mount Sinai study, which is the focus for

today's hearing and is the third early assessment of cancer outcomes for our responders like the previous studies conducted by FDNY and WTC Health Registry, the Sinai study of cancer incidence among responders shows an increase in thyroid, blood and lymph and prostate cancer and also soft tissue cancer. These studies reveal a signal that experts expect to grow stronger. Moreover both FDNY and Mount Sinai detected an increase in incidence for all cancer sites combined. The Survivor Steering Committee strongly supports such studies. Such research is only possible with a strong foundation of ongoing surveillance of WTC health programs patients, monitoring and registry populations. Also, finally, the SSC and Community Boards 1, 2, and 3 have called on the World Trade Center Health Program to address the fact that we know very little about the physical effect of the World Trade Center disaster on more than 30,000 children living or attending school or daycare downtown. Research on pediatric environmental health effects of 9/11 including respiratory, developmental and endocrine impacts should be an immediate WTC Health Program priority. We

urgently need an understanding of whether or how affected children are at increased risk for late emerging cancers including those as a result of their unprecedented World Trade Center environmental exposures. Thank you.

CHAIRPERSON NELSON: Thank you, Ms. Flynn. There is one other person who just joined the panel, Danny Noonan.

JOHN FEAL: Can I just say one thing because I do have to leave. To the Councilman who is not here anymore he was harping on the prostate, and I am not letting the cat out of the bag here because it was a public slip up last week and nobody caught it. Prostate cancer is going to be added to the bill in the very near future, and for me to say something like that that means it is going to be added. You can bank on that. We still have to get brain cancer. I know 37 cases of our studies of people with brain cancer, so prostate cancer will be added.

CHAIRPERSON NELSON: Thank you for reporting that.

CATHERINE MCVAY HUGHES: And also just clarification of the earlier discussion about

the World Trade Center Scientific Technical panel when they were actually taking a vote on the three cancers--brain, pancreatic and prostate, it was a very, very close vote. It was a very, very long discussion about those particular types of cancer. Right, and rare cancers are also covered.

CHAIRPERSON NELSON: Mm-hmm. Well, thank you for that. Mr. Noonan can just join the panel. I should have called you up earlier. I am sorry. I should have called you up with this panel.

DANNY NOONAN: It's great. Thank you very much. I would like to thank the Committee. My name is Danny Noonan. I am a former member of the FDNY. I was retired prior to 9/11; however, when I recognized the scope and size of the disaster I felt compelled to respond to assist in the rescue and recovery efforts, and particularly the ten firefighters from my house, Engine 33 and Ladder Company 9. In those early days, we had 5,000 of our fellow citizens were missing and 500 firefighters were the early reports. When I was a young firefighter when I first went on the job, I had two years on the job

and I responded first to the infamous New York Telephone Company fire. This was the second most deadliest fire in the history of New York City behind 9/11. After my exposure at that toxic fire, I was subsequently diagnosed with leukemia. In the aftermath of working on 9/11, working on the pile, I worked on the pile until I got sick, my leukemia counts have increased. Since my leukemia is pre-9/11 I and other first responders like me are ineligible for cancer certification by NIOSH. I have heard today these physicians say how our first responders need to be taken care of. I hope the Council can take steps to recognize and correct this inequitable application. Thank you for your time.

CHAIRPERSON NELSON: Thank you, Mr. Noonan. We appreciate it. Council Member Chin, have any…?

CHAIRPERSON CHIN: Yeah, I really wanted to thank this panel, especially John Feal for all the work that you do in terms of this advocacy and we will continue to work with you and make sure that this bill is renewed and there is money for these programs to help everyone who is

in need. Community Board 1, Catherine, I know you guys will make sure we will stay on top of this issue because that is the only way to get it done is from the advocacy of all of you and all the community people. Because even like the sanitation union, we had sanitation workers who were down there, NYPD police officers who were down there, the city should be working with us to get those data to help us with these studies, and that is what Council Member Levin was talking about. Why don't they just turnover this information so that we can really improve on this study. We will continue to advocate, and thank you all of you for your service.

CHAIRPERSON NELSON: I'd like to thank everybody who attended today and all of you who are here and who care. Obviously the fight goes on and we have a lot of very powerful people working with us, so thank you so much. Meaning you. This meeting is adjourned.

[gavel]

yC E R T I F I C A T E

I, Kimberley Campbell 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.

Signature Kimberley Campbell

Date _____7/11/13