

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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SEPTEMBER 18, 2014

Start: 10:06 a.m.

Recess: 10:56 a.m.

HELD AT: Council Chambers - City Hall

B E F O R E: COREY D. JOHNSON
Chairperson

COUNCIL MEMBERS:

Maria Del Carmen Arroyo

Rosie Mendez

Mathieu Eugene

Peter A. Koo

James G. Van Bramer

Inez D. Barron

Robert E. Cornegy, Jr.

Rafael L. Espinal, Jr.

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

Jacqueline Reinhard
Executive Director at SHARE

Lisa Franklin
Educator and Advocate at SHARE

Nadeem R. Abu-Rustum
Gynecological Oncologist
Chief of GYN Cancer Surgery
Memorial Sloan-Kettering

Kitty Silverman, Regional Chapter Manager
New York City Chapter of the
National Ovarian Cancer Coalition

Pamela Esposito-Amery,
CEO and Co-Founder of T.E.A.L.
Tell Every Amazing Lady About Ovarian
Cancer Lousia M. McGregor Ovarian Cancer
Foundation,

Andrew Brozman, Board of Directors
Honorable Tina Brozman Foundation
for Ovarian Cancer Research

2 [gavel]

3 SERGEANT-AT-ARMS: Quiet, please.

4 CHAIRPERSON JOHNSON: Good morning. I'm
5 Council Member Corey Johnson, Chair of the Committee
6 on Health in the City Council. I want to thank
7 Council Member Rafael Espinal for sponsoring this
8 resolution we are considering today, and for being a
9 true leader in addressing this important issue.
10 Today the committee is holding a hearing on proposed
11 Resolution No. 380-A, which will recognize September
12 as Ovarian Cancer Awareness Month in New York City.
13 The American cancer Society estimates that almost
14 22,000 receive a new diagnosis of ovarian cancer, and
15 over 14,000 women will die from ovarian cancer in the
16 United States in 2014. Ovarian cancer ranks fifth in
17 cancer deaths among women. According to the American
18 Cancer Society, a woman's lifetime chance of dying
19 from ovarian cancer is about one in a hundred.
20 Currently, there are no reliable screening tests for
21 ovarian cancer, and researchers are continuing to
22 look for new tests to help diagnose ovarian cancer
23 early. The National Ovarian Cancer Coalition has
24 found that ovarian cancer is often overlooked until
25 advanced stages, and only 20% of ovarian cancer is

2 detected at an early stage. When ovarian cancer is
3 found early at a localized stage, about 94% of
4 patients live longer than five years after diagnosis,
5 which is why awareness of symptoms is so crucial.
6 Given the critical importance of improving awareness,
7 it is the obligation of the City Council to recognize
8 September as Ovarian Cancer Awareness Month in New
9 York City to bring attention to this important issue,
10 and ensure women have the information they need to
11 detect and treat ovarian cancer as early as possible.

12 I want to acknowledge my colleagues on
13 the Health Committee, Council Member Espinal. We
14 will be joined by others who are with us today. I
15 also want to thank my Legislative Director, Louis
16 Cholden-Brown, the Health Committee Counsel, Dan
17 Hafetz; the Health Committee Policy Analyst, Crystal
18 Pond; Crilhien Francisco, the Finance Analyst for the
19 Health Committee for their work in preparing for
20 today's hearing.

21 I want to thank again Council Member
22 Espinal, who sponsored this resolution and the
23 advocates who are with us here today for their work
24 on raising awareness to this important issues.

2 I know that this is a personal issue to
3 Council Member Espinal. I know that he has had an
4 experience in his life with this terrible disease,
5 and before I hand it over to him, I want to say that
6 in the past two years, I lost two parents to cancer.
7 Not to ovarian cancer, but I lost my biological
8 father and my stepfather to lung and brain cancer.
9 So, this is a personal issue for many, many people,
10 and I'm proud to turn it over to my great colleague
11 Council Member Rafael Espinal.

12 COUNCIL MEMBER ESPINAL: Thank you,
13 Chairman Johnson. Thank you for taking on this
14 issue, and holding this hearing and vote. I'm going
15 to go and restate the facts on ovarian cancer. I
16 want to tell my story. I remember my mom when she
17 first kind of started feeling symptoms of ovarian
18 cancer. It was just very physical. She was out
19 cleaning the yard one day, and she believed that she
20 pulled her back, and for months had this back pain.
21 She went to the doctor adjust the issue. The doctor
22 sent her home with a leaf because she told him the
23 story that she was cleaning the yard and pulled her
24 back. And months later when she was becoming visibly
25 ill, it was too late already. It had already spread

2 throughout her body, and a few months later she
3 unfortunately passed away. So it's a very important
4 issue to me, and also to I'm sure a lot of women
5 across the country. I'm very proud to be here and
6 making sure that New York City is aware of this
7 disease and symptoms and the facts that come with it.
8 And so, I want to thank you again, Mr. Chairman, and
9 thank all the advocates for being here today. And
10 hopefully Tuesday, we can have a vote on the floor,
11 and everyone will be here, and we'll be wearing our
12 teal colors. So thank you.

13 CHAIRPERSON JOHNSON: Thank you Council
14 Member Espinal. I want to acknowledge we've been
15 joined by Council Member Peter Koo, and I want to
16 call up our first panel. And folks, if you wouldn't
17 mind heading over there, and everyone being sure that
18 the mic is turned on. First up, we're going to have
19 Jacqueline Reinhard from Share; Lisa Franklin, also
20 form Share, and Dr. Nadeem R. Abu-Rustum from
21 Memorial

22 [Pause]

23 CHAIRPERSON JOHNSON: So you may start in
24 any order you would like. Just make sure that the

2 red light is on, on the mic in front of you, and that
3 you introduce yourself for the record.

4 [Pause]

5 CHAIRPERSON JOHNSON: You have to push
6 it.

7 JACQUELINE REINHARD: Sorry. Okay.

8 There we go. Good morning. My name is Jacqueline
9 Reinhard. I am the Executive Director of SHARE, a
10 New York City based non-profit organization that has
11 been the lifeline for women with cancer for 38 years.
12 I would like to thank the Health Committee and the
13 sponsors of this resolution for recognizing September
14 as Ovarian Cancer Awareness Month in New York City.
15 We are energized to join new and our fellow ovarian
16 cancer advocates in our sustained, important and
17 unified mission to promote awareness of the symptoms
18 of ovarian cancer. To let all women know that they
19 are at risk, and what they can do if they suspect
20 that they have ovarian cancer. And to educate and
21 support women who are diagnosed with ovarian cancer.
22 Many of whom will go on to fly, and become advocates,
23 powerful advocates to steer and fund research we need
24 to detect this deadly disease earlier and to improve
25 outcomes.

2 At SHARE, we live this mission everyday.
3 We couldn't do it without ovarian cancer survivors,
4 who are the backbone of our three programs. Ovarian
5 cancer survivors answer the calls on our toll free
6 help line 844-ASK-SHARE. Ovarian cancer survivors
7 participate in workplace seminars to share their
8 experiences, their personal experiences, and the
9 latest evidence-based information. Ovarian cancer
10 survivors facilitate our support groups, serve as
11 patient advocates on research review panels and raise
12 money for critical research.

13 It is now my pleasure to introduce one of
14 our newest and busiest volunteers. She is a very
15 special person. I know you will agree with me. From
16 the day she first called our help line, it was clear
17 that she would be a tremendous outreach to our-- A
18 tremendous asset to our outreach efforts. Notably,
19 our Ambassador of Program, an initiative created to
20 take the message of symptom awareness and informed
21 medical decision making to the African-American
22 communities in the five boroughs of New York City.
23 Lisa.

24 LISA FRANKLIN: Good morning. I'm going
25 to state again those facts, which you have so aptly

2 stated because the more we hear them, I believe the
3 more they resonate in us.

4 Fact: One in 72 women will be diagnosed
5 with ovarian cancer in her lifetime.

6 Fact: Over 24 minutes marks another
7 diagnosis of ovarian cancer in the United States.

8 Fact: Ovarian cancer is the fifth [sic]
9 the most common cancers in women.

10 Ovarian cancer devastates the lives of
11 families to the tune of 21,980 yearly. And this is
12 one woman's story: A vibrant and otherwise healthy
13 woman in her 40s begins to feel small and annoying,
14 yet pervasive feelings of indigestion, loud gurgling
15 from her stomach, and a general feeling of queasiness
16 daily. Thinking she has a virus, she goes to the
17 doctor and is tested for ulcers, acid reflux, and
18 parasites. All tests came back negative. That was
19 in March 2012. Fast forward to August 2013. The
20 same otherwise healthy woman's stomach begins to
21 swell as if she was several months pregnant. She
22 goes to the emergency room and is diagnosed with
23 Stage IV Ovarian Cancer after several visits to both
24 her gynecologist and primary care physicians. During
25

2 this year-long period, when she complained of the
3 same symptoms from 2012.

4 Women get this news because the public
5 lacks knowledge and education about ovarian cancer,
6 the cancer that whisper. Well, today we are here to
7 make noise about this form of cancer. Ovarian cancer
8 is no longer a whisper in part because of
9 organizations like SHARE who serve as a lifeline for
10 women and their families throughout their cancer
11 journey.

12 In closing, against the odds, the same
13 woman has lived to tell her story and advocate for
14 women in under-served neighborhoods such as Jamaica-
15 Queens, where I reside. And she decided to join a
16 might force of SHARE as an ambassador to educate,
17 advocate, and champion of the cause of ovarian
18 cancer, the number one cause of gynecological cancer
19 deaths.

20 Fact: My name is Lisa P. Franklin, and I
21 am that ovarian cancer survivor.

22 CHAIRPERSON JOHNSON: Thank you, Ms.
23 Franklin, for being here today to share your story.
24 We're so happy you're here and help other folks with

2 awareness and getting through their own journeys. So
3 thank you.

4 LISA FRANKLIN: Thank you.

5 CHAIRPERSON JOHNSON: Dr. Abu-Rustum.

6 DR. ABU-RUSTUM: Good morning. My name
7 is Dr. Nadeem Abu-Rustum, and I'm a Gynecological
8 Oncologist and I'm the Chief of the GYN Cancer
9 Surgery at Memorial Sloan-Kettering here in
10 Manhattan. Thank you for considering this important
11 resolution to raise awareness of ovarian cancer. I
12 am really honored to be with the panel here, and I
13 appreciate the opportunity to share my perspective.
14 As someone who treats women with ovarian cancer, I'm
15 all too familiar with the devastating effects of this
16 disease. I have had family members myself suffer and
17 die from this disease, and I see patients every week
18 with ovarian cancer, and suffering the disease.

19 It is not the most common cancer, but it
20 is one of the deadliest cancers, and it is the most
21 deadly gynecologic cancer that we treat. The numbers
22 we heard: 22,000 new cases and 14 deaths every year
23 from this devastating disease. Ovarian cancer is
24 deadly because it's what we call a silent killer. It
25 does not cause noticeable symptoms in its early

2 stages. And by the time a woman notices any
3 symptoms, and she goes to see her specialist or her
4 physician, it is sometimes too late, and the success
5 of treatment really diminishes.

6 Some of the symptoms we saw common to
7 women in general, but they don't pay attention to
8 them. These include some mild bloating, some weight
9 loss, some unsettled feeling in the stomach,
10 constipation, frequent urination, fatigue, and lower
11 back pain. Very common symptoms in everyday, and
12 again can be ignored by the average person. Most
13 people would write off these symptoms as the usual
14 aches and pains of everyday life. But it's important
15 for women to know that if such symptoms persist, it's
16 critical that they see a specialist who knows about
17 ovarian cancer.

18 Unfortunately, we can't screen adequately
19 for ovarian cancer or predict from the general
20 population who many develop this disease. Some
21 genetic tests and family history are helpful and
22 important to determine whether a woman is at high
23 risk over the normal population. But again, there is
24 no guarantee, and we don't have the best science for
25 this.

2 Ovarian Cancer Awareness Month offers the
3 gynecological oncology community the opportunity to
4 raise awareness of symptoms and to help women know
5 their risk factors. Women who are at increased risk
6 include those with a family history of ovarian or
7 breast cancer, or personal history of breast cancer.
8 There are other factors like obesity, Endometriosis,
9 and late pregnancy that may also play a risk in
10 increasing a woman's chances for ovarian cancer.
11 Again, just by aging and getting older, you increase
12 your risk of ovarian cancer.

13 Many women are not aware that there are
14 specialists who treat gynecologic cancer such as
15 ovarian cancer. It's important for women to seek a
16 referral to gynecologic oncologist, who is familiar
17 with the disease, and the subtle symptoms. And can
18 treat these cancers on a regular basis. This is a
19 physician who would offer surgery, can prescribe
20 chemotherapy, and can lead a multi-disciplinary
21 cancer team to help women with ovarian cancer.

22 Awareness efforts in New York City made
23 lead to earlier diagnosis, appropriate referral, and
24 a more positive outcome for women with ovarian
25 cancer. On behalf of all my patients, my colleagues

2 at Memorial Sloan-Kettering, and the families and the
3 friends, and they gynecologic cancer care community,
4 I really urge you to approve the Resolution. And
5 thank you again for this opportunity to be here.

6 CHAIRPERSON JOHNSON: Thank you very
7 much, doctor, for being here today. Thank you to Ms.
8 Franklin and Ms. Reinhard for joining us as well. I
9 would love to hear your thoughts on what you think
10 the biggest issues are facing trying to raise
11 awareness in New York City about ovarian cancer?
12 What could be done to actually get greater awareness
13 out there amongst the general population, and through
14 medical providers? And if you could identify
15 yourself for the record before you respond.

16 JACQUELINE REINHARD: This is Jacqueline
17 Reinhard from SHARE. My feelings are that we really
18 need more people on the ground reaching out into the
19 communities. Speaking to women where they are,
20 whether it be in the churches, the community centers,
21 schools, wherever, to tell them about the- Make the
22 aware of the symptoms. As the doctor had said, these
23 symptoms are symptoms that people would ignore for
24 years before even going to see a doctor. And women
25 particularly in under-served communities they are

2 busy caring for their families and their children,
3 and they don't think of themselves first. And that's
4 why it's important that we get out there and tell
5 them that they need to think of themselves. And if a
6 symptom like this goes on for more than two weeks,
7 they should get to see a doctor and get it looked at.
8 Because they are important, and they need to be there
9 for their families. So that's my personal feeling
10 that we need more people on the ground getting out to
11 where the women are, and creating awareness. Let
12 them know the awareness of the risks going into their
13 workplaces, too. And SHARE can provide these
14 programs through our Ambassador Program and our
15 workplace seminars. Thank you.

16 LISA FRANKLIN: Lisa Franklin. I feel we
17 need a multi-layered approach. My first line of
18 defense would have been if those doctors that I saw -
19 - and several of them were women -- had been more
20 aware of the ovarian cancer signs and symptoms,
21 perhaps they would have tested further. Even my GYN
22 did not think that I should be tested for this. So
23 the medical community, who we rely on . When we go
24 to a layperson to help guide us towards wellness is
25 mis-educated. Just yesterday when I had to go to the

2 doctor for a test, the technician when she drew my
3 blood said, Oh, my goodness, you had ovarian cancer?
4 I said, Yes. And she puts her hands on her head, and
5 she was like, Oh, my God, how did you know? How did
6 you know? This isn't the first time that a person in
7 the medical community, and it won't be the last time,
8 asks me how did I know I had ovarian cancer.

9 So I think that in schools and medical
10 schools it needs to be a hard, fast, and redundant
11 hits in terms of ovarian cancer. As Jacquie said, of
12 course, we're grassroots speaking to people. That is
13 one of the best, and I think one of the most
14 effective ways in which people listen to you when
15 they hear your story. And furthermore, in
16 communities, which are under-served we need to ten-
17 fold the effort I would say in the communities of
18 color and Latino communities where people are very
19 relational in terms of transferring information.
20 And, we need to be able to sit down and have these
21 conversations, although are very hard, but they need
22 to happen around community center tables. Around
23 dropping your children off to daycare centers, and
24 going into our shelter system. These places that

2 people might get this information. So that would be
3 my suggestion. Thank you.

4 DR. ABU-RUSTUM: This is Dr. Nadeem Abu-
5 Rustum, and I echo everything that was already said.
6 One of the challenges that we have is that this is
7 not a very common cancer. And it's wonderful the
8 support the more common cancers have receives such as
9 breast cancer and colon cancer, and the increased
10 awareness. So we have increase awareness. We have
11 to really connect for these cancers that are not as
12 common as breast, colon, and prostate, but to also
13 increase awareness. The symptoms here are very
14 subtle, and they are very mild, and they are very
15 common to everyday life, but they are there. There
16 are symptoms to ovarian cancer. They have been
17 studied and defined. We just need to make it more
18 available to patients to notice these symptoms and
19 present to the doctor possibly earlier than Stage III
20 and Stage IV. So we can have a chance to improve
21 cure, and make a big difference in this disease.

22 CHAIRPERSON JOHNSON: Doctor, do we know
23 generally have there been any studies or surveys done
24 for providers in the medical community to understand
25 if general practitioners. And as Ms. Franklin said,

2 those doctors who are the fine line of defense if
3 they are well equipped and educated to understand the
4 subtlety of these symptoms, and to be able to
5 immediately address them. I know we heard from my
6 colleague here whose mother went in, and a doctor
7 didn't recognize that those were potential symptoms
8 of ovarian cancer.

9 DR. ABU-RUSTUM: There is tremendous room
10 for improvement in the gynecological community to
11 start with our own specialty and, of course, in the
12 broader medical community and family medicine. A lot
13 of patients will present to a primary care physician.
14 And my estimate is that the vast majority of primary
15 care physicians, internists, and family physicians
16 would not be aware of these very subtle symptoms. So
17 the outreach has to be for our own GYN specialty, and
18 way beyond that. Many patients are presenting to
19 their general practitioner with these symptoms of
20 back ache, discomfort, unsettled stomach. And they
21 can go on for three or four or five months without a
22 diagnosis until ultimately something grave happens.
23 They end up in an emergency room, they're short of
24 breath, they're vomiting, and by then a diagnosis is
25 made.

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2 So the message has to be very broad. And
3 again, that's why it's important to have such a
4 resolution to put this out for the entire medical
5 community, and not just to the GYN Oncologists. We
6 are a very small community. The GYN Oncology
7 community is a very small community of specialists in
8 the United States.

9 CHAIRPERSON JOHNSON: How small?

10 DR. ABU-RUSTUM: The Society of
11 Gynecologic Oncology membership in the United States
12 is about 750 to 800 physicians.

13 CHAIRPERSON JOHNSON: Oh, wow.

14 DR. ABU-RUSTUM: We're very small.

15 CHAIRPERSON JOHNSON: Well, thank you all
16 for being here today. We look forward to working
17 with you, and creating further awareness, and also
18 taking some concrete steps to help change the
19 atmosphere, and educate more providers and women
20 about ovarian cancer. So thank you very much.

21 DR. ABU-RUSTUM: Thank you.

22 LISA FRANKLIN: Thank you.

23 JACQUELINE REINHARD: Thank you.

24 CHAIRPERSON JOHNSON: Next up we are
25 going to have Kitty Silverman from the New York City

2 Chapter for the National Ovarian Cancer Coalition.

3 As well as Pamela Amery from Tell Every Amazing Lady

4 About Ovarian Cancer Louisa M. McGregor, Ovarian

5 Cancer Foundation. And forgive if I mispronounce her

6 name, Andrew Brozman from the Honorable Tina Brozman

7 Foundation.

8 [Pause]

9 CHAIRPERSON JOHNSON: So again, you may
10 sit in whatever order you would like. If you could
11 just give your name for the record, and then when we
12 come back to Q&A, again if you could re-introduce
13 yourself for the record.

14 KITTY SILVERMAN: My name is Kitty
15 Silverman. I'm the Regional Chapter Manager for the
16 New York City Chapter of the National Ovarian Cancer
17 Coalition. I wanted thank the City Council's
18 Committee on Health for inviting me to join you at
19 this important hearing, and for allowing me the
20 opportunity to testify. The New York City Chapter of
21 the National Ovarian Cancer Coalition is proud to
22 lend its support to Resolution 380 recognizing
23 September as Ovarian Cancer Awareness Month in New
24 York City.

2 Ovarian cancer continues to be the
3 deadliest of all gynecologic cancers, and ranks fifth
4 as the cause of cancer deaths in women. There is no
5 test that detects ovarian cancer. A PAP test does
6 not detect the disease. The symptoms of the disease
7 are often subtle and can mimic unrelated conditions.
8 For these reasons, ovarian cancer has been termed
9 "the silent killer" with most cases being diagnosed
10 in later stages when the prognosis is poor.

11 According to the American Cancer Society,
12 a woman's risk of getting ovarian cancer in her
13 lifetime is approximately 1 in 71. This year, it is
14 estimated that 21,980 women will receive a new
15 diagnosis of ovarian cancer and 14,270 will die.
16 According to the National Cancer Institute, only 44%
17 of women survive five years or more after being
18 diagnosed with ovarian cancer. However, when ovarian
19 cancer is localized and diagnosed at an early stage,
20 the five-year relative survival rate goes up to 92%.
21 Unfortunately, only 15% of all ovarian cancers are
22 diagnosed at this early stage.

23 Because there is no one test to detect
24 ovarian cancer, and because the disease is often
25 diagnosed in the later stages, raising awareness

2 about the signs and symptoms of the disease is
3 crucially important, and can lead to improved
4 survival rates. The National Ovarian Cancer
5 Coalition, a designated 501(c)(3) organization was
6 founded nearly 25 years ago. Through our more than
7 20 chapter offices nationwide, we have been working
8 hard in our communities to promote research, raise
9 awareness, and provide education about ovarian
10 cancer, and to improve the life, the quality of life
11 for survives. The NOCC opened the doors of a new
12 regional New York City office in March of this year,
13 and we look forward to working the City Council and
14 all the other advocates here today in the fight
15 against this insidious disease.

16 In his Presidential Proclamation issued
17 this year for Ovarian Cancer Awareness Month,
18 President Obama called upon citizens, government
19 agencies, organizations, healthcare providers, and
20 research institutions to raise ovarian cancer
21 awareness and continue helping Americans live longer,
22 healthier lives. New York City can play an important
23 role in these nationwide efforts, and this Resolution
24 is a great step in helping to raise awareness and
25 save lives. Thank you very much.

2 CHAIRPERSON JOHNSON: Thank you, Ms.
3 Silverman.

4 PAMELA ESPOSITO-AMERY: My name is Pamela
5 Esposito-Amery from Tell Every Amazing Lady About
6 Ovarian Cancer Louisa M. McGregor Ovarian Cancer
7 Foundation. I'm the CEO and Co-Founder. I believe
8 that repetition today will be okay. Some of what I'm
9 about to say has also been stated today, and then
10 repetition will just enhance the importance of it.

11 Tell Every Amazing Lady About Ovarian
12 Cancer Louisa M. McGregor Ovarian Cancer Foundation
13 also known as T.E.A.L., T-E-A-L is proud to be here
14 today to support the Resolution recognizing September
15 as Ovarian Cancer Awareness Month in New York City.
16 My sister Louisa and I started our 501(c)(3) non-
17 profit back in 2009 soon after she was diagnosed with
18 ovarian cancer. Louisa lost her battle with the
19 disease in 2011. Our foundation emerged from the
20 urgency we felt to educate others about this disease,
21 and to fund the critical need for research. Ovarian
22 cancer is extremely difficult to diagnose, and most
23 women are not informed about the disease.

24 A lot of the general public believes that
25 they are being tested for ovarian cancer during their

2 annual exams. But the truth is that there is no
3 perfect test for ovarian cancer. The PAP Test does
4 not test for ovarian cancer, and doctors lack the
5 tools in order to find this disease early. Ovarian
6 cancer does have signs and symptoms. These symptoms
7 are sometimes vague like back pain and gastro-
8 intestinal problems also making it difficult to
9 diagnose. Ovarian cancer has some risk factors
10 including family or personal history of breast,
11 colon, or ovarian cancer. Until we have better early
12 detection tools, all women should be educated about
13 the disease so they might achieve early diagnosis in
14 a more successful treatment. Tell Every Amazing
15 Lady's mission is to promote public awareness and
16 education of the signs and symptoms and risk factors
17 of ovarian cancer while providing support to
18 survivors and raising funds for research in order to
19 find the cure for ovarian cancer. Teal is the color
20 that symbolizes ovarian cancer. Hence our name Tell
21 Every Amazing Lady, or T.E.A.L.

22 Tell Every Amazing Lady is busy around
23 New York City and beyond all year long promoting
24 awareness and raising funds for research. We've
25 turned City Field teal, by helping establish the

2 first Ovarian Cancer Awareness Day at City Field,
3 which is now an annual event. We've lit up Brooklyn
4 Borough Hall the color of teal, and created many
5 public awareness campaigns. You will find across the
6 city and in schools, and at health fairs, symposiums,
7 and hospitals. We make our way through the medical
8 community trying to reach out to ovarian cancer
9 survivors to connect with them by providing them with
10 resources and support. We are also know for our
11 annual T.E.A.L. Walk/Run, which takes place in
12 Brooklyn's Prospect Park every September. The
13 T.E.A.L. Walk has grown to include other cities,
14 including Highland Mills [sic] New York, Litchfield,
15 Connecticut, and Fairfield, Pennsylvania.

16 We have accomplished a lot but sill
17 function as a grassroots foundation working out of a
18 home office with the help of volunteers and interns.
19 We continue to have supporter who realize this need
20 that we are trying to achieve for this important
21 woman's health issue. We survive solely on public
22 donations, and community support. We are thrilled to
23 have New York City recognize the importance of
24 ovarian cancer awareness. Ovarian cancer can happen
25 at any age. It is the leading cause if death from

2 gynecological cancer in the United States, and is the
3 fifth leading cause of cancer death in our U.S.
4 women. In the United States alone there will be
5 22,000 new cases of ovarian cancer this year, and
6 about 15,500 deaths. There are about 200,000 women
7 currently battling ovarian cancer in the United
8 States right now. In New York City alone there are
9 589 case of ovarian cancer per year, and 339 deaths.
10 Forty-one women die in the United States a day from
11 ovarian cancer. That's almost two deaths per hour.

12 With this Resolution, we hope to create a
13 culture of awareness that has the potential to save
14 women's lives and start to change these statistics
15 while creating hope for survivors of this deadly
16 disease.

17 CHAIRPERSON JOHNSON: Thank you, Ms.
18 Esposito-Amery.

19 ANDREW BROZMAN: Good morning, and thank
20 you to the members of the and of the Committee on
21 Health and the City Council for the opportunity to
22 appear before you today on the Resolution that we are
23 creating. My name is Andrew Brozman, and I address
24 you in my capacity as a member of the Board of
25 Directors of the Honorable Tina Brozman Foundation

2 for Ovarian Cancer Research known as Tina's Wish.
3 Tina's Wish is focused on one thing: To fund
4 research to promote the early detection and
5 prevention of ovarian cancer. Our mission was
6 undertaken at the request of my wife (crying) - I'm
7 sorry.

8 CHAIRPERSON JOHNSON: Take your time.

9 ANDREW BROZMAN: -before she died of this
10 insidious disease. We have served that mission for
11 just six years, but have grown to the third largest
12 independent source of funding for ovarian cancer
13 research in the country. Her charitable foundation
14 has created the Tina Brozman Ovarian Research
15 Consortium embracing five of the leading research
16 institutions in the country: Memorial Sloan-
17 Kettering, Dana-Farber, and Yale, and Johns Hopkins.

18 MSK is currently acting as the
19 coordinating center for a groundbreaking
20 collaborative consortium wide project of potentially
21 great importance to our mission. For the last 40
22 years, government for ovarian cancer research has
23 declined in real dollars. But the pace of deaths
24 from late detection has not. Unfortunately, with so
25 few survivors of ovarian cancer, this cause has not

2 been broadly championed. This is one of the reasons
3 this Resolution is so appropriate.

4 Tina's life and work were inextricably
5 bound to the City of New York. She served as the
6 Chief Judge of the United States Bankruptcy Court for
7 the Southern District of New York with a view of the
8 Statue of Liberty from her Chambers. She practiced
9 law here for almost 30 years, a career sadly
10 interrupted. She raised and educated our children in
11 this great metropolitan area. Finally, this is where
12 she died of a disease that took hold with no warning,
13 and no means to beat back its intended [sic] area of
14 assault.

15 Without greater and more widespread
16 knowledge about this stealthy killer, women will
17 continue to die owing to late detection. It is
18 fundament to the protection of the women of the City
19 of New York and elsewhere that a heightened level of
20 knowledge and scrutiny is spread among the general
21 public and the medical community. It is unfortunate,
22 even unacceptable that a large portion of our
23 physicians in New York and nationally know too little
24 about, and fail to diagnose this disease. It is
25 essential that doctors re-treat the citizens of our

2 city at publicly funded or managed medical facilities
3 are equipped both with the knowledge, and eventually
4 the means to seek out this hidden illness.

5 They should be fluent in the
6 symptomatology, understand the importance of inter-
7 uterine ultrasounds, and until there is a better
8 test, selectively monitor CA-125 levels however
9 important those results may be. The women of our
10 city should be counseled to be aware of and to take
11 charge of their bodies, to recognize the rather
12 unremarkable symptoms of this disease at least to the
13 point of asking their physicians to consider the
14 possibility of ovarian cancer.

15 We in medical science have made great
16 progress in fulfilling Tina's Wish: To save women
17 from their own fate. But we have much work ahead of
18 us. The work requires the support of the broader
19 citizenry of our city. The adoption of Council
20 Resolution 380 will help serve that solitary purpose.
21 Thank you very much.

22 CHAIRPERSON JOHNSON: Thank you, Mr.
23 Brozman, and thank you, Ms. Esposito-Amery both for
24 being here today, and talking about your own personal
25 experience and the loved ones that you lost. I know

2 how painful and difficult it must be, and a thank you
3 to Ms. Silverman for the work that you do. A very
4 basis to help raise awareness, and help folks that
5 are currently dealing with this disease.

6 I did have a couple of questions for you
7 all, but I want to recognize we have been joined by
8 some other council members. We've been joined by
9 Council Member Majority Leader Jimmy Van Bramer.
10 We've been joined by Council Member Inez Barron, and
11 we've been joined by Council Member Maria Del Carmen
12 Arroyo. They are all members of this committee.

13 So I want to, given that you all are
14 doing work both here and New York City, and I'm sure
15 following what's happening nationally dealing with
16 ovarian cancer. I wanted to see if you had thoughts
17 on other cities or states either in the United States
18 or another place in the world that may have already
19 taken big strides on ovarian cancer awareness and
20 prevention that New York City should potentially be
21 looking?

22 PAMELA ESPOSITO-AMERY: I think we're all
23 looking at each other like no, nobody has. That's
24 why this is so important.

2 ANDREW BROZMAN: I was flying back from
3 San Francisco and seated next to me was a gentleman
4 from Taiwan. He said to me that in Taiwan ovarian
5 cancer is below everybody's radar screen. That is an
6 incredible killer of the general population. And he
7 asked what we could do in order to help raise
8 awareness there. And one of the things that I
9 suggested, and we're embarking on doing, is to
10 conduct video seminars into hospitals, corporations
11 or women's committees of the various institutions in
12 Taiwan. We have medical researchers who are prepared
13 to do that. And I think one of the things that we
14 want to do, and I think I would encourage the Council
15 to promote, is the use of women's committees. Which
16 are extant in every major institution in this city,
17 to host seminars, lunch and learns where a researcher
18 can come, speak very clearly, very simply for ten
19 minutes and respond to questions. Women are eager to
20 know this. They are eager to learn about this, and
21 we have to satisfy that need.

22 PAMELA ESPOSITO-AMERY: If I could just
23 follow up on one other thing. I am identifying
24 T.E.A.L., Tell Every Amazing Lady. We get approached
25 from people all across the country constantly, and

2 that's why one of our programs, the T.E.A.L. Walks
3 has expanded into other cities. There are people in
4 small towns of America just desperate for somebody to
5 help them. And be able to voice this information or
6 understanding even to school level children and girls
7 so that when they grow up, they actually know these
8 signs and symptoms. And hopefully, there will be
9 some more research or something in their lifetime so
10 that there is better screening. But there is
11 absolutely a crucial need for those across the
12 country, not only in New York of grave importance.
13 And I do agree with everything that has been said as
14 well. I think some matter of more education is very
15 important. And also, what we're trying, and we lack
16 the funding to be able to do that, we're doing that
17 across New York City. And there are just not enough
18 resources or funding for it.

19 KITTY SILVERMAN: Kitty Silverman from
20 the NOCC, and I think also educating young women is
21 really key. I was at a health fair recently giving
22 out materials about ovarian cancer signs and
23 symptoms. And I had several people walk by, and they
24 didn't even want to stop at the table because it
25 scared them. So I think that it's really important

2 to take away some of that stigma, and really make
3 sure that people understand what the signs and
4 symptoms are from an early age. And I agree total
5 about the medical community making sure that it's
6 really- That everybody in the primary care medical
7 community knows that as well because that's really
8 the first place where a diagnosis can be made or sent
9 to a specialist.

10 CHAIRPERSON JOHNSON: Council Member Van
11 Bramer has a question.

12 COUNCIL MEMBER VAN BRAMER: Thank you
13 very much to Chair Johnson, and Council Member
14 Espinal for bringing this to the Council, and thank
15 you all for what you're doing. I just wanted to say
16 as someone who is from a larger family. I have six
17 sisters, and we have had breast cancer in the family.
18 My younger sister is a survivor for eight years, but
19 that means that the women in our family obviously
20 really have to be very vigilant. So, I just wanted
21 to thank you for what you're doing in terms of
22 raising awareness, and helping to save lives,
23 including my six sisters. And, you talked a little
24 bit about funding actually decreases in your terms.
25 Why is that within the severity and the difficulties

2 in detecting and the death rates of this particular
3 cancer? How is that we're allowing it to happen?

4 ANDREW BROZMAN: Andrew Brozman from
5 Tina's Wish. It's very simple. Very few people
6 survive this disease. There are very few advocates
7 who are capable of lobbying government and insurance
8 companies to make awareness forefront in the minds of
9 our medical community, and to develop the means to
10 detect it. The National Cancer Institute, the
11 Department of Defense, and NIH sponsor collaborative
12 research programs at a very large level. The ability
13 for researchers to gain access to those funds, and
14 those programs has decreased from about one in four
15 applications being granted to one in ten. And the
16 reason is money. And there is no one, no one who is
17 doing an effective enough job in the lobbying
18 business to change that. Period.

19 PAMELA ESPOSITO-AMERY: I know and I echo
20 that completely. And I'll give you an example. Our
21 foundation is funded primarily from private owners,
22 people believe in us, and people from the
23 communities. Middle-class people who just really
24 believe in what we're doing. Since 2009, yes we've
25 been able to raise over a million dollars and fund

2 research, and been able to create awareness, and
3 create a lot of programs. But we're not able to get
4 those bigger grants or government funding. It's very
5 difficult and a lot of what we're doing is educating,
6 but in a way it's not looked at in that regard. Just
7 as a simple example for approaching an education
8 grant, we're not looked as education. But the way I
9 see it, we do need to educate women and children, and
10 even men in our families. So there are definitely
11 flaws in the system on many levels, not just in our
12 government grants but even private grants as well.
13 We are trying to fix that and change that.

14 KITTY SILVERMAN: One thing just to add.
15 The NOCC has just joined with two other leading
16 ovarian cancer national organizations, OCRF and OCNA
17 to fund a Stand Up to Cancer, ovarian cancer dream
18 team. And I think hopefully that's going to make a
19 big difference because it brings scientists from all
20 over the world, and it's a collaborative effort.
21 Instead of different individual institutions working
22 on their own research, this is a collaborative
23 effort, and it's international. And it's the first
24 dream team for ovarian cancer that Stand Up to Cancer

2 has had. So I think it should hopefully bear some
3 good results from the research standpoint.

4 COUNCIL MEMBER VAN BRAMER: All right,
5 that's terrific and I know that with our amazing
6 Chair of the Health Committee and Council Member
7 Espinal, who was touched so personally by this, and
8 all of us. We keep driving forward, and we may not
9 be able to have that power lobbyist, but there is
10 great power in all of you and your testimonies, which
11 deeply moved me this morning. So with you all doing
12 the work that you're doing, I'm sure we'll get to a
13 better place.

14 CHAIRPERSON JOHNSON: I have a question,
15 and then we're going to go to my colleague, Council
16 Member Barron. You know, we've heard in other
17 context here at the Health Committee for example with
18 maternal mortality this theme of women being so
19 focused on caring for others that they neglect
20 themselves, and potentially taking care of themselves
21 and looking at their own health. I think the
22 advocacy you're doing speaks to this. We as a city
23 need to do more to promote women's health generally.
24 I'm wondering if you've run into that in the personal
25 stories you've come in touch with. And also your own

2 experiences advocating on behalf of more funding and
3 awareness on this disease?

4 KITTY SILVERMAN: I'm Kitty Silverman.

5 Yes, I think that's very true. Women are often kind
6 of real busy, and put other people first. And one of
7 the other issues with ovarian cancer is the symptoms
8 are so subtle. And they can be confused with so many
9 other things that it's easier to just say, Oh, well,
10 you know, that's not really anything. And it's
11 really only when it persists and people start to
12 really- Then they start to really pay attention.
13 But it's very easy to ignore, and that I think is one
14 of the reasons why we need to do more education.

15 PAMELA ESPOSITO-AMERY: Exactly. I'm
16 Pamela from T.E.A.L. You know, even in my sister's
17 case she had very common symptoms. When they were
18 happening, she didn't know what they were. Went to
19 many different doctors complaining about different
20 things, and then parts- There was a time that went
21 by there, times where she just put it off. It's
22 probably just that. And we hear that countless times
23 over and over again. And many young women. I've
24 experienced women in their 20s who got ovarian
25 cancer. I want to just address a little bit about

2 the age as well. Now there are women in their 40s,
3 50s, 60s who have been diagnosed with it. But we're
4 finding really young girls. I have a 19-year-old who
5 was diagnosed and a 29-year-old. So, it really hits
6 a different range of age groups of women. But it is
7 important. You know, these very active lives that
8 we live, and it's hard to kind of slow down and take
9 a minute because the symptoms are so vague. You
10 know, back pain. Who doesn't have back pain once in
11 a while. Bloating is a symptom. Everyone is bloated
12 at some time. So it's very easy to just brush it
13 off, and time passes by.

14 ANDREW BROZMAN: Andrew Brozman from
15 Tina's Wish. I hope I'm not being politically
16 incorrect, but since I'm the only guy on the panel,
17 I'll give you a man's perspective. I don't really
18 agree with the underlying comments that you stated,
19 Mr. Chairman. I think it we were talking about
20 breast cancer that may well be the case. But women
21 do not know that they have this disease, and cannot
22 find help if they have this disease. And so, rather
23 than saying I'm going to look after my family first
24 and never mind me. By the time they have reached the

2 point where they could say that, they're dying. And
3 that's the difference.

4 CHAIRPERSON JOHNSON: Thank you. Council
5 Member Barron.

6 COUNCIL MEMBER BARRON: Thank you, Mr.
7 Chair, and I want to thank the panel. Sorry that I
8 didn't hear all of your testimony, but I did have an
9 opportunity to read it. As you've been doing
10 outreach, and as you've been trying to get the word
11 out to women in particular, but everyone in general,
12 what do you find to be the most effective means of
13 getting the word out? Which methods have you used
14 that you have found to be the most effective.

15 PAMELA ESPOSITO-AMERY: Being in person.
16 Pamela from Tell Every Amazing Lady. I personally
17 work 365 days a year, and so do most of our
18 volunteers just having a conversation with somebody,
19 and really speaking about it. When you had someone
20 an awareness card, they may not read it. They may
21 just throw it away. We do events that are very fun
22 and exciting, and they're fundraisers. It's looked
23 at as a party sometimes as effective as it is, and it
24 raises money for research. It may not be really
25 paying attention to what those signs and symptoms and

2 awareness, and realizing the critical need for this
3 research. So when we have that conversation with
4 somebody in person at a health fair in a classroom at
5 or like one-on-one, that's when it's most effective.
6 We actually listen, and we really, you know, hammer
7 it down that you're not getting tested. You
8 personally there is no test that exists to save your
9 life or you wife's life or you sister's life, and
10 that's when it hits home.

11 COUNCIL MEMBER BARRON: Thank you.

12 CHAIRPERSON JOHNSON: I want to thank you
13 all very much for being here today. As Council
14 Member Van Bramer said your personal stories are
15 deeply moving, all of you that are here today coming
16 to talk about the importance of awareness around this
17 disease, and the obstacles that we all currently
18 face. You all look beautiful in your teal colors.
19 Thank you for wearing them today. The Health
20 Committee is looking to hopefully vote on this next
21 week, the beginning of next week. And then the Full
22 Council meets next Tuesday. And so, we will let you
23 know. I'm sure Council Member Espinal will let you
24 know, but again, I want to thank you all for coming
25 today. And all the work that you do day in and ay

2 out fighting for more resources, and helping to raise
3 awareness in the medical community and amongst women
4 out there. So with that, I'm going to close this
5 hearing, and I appreciate you all being here today.
6 And I want to thank again Council Member Espinal for
7 making this such an important issue in the City
8 Council, and making it so that we could have this
9 hearing today. Thank you very much. [gavel]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date September 20, 2014