

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEES ON CIVIL SERVICE AND LABOR, LOWER MANHATTAN
REDEVELOPMENT, and MENTAL HEALTH, MENTAL RETARDATION,
ALCOHOLISM, DRUG ABUSE AND DISABILITY SERVICES

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JAMES SANDERS JR.
G. OLIVER KOPPELL,
Chairpersons

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CHAIRPERSON CHIN: Good morning.

My name is Margaret Chin. I'm the Chair of the Committee on Lower Manhattan Redevelopment, and the City Council Representative for District 1 in Lower Manhattan. I'd like to thank my colleagues, Council Member James Sanders, Chair of the Civil Service and Labor Committee, and Council Member Oliver Koppell, Chair of the Mental Health Committee for Co-Chairing today's hearing. I would also like to thank the staff of all the committees for helping to organize this hearing today. Today we will hear from representatives from the Department of Health and Mental Hygiene, Community Board 1, and other advocates in the community as we examine the enactment of the 9/11 Health Act and the World Trade Center Medical Working Group Annual Report on 9/11 Health. A little over a year ago, on January 2nd, President Obama signed into law the James Zadroga 9/11 Health and Compensation Act, which amended the Public Health Service Act to establish the World Trade Center Health Program, and through this program established medical benefits for those whose health has been impacted by the terrorist

1 attack on September 11th, and its aftermath.
2
3 Those of us who were in Lower Manhattan on
4 September 11th, well remember the white dust that
5 fell from the sky and blanketed everything when
6 the buildings collapsed. We also remember being
7 told by federal officials that we should return to
8 our homes and workplaces and that the air was safe
9 to breathe. Only later did it become clear that
10 the particulates released into the air were toxic.
11 Today many of us know people who are suffering
12 health problems as a result of 9/11, whether it's
13 post traumatic stress disorder, respiratory, or
14 other serious conditions. The Zadroga Act was the
15 product of many years of advocacy by first
16 responders to the World Trade Center attacks, as
17 well as workers and residents in our lower
18 Manhattan Community. I myself traveled to
19 Washington, DC last year with a group of residents
20 and activists to advocate for the passage of the
21 Zadroga Act. Now that a year has passed since its
22 passage, it's time that we examine the impact of
23 the legislation. I was glad when Sheila Birnbaum
24 Special Master of the September 11th Victim's
25 Compensation Fund agreed to expand the geographic

1 boundaries for eligibility to the fund to include
2 up to Canal St. The original area only extended
3 to Reade St. However, we should still like to see
4 the boundaries include more of Lower Manhattan,
5 including those parts of Chinatown currently
6 excluded. Another disappointment for our
7 community has been the continued exclusion of
8 cancer as a World Trade Center-related condition
9 covered by the World Trade Center Health Program.
10 Dr. John Howard, the administrator of the World
11 Trade Center Health Program determined in July
12 2011 that there was not sufficient evidence for
13 cancer to be added to covered conditions, despite
14 the fact that many of the particulates released
15 into the air that day are known carcinogens.
16 However, Dr. Howard has been charged with
17 periodically reviewing its inclusion when new
18 evidence is available. The World Trade Center
19 Medical Working Group 2011 report examines a
20 number of studies that strongly suggest linkage
21 between cancer and World Trade Center exposure,
22 especially among first responders. The City
23 Council passed a resolution in September calling
24 for Cancer to be included in the list of approved
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1 conditions, and I again urged Dr. John Howard to
2 do so. I look forward today to further
3 recommendation made by the World Trade Center
4 Medical Working Group in its 2011 report,
5 including those policies that would help prevent
6 future widespread exposure to toxins and other
7 risk factors after a disaster. We will also learn
8 more about the progress that has been made on the
9 Working Group's past recommendations, and hear
10 testimony from the community about the impact of
11 the Zadroga Act. I would like to thank everyone
12 who is taking the time to testify today. Your
13 testimony helps ensure that first responders and
14 Lower Manhattan residents and workers get the
15 services they deserve and need. Thank you. I'd
16 like to call on my colleague, Council Member
17 Oliver Koppell, to make his opening remarks.
18 Thank you.
19

20 CHAIRPERSON KOPPELL: Thank you,
21 Council Member and Chair Chin. I'm pleased to be
22 here this morning as Chair of the Council's
23 Committee on Mental Health, Mental Retardation,
24 Alcoholism, Drug Abuse, and Disability Services.
25 I'm pleased to join the other two Committees, the

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2 Committee on Civil Service and Labor, and the
3 Committee on Lower Manhattan Redevelopment,
4 chaired by Council Member Chin, in this joint
5 oversight hearing. I'm Chair of the Committee
6 charged with oversight on mental health and
7 substance abuse issues in the City, and I'm
8 interested particularly in the report's findings
9 related to post traumatic stress disorder and
10 other mental illness experienced by emergency
11 responders, recovery and cleanup workers,
12 residents and other building occupants who were
13 directly impacted and adversely affected by the
14 attacks. The studies show that post traumatic
15 stress disorder is one of the most common effects
16 of this disaster, and as Chairman of the Mental
17 Health Committee that is a focus that I have with
18 respect to today's hearing. We also hope to hear
19 testimony regarding the availability of services
20 related to the disaster for health, mental health,
21 and substance abuse treatment, particularly in
22 light of progress made by the World Trade Center
23 Medical Group's research findings, and the impact
24 of the James Zadroga 7/11 [sic] Health and
25 Compensation Act. I know my colleague has already

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2 spoken about that, and I'm not going to repeat
3 what she said. I anticipate--I don't see other
4 members of the Committee here at the moment, but I
5 anticipate other members of the Mental Health
6 Committee will be joining us, and I want to also
7 thank the staff of the Committee that worked on
8 arranging for the hearing. Jennifer Wilcox, who
9 is here to my left, Counsel; Michael Benjamin, to
10 her left; Pamela Corbett works with us as
11 Financial Policy Analyst, and Jamin Sewell--where
12 is Jamin--there he is--is my counsel and also
13 plays an important role with respect to the work
14 of the Mental Health Committee. Thank you, and I
15 look forward to hearing the testimony this
16 morning.

17 CHAIRPERSON CHIN: Thank you.

18 We've been joined by Council Member Cabrera, from
19 the Bronx, who is on the Lower Manhattan
20 Redevelopment Committee, and we welcome Dr.
21 Carolyn Green from the Department of Health and
22 Mental Hygiene to testify. Thank you. You may
23 begin.

24 CAROLYN GREENE: Hello? Okay.

25 Good morning. I want to thank Chairs Sanders,

1 Chin and Koppell, as well as the other
2 distinguished members of the Council for convening
3 this hearing examining the New York City World
4 Trade Center, WTC, Medical Working Group's 2011
5 Annual Report on 9/11 Health. My name is Dr.
6 Carolyn Greene. I joined the NYC Department of
7 Health and Mental Hygiene in January 2008, and was
8 appointed Deputy Commissioner nearly two years
9 ago. I oversee the work of the World Trade Center
10 Health Registry, and represent the Department on
11 the World Trade Center Medical Working Group,
12 which is co-chaired by Deputy Mayor Linda Gibbs
13 and Health Commissioner Thomas Farley. When I
14 testified last year before the Council, the James
15 Zadroga 9/11 Health and Compensation Act had
16 recently become law. This was due to the
17 extraordinary efforts of the New York
18 Congressional delegation, New York City officials,
19 including you and other Council members, and labor
20 and community advocates who worked tirelessly here
21 and in the nation's capital to ensure that
22 thousands of World Trade Center responders and
23 survivors would have access to integrated physical
24 and mental health services through at least 2015.

1 As you are well aware, prior to enactment of the
2 Zadroga Act, New York City's three clinical WTC
3 Centers of Excellence and the patients they
4 treated did not know from one year to the next
5 whether or not the federal government would
6 provide the funding necessary to ensure their
7 continued care. A critical component of the
8 City's strategy in pushing for passage of the
9 Zadroga Act was the appointment of the WTC Medical
10 Working Group by Mayor Bloomberg in 2007. Mayor
11 Bloomberg charged the WTC Medical Working Group
12 with reviewing the peer-reviewed literature and
13 publishing an annual report synthesizing key
14 findings so that policy makers, the media, and the
15 public would better understands what science can
16 tell us to date about the health impacts of 9/11.
17 I am pleased to serve with 15 other members of the
18 WTC Medical Working Group, who, in addition to
19 Deputy Mayor Gibbs and Commissioner Farley,
20 include representatives of New York City's three
21 WTC Centers of Excellence, as well as scientists
22 and 9/11 health experts, from inside and outside
23 of City government. Our 2011 report coincided
24 with the publication of new research, published
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1 around the time of the tenth year commemoration of
2 September 11th terrorist attacks. This gave us an
3 opportunity to summarize an entire decades' worth
4 of research findings and the important lessons
5 that we have learned. The findings have been
6 remarkably consistent across the 300 studies that
7 we reviewed through September 2011, which also saw
8 the publication of the first cancer and mortality
9 analyses in World Trade Center exposed cohorts.
10 These analyses are ongoing and will yield greater
11 insights about the long term health impacts of WTC
12 exposure as more time passes. Results from large
13 epidemiological studies, including one based on
14 the World Trade Center Health Registry research,
15 and published by the Journal of the American
16 Medical Association, show that probable post
17 traumatic stress disorder, or PTSD, is the most
18 common WTC-related health effect among exposed
19 adults, and that it often co-occurs with
20 respiratory illness. Several studies have
21 suggested that the severity of symptoms may vary
22 over time, and that factors not related to 9/11
23 such as probable prior or subsequent trauma, job
24 loss, and lack of social support may influence
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1 symptom severity. The research also teaches us
2 several important lessons about how to decrease
3 trauma risks for first responders in future
4 disasters, including limiting the number of hours
5 they work at a disaster site to the extent
6 possible, and making sure that both first
7 responders and volunteers receive adequate
8 training for their assigned tasks. Depression,
9 anxiety and substance use disorders have not been
10 as well studied as PTS among WTC-exposed people.
11 However, the limited research to date indicates
12 that a substantial number of people with WTC-
13 related PTSD also are experiencing these other
14 mental health conditions. Dozens of studies
15 demonstrate that respiratory symptoms, sinus
16 problems, asthma and loss of lung function were
17 diagnosed in or reported by many who were exposed
18 to WTC dust, including nearly 60,000 rescue and
19 recovery workers, residents and office workers who
20 have enrolled in 9/11 health programs. For many,
21 these conditions have persisted for nearly a
22 decade. In September, The Lancet, a leading
23 British medical journal, published an important
24 longitudinal study of more than 27,000 rescue and
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1 recovery workers who sought treatment at the New
2 York/New Jersey WTC Clinical Consortium, based at
3 the Mount Sinai School of Medicine. Researchers
4 conducted detailed physical exams of each worker
5 and analyzed self-reports of physician diagnoses
6 from 2002-2010. Among those workers still in
7 treatment, nearly 2,000 have active asthma and
8 more than 2,000 had sinusitis. Workers who
9 reported greater levels of exposure at the WTC
10 site were at higher risk for these conditions. In
11 my testimony last year, I mentioned that a Fire
12 Department of New York study published in the New
13 England Journal of Medicine showed that the steep
14 declines in pulmonary function among firefighters
15 and emergency medical service workers within a
16 year of 9/11 have largely persisted, even among
17 non-smokers. More recent studies also have
18 identified persistent abnormal pulmonary function
19 in other WTC rescue and recovery workers,
20 including police, and in Lower Manhattan residents
21 and area workers. A new study from the WTC Health
22 Registry that analyzed the health impacts of the
23 World Trade center Disaster on volunteers also
24 shows that lay or unaffiliated volunteers, who
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1 were more likely to have been present in Lower
2 Manhattan and experienced the dust cloud on 9/11,
3 were at a higher risk for a post 9/11 diagnoses of
4 asthma or reactive airways dysfunction syndrome.
5 The persistence of respiratory illness among
6 rescue and recovery workers and volunteers
7 emphasizes the importance of making sure they are
8 trained in the use of respiratory protection prior
9 to future environmental disasters, and that when
10 these disasters occur, they are provided with
11 adequate protection and are required to wear it.
12 A 2011 study of nearly 10,000 rescue and recovery
13 workers and volunteers enrolled in the WTC Health
14 Registry found that fewer than 20% of workers
15 reported using a standard respirator on 9/11.
16 Nearly 5,000 workers and volunteers didn't use any
17 kind of face covering at all that day. Workers
18 and volunteers without respiratory protection were
19 more likely to report recurrent respiratory
20 symptoms and some respiratory disease than workers
21 who used respirators. However, use of adequate
22 respiratory protection isn't the only lesson that
23 we have learned from the experiences of WTC rescue
24 and recovery workers. Several studies also have

1 suggested that shift rotation to the extent
2 possible can help prevent respiratory illness and
3 post traumatic stress disorder among rescue and
4 recovery workers by limiting the duration off
5 their exposure to horrific events and
6 environmental contaminants. In fact, new clinical
7 research from the Fire Department and the New
8 York/New Jersey WTC Clinical Consortium, published
9 last year, shows that a substantial number of WTC
10 rescue workers continue to suffer from both mental
11 and physical health effects related to their
12 exposure. A study of nearly 11,000 firefighters
13 seven to nine years after 9/11 found that 42% of
14 those reporting symptoms of probably PTSD also
15 reported a physician diagnosis of asthma,
16 bronchitis, or COPD emphysema. COPD--Chronic
17 Obstructive Pulmonary Disease. Researchers at the
18 New York/New Jersey WTC Clinical Consortium
19 identified similar comorbidity in their Lancet
20 study. Nearly half of 1,500 workers with asthma
21 and a third of 2,000 workers with sinusitis also
22 reported at least one mental health condition,
23 including PTSD, depression, or panic disorder.
24 Two recent studies from the New York/New Jersey
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1 WTC Clinical Consortium and the WTC Health
2 Registry suggest an association between WTC
3 exposure and sarcoidosis, an inflammatory disease
4 that can affect any organ, but typically affects
5 the lungs. This association was first noted in
6 firefighters. The new research found the
7 association in other rescue and recovery workers,
8 and that the risk for sarcoidosis increased
9 significantly for those who worked on the debris
10 pile at the WTC site. The scientific literature
11 summarized by the WTC Medical Working Group
12 extensively addresses the short- and mid-term
13 health effects of 9/11. However, only now, a full
14 decade after the attacks, has enough time elapsed
15 for research to begin emerging about the potential
16 long-term health effects, including cancer and
17 premature mortality. The special 9/11 edition of
18 the Lancet included the first WTC cancer risk
19 study to be published. Fire Department
20 researchers looked at nearly 9,000 male
21 firefighters who responded to the WTC disaster.
22 They found 263 new cases of cancer from 9/11
23 through 2008, 25 more than would have been
24 expected among men of similar age, race and
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1 ethnicity in the general population. When FDNY
2 researchers compared WTC-exposed firefighters to
3 non-exposed firefighters, they found a 19%
4 increase in cancer overall after accounting for
5 potential biases that may have contributed to the
6 increase. The same issue of the Lancet also
7 included the first study of mortality among people
8 exposed to the WTC disaster. WTC health registry
9 researchers identified 790 deaths from 2003
10 through 2009, among nearly 42,000 adults who
11 resided in New York City when they enrolled in the
12 Registry. The death rate from all causes among
13 Registry enrollees was 43% lower than among New
14 York City residents. The large number of workers
15 and volunteers who were likely healthier than the
16 general population when they enrolled in the
17 Registry may help explain this finding. However,
18 this mortality study also showed that among Lower
19 Manhattan residents, area workers, and passersby
20 in the registry, those with higher levels of WTC
21 exposure may be at greater risk of death from all
22 causes, and cardiac related death in particular
23 compared to those with intermediate or lower
24 levels of WTC exposure. The WTC Medical Working

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2 Group noted that additional studies are needed to
3 determine if the early findings from these initial
4 cancer and mortality analyses are replicated in
5 different populations with different exposure
6 levels, and if they change over time. These
7 cancer and mortality studies highlight one of the
8 most significant challenges that WTC researchers
9 have faced, the difficulty in measuring with any
10 precision how much and what type of exposure
11 different people had to the traumatic or
12 environmental impacts of 9/11. More precise
13 exposure measurements would have helped
14 researchers establish whether or not a dose
15 response relationship exists between WTC exposure
16 and any kind of illness. Another challenge to
17 understanding the relationship between WTC
18 exposure and illness is the variability in the
19 broad exposure measurements that do exist
20 depending on the population being studied. This
21 variability in available exposure measurements
22 became even more evident in the past year, when
23 members of the WTC medical working group,
24 representing the Health Department, the Fire
25 Department, The New York/New Jersey WTC Clinical

1 Consortium, and the WTC Environmental Health
2 Center completed an extensive analysis of exposure
3 variables for rescue, recovery, and cleanup
4 workers based on the different surveys each of us
5 had used in our research. We were able to
6 identify only three common exposure variables:
7 dust exposure on the day of 9/11, work periods at
8 the WTC site, and work activities at the WTC site.
9 This effort has taught us the importance of
10 establishing cross-study collaborations at the
11 outset for future disasters, something that may be
12 difficult to do in the immediacy of a disaster.
13 The 2011 WTC Medical Working Group Annual Report
14 also reviews the progress that has been made in
15 implementing the group's recommendations. By
16 passing the Zadroga Act, congress implemented our
17 2008 recommendation to secure long-term funding
18 for WTC-related health services and research. In
19 addition, members of the WTC Medical Working Group
20 have made enormous progress in increasing
21 awareness of WTC-related symptoms and the
22 availability of clinical resources for people who
23 were exposed to the disaster. This fulfilled a
24 key recommendation to improve outreach efforts
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1 among anyone who might have been exposed to the
2 disaster. The efforts included a subway
3 advertising campaign that has significantly
4 increase the number of WTC survivors seeking
5 treatment, and the publication of clinical
6 guidelines for primary care providers to improve
7 the diagnosis and treatment of WTC-related
8 illnesses among adults, children, and adolescents
9 exposed to the WTC disaster. Our report cites
10 many other examples of this progress in
11 educational initiatives. Much of the research
12 recommended by the WTC Medical Working Group in
13 our 2009 and 2008 reports is now published in the
14 scientific literature, including the preliminary
15 cancer and mortality findings that I have already
16 mentioned, research estimating the burden of WTC-
17 related illness, research about the persistence of
18 both mental and physical health conditions, and
19 research about the impact of tobacco use on WTC-
20 exposed populations. Despite the enormous
21 progress researchers have made in understanding
22 the health effects of the 9/11 attacks during the
23 past decade, the WTC medical working group also
24 identified a number of areas that need to be more
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1 fully addressed. These include: assessing the
2 mental and physical health of WTC-exposed
3 children, and the children of WTC-exposed first
4 responders, most of whom have now aged into young
5 adulthood; evaluating the effectiveness of
6 treatment for patients with WTC-related
7 conditions; obtaining a better understanding of
8 comorbid mental and physical conditions, and how
9 this comorbidity may influence disease
10 progression, functionality and recovery. The good
11 news is that the Zadroga Act also expanded funding
12 for research. In addition to the federally funded
13 periodic health surveys that the WTC Health
14 Registry has conducted among people directly
15 exposed to the WTC disaster, the WTC Centers of
16 Excellence and other scientific researchers can
17 apply for grants to conduct clinical
18 investigations and treatment outcome evaluations.
19 Both FDNY and Mt. Sinai have already received
20 grants to continue their ongoing cancer analyses.
21 In conclusion, I also would like to update you on
22 the recent progress of the WTC Health Registry,
23 one of the most valuable epidemiologic tools
24 available to WTC researchers, and whose staff has
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1 now contributed nearly 25 articles to the
2 scientific literature. This research, in turn,
3 has informed our understanding of key WTC health
4 effects, and has supported the continued
5 availability of services at the WTC Centers of
6 Excellence. It has also led to the development of
7 policy recommendations to protect the health of
8 workers and volunteers that I mentioned earlier.
9 By September 11th of last year, we sent all 68,000
10 of the Registry's adult enrollees our third major
11 health survey, which takes just 20 to 30 minutes
12 to complete. We designed his survey in
13 collaboration with numerous healthcare experts,
14 including the entire membership of the WTC Medical
15 Working Group, as well as labor and community
16 advisors. In November, the Registry began
17 surveying more than 1,200 adolescents and their
18 parents for the third time as well. I am very
19 pleased to report that nearly 39,000 adults, more
20 than 56%, have returned their surveys today. The
21 response rate among adult enrollees who also
22 responded to both of our first previous surveys
23 has been even stronger, at nearly 73%. From an
24 epidemiologic standpoint, this very high response
25

1 rate among those who responded to the first two
2 surveys is critical, because it means that we will
3 have comprehensive health data a three points in
4 time for large numbers of rescue and recovery
5 workers, including volunteers, Lower Manhattan
6 residents, area workers, students, and passersby
7 who comprised the Registry's cohort. Increasing
8 the response rate before the survey ends in March,
9 especially among adolescents and Lower Manhattan
10 residents, is currently the Registry's highest
11 priority. In addition to calling enrollees who
12 still haven't completed their surveys, we'll
13 actually be knocking on some of their doors during
14 the next two months. We want to make sure that as
15 many of our enrollees as possible provide us with
16 the latest information about the current state of
17 their mental and physical health, their functional
18 status, and the quality of their lives a decade
19 after the 2001 terrorist attack on the nation.
20 Our enrollees will help us better understand the
21 persistence or resolution of post traumatic stress
22 disorder and respiratory illness, the two most
23 common health effects associated with WTC
24 exposure, and by helping us answer new question
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1 about asthma control, sleep apnea, other
2 respiratory diseases, cardiovascular diseases,
3 autoimmune disorders, and other potential late
4 emerging conditions, the finding from our third
5 survey will help inform future screening,
6 diagnosis, and treatment for the more than 60,000
7 patients currently enrolled in the WTC Health
8 Program. Thank you again for giving me this
9 opportunity to speak on behalf of the WTC Working
10 Group.
11

12 CHAIRPERSON SANDERS: Thank you,
13 Assistant Director Greene. I remember the 9/11
14 tragedy very well. Me and several of my
15 colleagues were in this area at this time, and
16 there but for the grace of God go I. I remember
17 it so well. We were trying to organize my
18 community, some people to come down and help. By
19 the time we got it together we were told that they
20 had enough people, otherwise I may be on the other
21 side of this table. So, I'm very concerned about
22 the folk on the other side of this table and other
23 tables like it. I basically have two questions
24 and then I will, and then my colleagues of course
25 will take over. Mine are very simple questions.

1 The first one, and I don't know if you can answer
2 it, but we'll try anyway. The first one is why
3 weren't we told to wear respirators or any type of
4 device at the time? Why was government at every
5 level telling us that it was okay and it was safe?
6

7 CAROLYN GREENE: That's a good
8 question, and I think all I can say is that this
9 was really an unprecedented event, and I think at
10 the time we still had a lot to learn. And so at
11 the time of the event we were giving the best
12 possible information that we had. And that's the
13 importance of doing the research that we have done
14 subsequently, so that we can be better prepared in
15 the future. And again, hopefully there won't ever
16 be another event like this in the future, but I
17 think the research that we have done in the months
18 and years subsequent to the event has led to new
19 knowledge that will certainly inform our actions
20 in the future.

21 CHAIRPERSON SANDERS: My second and
22 last question is, the danger period. Was the
23 danger worse the first day? Did it decline? Was
24 it worse? Was there any period where it was worse
25 and any site in particular that it was worse?

1
2 CAROLYN GREENE: That's an
3 excellent question. What has been remarkably
4 consistent over the majority of the studies that
5 we've reviewed is that, yes, risk for both
6 respiratory illness and PTSD were greatest if one
7 was there on the morning of 9/11. So that is
8 absolutely consistent. For rescue and recovery
9 workers, we also find increased risk of both
10 respiratory illness and mental illness if they
11 worked longer periods of time. So, it's both
12 arriving early, being exposed to the dust cloud,
13 and also the length of time that rescue and
14 recovery workers worked. I think, again, we
15 always have to look to what can we do with this
16 information, what are the lessons learned. And I
17 think particularly for rescue and recovery
18 workers, one of the lessons learned is that
19 whenever possible, we have to consider shift
20 rotations so that we limit their exposure to both
21 horrific events and also environmental
22 contaminants.

23 CHAIRPERSON SANDERS: The Council
24 Member of the area, Margaret Chin, who is also a
25 Chair of this Committee.

1
2 CHAIRPERSON CHIN: Thank you. I
3 just wanted to mention that we've been joined by
4 Council Member Seabrook, and I'll yield to Council
5 Member Koppell for his question.

6 CHAIRPERSON KOPPELL: Thank you.
7 Thank you. I'd like to focus, as I said on my
8 opening statement, since I am Chair of the Mental
9 Health Committee with the mental health effects.
10 And I note that post traumatic stress disorder is
11 a very common effect of the tragedy, continuing
12 effect. And I'd like to focus on some questions
13 with respect to that. It's now ten years past.
14 Do we see any reduction in residual effects on
15 peoples' mental health, or is it a continuing
16 chronic problem?

17 CAROLYN GREENE: It's interesting,
18 Council Member Koppell. We actually see three
19 different groups of people with PTSD. There are
20 those who we saw who had it acutely and then it
21 resolved. There are those who have chronic PTSD,
22 so who continue to have PTSD even ten years after
23 the fact, and then interestingly there there's
24 also a group that has late onset PTSD. So, to
25 answer your question, we see all three groups of

1
2 people. And what we're trying to understand is,
3 you know, who is at risk in these different
4 groups. And clearly we want to identify those
5 people early on so that we can screen and offer
6 appropriate treatment.

7 CHAIRPERSON KOPPELL: Is it your
8 sense that people who were exposed, either being
9 residents of the area or in the vicinity at the
10 time of the disaster, or recovery workers, is it
11 your sense that those who are suffering from post
12 traumatic stress disorder are being helped? That
13 is, is access to mental health services being
14 provided? Is there any unmet demand that you see?

15 TRISH MARIK: We haven't seen
16 unmet demand. People are taking advantage of the
17 range of services available. I'm Trish Marik.
18 I'm the Assistant Commissioner for Mental Health
19 at the Health Department. We, as you know, the
20 benefit closed last year that the City had funded.
21 And we were able to successfully transition from
22 the provision of those services, the provision of
23 payment for those services into the system as it
24 stands now. We have not received word of unmet
25 need. I suspect however, and I think as Dr.

1
2 Greene has pointed out about the research needed,
3 I suspect however that there are people who are
4 not coming forward and identifying what may be
5 going on in their lives.

6 CHAIRPERSON KOPPELL: So the
7 services, mental health services for these people,
8 is now covered by the Zadroga Act? Is that right?
9 Or how is it covered? If someone is suffering
10 from post traumatic stress disorder related to the
11 World Trade Center Disaster, what are the
12 opportunities for such person to get treatment,
13 and what are the payment methods?

14 TRISH MARSIK: Subject to the
15 eligibility that's outlined under the Zadroga
16 Bill, and I would have to get back to you on the
17 specifics of that, folks would be able to be
18 covered under the Zadroga Bill. For those people
19 who possibly might not be covered or might be
20 outside of the eligibility, they still have the
21 opportunities afforded to them by the public
22 mental health system here in New York City.

23 CHAIRPERSON KOPPELL: No, I
24 understand that. But we're talking now about
25 people who are exposed. Obviously they're not

1 excluded from whatever coverage ordinary citizens
2 get, but ordinary citizens also have to, in many
3 instances, pay for these services. Now, if you're
4 a World Trade Center victim, do you get these
5 services free or do you have to pay for them?
6

7 TRISH MARIK: Do you get the
8 Zadroga--

9 CHAIRPERSON KOPPELL: [Interposing]
10 Mental health counseling, let's say, under post
11 traumatic stress disorder, and you qualify under
12 the Zadroga Act as a victim.

13 TRISH MARIK: Yes, you don't need
14 to pay.

15 CHAIRPERSON KOPPELL: So it's
16 covered. One of the concerns that was expressed,
17 I think maybe two years ago or a year ago, I don't
18 remember now, at one of these hearings, was that
19 because of the expiration, as you just referenced
20 it, if City benefits and transfer to Zadroga
21 benefits, people might have to change their doctor
22 or clinician. And there was some concern that
23 that transference would be a problem. And I know
24 we wrote about it. I know I wrote about it and
25 didn't get any response to tell you the truth, at

1
2 least I don't recall any response. But that's--
3 whether we did or didn't get a response, my
4 question is, has that been a problem?

5 TRISH MARIK: We have not received
6 word from the folks who are covered under the
7 benefit that they were having difficulties staying
8 with the clinicians that they are choosing.

9 CHAIRPERSON KOPPELL: So it would
10 appear that they either could stay or they were
11 satisfied with their new therapist?

12 TRISH MARIK: Correct.

13 CHAIRPERSON KOPPELL: So it hasn't
14 been a problem.

15 TRISH MARIK: We have not--

16 CHAIRPERSON KOPPELL: [Interposing]
17 I am glad to hear that because that was expressed
18 as a concern by people.

19 TRISH MARIK: We are too.

20 CAROLYN GREENE: I wanted to add
21 one point to your prior question about unmet need.
22 And just to let you know that actually the World
23 Trade Center Health Registry is currently
24 conducting an analysis to look precisely at that
25 question, because as you know, with PTSD obviously

1
2 sometimes there is a characteristic of wanting to
3 avoid remember the trauma to the illness, and so
4 we are currently looking at our enrollees and
5 looking at enrollees who have PTSD that have been
6 diagnosed and also show a positive screening on
7 symptoms, and looking at those who have not been
8 diagnosed officially and yet have a positive
9 screening. And we're trying to see whether there
10 is an issue with access to care or treatment. So
11 that's an analysis that we're looking at very
12 closely, because it is very complex, as you
13 suggest.

14 CHAIRPERSON KOPPELL: I'm also
15 curious as to whether--and this is a very
16 complicated question--whether there's any
17 difference both in the symptoms and in the
18 treatment methods for people who are affected by
19 this particular tragedy and probably the other
20 clearly identifiable group, and that are people
21 who are returning from combat, particularly now
22 from Iraq and Afghanistan. I mean, are there
23 differences between the needs of these people?
24 Are there similar kinds of problems, similar kinds
25 of symptoms, similar kinds of responses? Is there

1 any looking at that?

2
3 TRISH MARSIK: We're not engaged in
4 research right now that looks at the difference
5 between those two groups, and I'm not sure that
6 anybody specifically is. It would be important
7 and instructive to have that sort of research. It
8 would help us to figure out the types of
9 interventions. However, I will say that PTSD has
10 shown to be responsive to cognitive behavioral
11 therapy, particularly to exposure therapy, that
12 that is a widely recognize mode of intervention,
13 and it's widely practiced within the mental health
14 community.

15 CHAIRPERSON KOPPELL: Do we see on
16 a graph, if you looked at the people who are being
17 treated for PTSD, do we see a declining curve?
18 Are people kind of recovering or not?

19 CAROLYN GREENE: I will first
20 respond to your prior question, and I think
21 something I just did want to acknowledge is that
22 as I stated in my testimony and as we recognized
23 in the annual report, there is not enough
24 information on treatment efficacy at this point,
25 and that's something that we really want to look

1 at. And certainly at the registry we are going to
2 be partnering with external researchers,
3 clinicians, to try to look more at treatment
4 effectiveness treatment for those with PTSD
5 because of this disaster. So that is certainly
6 something we plan to do. In terms of, again,
7 treatment, I think what's interesting, again, is
8 there are these very different groups. There are
9 those who have the acute PTSD and who seem to be
10 able to resolve. There are those who have chronic
11 PTSD, and then there is this other group that has
12 late onset PTSD. And so right now we're trying to
13 understand the differences between those three
14 groups and also whether or not, you know,
15 different treatments are necessary for those. But
16 there certainly is a group that had acute PTSD
17 that now seems to be resolving.

19 CHAIRPERSON KOPPELL: Well,
20 that's good to hear. On the third group, it
21 raises an interesting question, because I
22 guess my main focus here is to make sure
23 people are getting attention. And I don't
24 remember this--I apologize--but is there an
25 enrollment period, under let's say the Zadroga

1 Act, which you had to file, that you had to
2 meet, an enrollment deadline that you had to
3 meet? Or can you still--let's assume someone
4 comes today and is suffering from some
5 distress and it's one of these third
6 categories, that they didn't suffer from a lot
7 of distress until now, but now they're
8 suffering from a lot of distress and they have
9 a lot of dreams that bring back 9/11 and it's
10 affecting their lives. And they come and they
11 say, look, I haven't had treatment for this
12 before, but it would appear, and you said it,
13 that there's a group that's late onset. Can
14 they still enroll?
15

16 CAROLYN GREENE: Yes. There
17 are eligibility requirements, but they can
18 still enroll.

19 CHAIRPERSON KOPPELL: That's
20 good to hear. I'm encouraged also that you
21 say there's--you don't think there's any unmet
22 demand.

23 CAROLYN GREENE: We are still
24 looking into that. I mean, as of now, as
25 Trish Marsik said, we're not hearing that.

1
2 But then, again, as you know better than I do,
3 the complexities of PTSD are such that it's
4 difficult sometimes to identify unmet demand
5 in those who are suffering from PTSD.

6 CHAIRPERSON KOPPELL: Sure.

7 CAROLYN GREENE: So that's why
8 we are looking at that question very carefully
9 and we hope to have something to publish on
10 that topic once we have completed our
11 analysis.

12 CHAIRPERSON KOPPELL: Since I
13 don't want to come back later on with more
14 questions, because other people have
15 questions, I'll go to one question that
16 doesn't relate directly to mental illness, and
17 that is, there's a statistic here that I think
18 is pointed out and I understand is discussed
19 in some length in the report--I haven't read
20 the whole report--about comparing disease
21 rates and death rates with the entire
22 population of the City, and it seems to me
23 that's a completely phony, if you will--I
24 don't know if that's the right word--a
25 mistaken comparison. The people who responded

1
2 to the World Trade Center, even the people who
3 were working in the Trade Center is on average
4 a younger and healthier set of people than the
5 people of the City as a whole. So comparing
6 death rates or disease rates or any other rate
7 between those two is a completely--it's apples
8 and oranges as far as I'm concerned.

9 CAROLYN GREENE: I have to say,
10 Council Member Koppell, that you are thinking
11 like an epidemiologist.

12 CHAIRPERSON KOPPELL: Yes,
13 okay.

14 CAROLYN GREENE: So I
15 congratulate you. No, you're absolutely
16 right. In order to look at the possibility of
17 excess mortality among Registry enrollees,
18 what we wanted to do was find a comparison
19 population that had age, sex, and race
20 specific mortality rates available. Now,
21 ideally, as you're pointing out, our
22 comparison population would be exactly the
23 same as Registry enrollees, except for the
24 fact that they would not have had the
25 exposure.

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CHAIRPERSON KOPPELL: Right.

CAROLYN GREENE: That

population does not exist.

CHAIRPERSON KOPPELL: Right.

CAROLYN GREENE: So what we did is we did the best we could do from available options, but there's two parts to this. The first part is for our comparison population, we looked at only those who were New York City residents at the time of enrollment in the Registry, and compared mortality rates with the New York City population overall, but adjusted for age, sex and race. Now still that's not ideal, because there are other differences between those two populations that you're astutely pointing out. And so, what we also did--and this is a critical point, is we also conducted internal comparisons. So, because it is so hard for all of us researchers to find comparable populations for comparison, what we do is we look at those who are more highly exposed in the Registry, and compare them to those who are less exposed in the Registry, and that is a fairer, more

1
2 rigorous comparison, and those findings are
3 very important. Now, at this point those
4 internal comparisons are early, because we
5 don't have a lot of deaths, thank heavens, to
6 look at. But as time progresses, those
7 internal comparisons are going to become much
8 more important, because the numbers are going
9 to increase and we are going to be able to see
10 differences between those who are more highly
11 exposed and those who are less highly exposed
12 who are all within the registry.

13 CHAIRPERSON KOPPELL: Thank
14 you. Thank you very much. I'm going to turn
15 it back to Councilmember Chin. Before I do
16 that, let me introduce the members of the
17 Mental Health Committee who have joined us.
18 Gale Brewer, who is down to my left, and Ruben
19 Wills, who is down to my right. There are
20 other members who have come, but I assume the
21 Chairs of those Committees want to introduce
22 them.

23 CHAIRPERSON CHIN: Okay.
24 Council Member Mendez, we've been joined by,
25 and Council Member Levin. And also, we were

1
2 briefly joined by Council Member Ulrich. So,
3 we have a question from Council Member
4 Cabrera.

5 COUNCIL MEMBER CABRERA: Thank
6 you so much to all of the Chairs. Welcome,
7 Deputy Commissioner. I have a few questions
8 here, if you could give me the short version
9 answer. I want to get through them.

10 CAROLYN GREENE: Sorry. I've
11 been too lengthy. I'll try to be short.

12 COUNCIL MEMBER CABRERA: No, I
13 just want to get...

14 CHAIRPERSON SANDERS: Detailed.
15 You've been detailed.

16 COUNCIL MEMBER CABRERA:
17 Council Member Sanders asked a really good
18 question regarding the fact that we were told--
19 -and I remember being there with the Chaplain
20 helping out--we were told that they had done
21 testing in the air and that it was okay. I
22 really don't buy the answer that it was an
23 unprecedented event, because you were using--
24 whoever was doing testing--you were using
25 instrument to really check whether what we

1
2 were breathing at that time--and I can tell
3 you, it tasted like sand. It's hard to me to
4 describe what it tasted like, but there's a
5 distinctive difference when you took that mask
6 off. And I remember having a mask, and I
7 remember taking it off as well. And there was
8 a distinctive different, but in the back of my
9 head there was this message that was said,
10 everything is fine. You know, you can go
11 ahead, keep working there. So, give me a
12 better answer than unprecedented event in
13 light of the fact that there were instruments--
14 --were there instruments that were used to test
15 the air?

16 CAROLYN GREENE: In the first
17 couple of days I think environmental sampling
18 was quite difficult, but they did rigorously
19 attempt to do environmental sampling following
20 the early period. I'm glad that you were
21 wearing a mask, and I have to say that--

22 COUNCIL MEMBER CABRERA:
23 [Interposing] Not all the time. I've got to
24 be honest with you.

25 CAROLYN GREENE: Okay. The

1 best answer I can say is that information was
2 limited. And I think as information became
3 more available recommendations and guidelines
4 change. But you make an excellent point. I
5 think I can say that what's going to be
6 critical is that we learn from this, and so
7 that in the future what we have learned now
8 will inform any future disasters. The mask is
9 an excellent example. We know that those who
10 were not wearing respirators were more likely
11 to have persistent respiratory symptoms and
12 still do. So that's clearly a message we need
13 to get out there. And so I can only say we
14 didn't know enough in the very early days, and
15 certainly we've been rigorously looking at
16 what we can and trying to learn lessons.

18 COUNCIL MEMBER CABRERA: When
19 the government says it's okay and then it
20 doesn't work out to be okay, the next time
21 people just don't trust, will not trust that
22 message. That's really what I'm worried
23 about. It would have been better to say we're
24 not sure. Really. I mean, just to be able to
25 say, we're not exactly sure or we're still

1
2 you. And I think that research is critical
3 and doing immediate research promptly is
4 really, really critical, so I absolutely hear
5 you. And I will say a few things. You
6 brought up children, and yes, we absolutely
7 need to be doing more research on children.
8 And the good news is that the registry has
9 completed a respiratory health analysis on
10 children who are aged 0 to 12 at the time of
11 9/11. And we're going to be releasing--six to
12 seven years after 9/11, using data from six to
13 seven years after 9/11. And we're going to be
14 submitting that for publication in the next
15 few weeks.

16 COUNCIL MEMBER CABRERA: Wait a
17 second. You have data that was collected from
18 the first six or seven years and then it took
19 another three to get it analyzed? Why is this
20 taking so long? This frustrates me. Really.

21 CAROLYN GREENE: No, I can
22 understand your frustration.

23 COUNCIL MEMBER CABRERA: I
24 mean, I'm shocked.

25 CAROLYN GREENE: I can

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understand your frustration.

COUNCIL MEMBER CABRERA: That's the kind of research that people would love to have a dissertation on. I wish I had that data when I was doing my dissertation. I mean, there's plenty of colleges out there that would love to get a hold of this research. And with the millions and millions of dollars that have been poured out on this particular issues, I'm just shocked.

CAROLYN GREENE: Well, Council Member one of the things I can say is that one of the things we urge and we are very excited about is having external researchers use our data. We are making it available. We have external collaborations and we want to. Unfortunately, I have to be honest, we don't always have the resources we want to conduct things as quickly as we do. And I wish we could have more resources. I would love that. So if you could arrange that, that would be wonderful. But we absolutely do make our data available to external researchers, and so we urge them, please come collaborate with us,

1
2 whether it's at Columbia, New Jersey, etc.,
3 New York University--collaborate with us so
4 you can get the data out sooner. So, we've
5 had many successful collaborations.

6 COUNCIL MEMBER CABRERA: Deputy
7 Commissioner, I agree with you. You should
8 receive those funding, and that's the job of
9 the Mayor. I think the Mayor had ten years to
10 be able to get enough funding. Some of this
11 research doesn't cost as much as people think
12 it costs. And let me just add--I'll close
13 with this last question, and thank you,
14 Chairs, for letting me ask this question.
15 It's close and personal. How many cancer
16 studies have been done?

17 CAROLYN GREENE: A good
18 question. There have been some case series
19 done. So, Mt. Sinai did conduct a case series
20 on multiple myeloma. The Fire Department of
21 New York has conducted the first
22 epidemiological study of cancer, and there are
23 currently two cancer analyses that I am aware
24 of. One is being conducted by Mt. Sinai, and
25 the other is being conducted by the World

1
2 Trade Center Health Registry. This analysis
3 has been completed and will be submitted for
4 publication in the next few weeks.

5 COUNCIL MEMBER CABRERA: Deputy
6 Commissioner, I'm sorry for you becoming the
7 lightning rod of my frustration, but four?
8 Wow, just only four research this late in the
9 game regarding Cancer. How do we make
10 policies? How can we make instructive
11 policies if we don't have the knowledge? And
12 I think you know that better than I do.

13 CAROLYN GREENE: Actually, at
14 this point I do have a response to you,
15 because this is actually--your questions are
16 tough and I appreciate them.

17 COUNCIL MEMBER CABRERA: Thank
18 you.

19 CAROLYN GREENE: But I do have
20 to say, this one I do have an answer to or a
21 response. I have to say that clearly, you
22 know, as a physician and as a human being, I
23 think the diagnosis of cancer is horrendous
24 and I really have tremendous compassion for
25 anyone who has a cancer diagnosis and their

1 family and their friends. The truth is, that
2 to do epidemiologic studies and to create a
3 link between cancer and an exposure takes many
4 years. And this is a case where early studies
5 would not have been able to show us anything
6 because cancer has a latency period. And so
7 therefore we couldn't have begun to do studies
8 a couple of years after 9/11. It wouldn't
9 have been appropriate. We wouldn't have seen
10 anything. And even now the cancer studies are
11 early. It's critical. And we're doing them
12 now because we care so much about the issue,
13 but it is still very early and we need to
14 acknowledge that. So this is a case actually
15 where I must say that it's early. And we have
16 to really look at these findings very
17 carefully. That doesn't negate the fact that
18 cancer is awful, and unfortunately here in New
19 York City it's very common. It's the second
20 leading cause of death among New York City.

21
22 COUNCIL MEMBER CABRERA: It's
23 not possible that people could have died of
24 lung cancer within the first five years? I'll
25 close with that question. Thank you so much.

1
2 CAROLYN GREENE: Okay. Is it
3 possible? Perhaps. Is it very unlikely?
4 Absolutely. I have to say that we convened
5 the best cancer experts, epidemiologists,
6 biostatisticians, environmental health
7 scientists in 2010 to say tell us your
8 opinions on cancer research. That's how much
9 we valued this question, Council Member. And
10 we had ten experts from around the country who
11 are renowned in this area. And we asked for
12 their advice, and they said, within five
13 years, too early. And that was one area where
14 there was no disagreement. Now that doesn't
15 mean we don't need to start looking now so
16 that we can look over time. And so, to answer
17 your question, anything is possible. But is
18 it likely? No.

19 CHAIRPERSON CHIN: Thank you,
20 Council Member Cabrera. I think just to
21 follow up on that is right now it's been more
22 than ten years. So are you telling us, are
23 you still staying there is no scientific
24 evidence that there is a link between the
25 World Trade Center exposure to cancer?

2 CAROLYN GREENE: No, no I'm not
3 saying that, because in fact just last year
4 there was a study published by FDNY, right,
5 that showed that among between unexposed and
6 exposed firefighters there was a 19% excess
7 among those who were exposed, but that is the
8 first study. And whenever one is establishing
9 a link between a very complex process like
10 cancer, which unfortunately many, many factors
11 lead to those disease processes, it's not even
12 one disease obviously--it's many--and an
13 exposure, what is required--every study is
14 important, absolutely. And I think that first
15 study was critical and we will add to the
16 literature. But what is required is to look
17 at the findings over time to see do they
18 change over time, are they replicated, are
19 they different in differently exposed
20 populations. That is what we have to do from
21 an epidemiological standpoint. But it is not
22 too early, and that is indeed why we are
23 looking now and why we will continue to take
24 this research very seriously.

25 CHAIRPERSON CHIN: Yeah. We

1
2 will hear from advocates later, because on one
3 hand a study, on the other hand, these people
4 are dying. And people need, you know,
5 treatment and they need resources.

6 CAROLYN GREENE: I couldn't
7 agree with you more, Council Member Chin, and
8 I do want to make two points here. I think as
9 a Health Department, it is absolutely our
10 responsibility to protect and promote the
11 health of all New Yorkers, and that is why we
12 are completely dedicated to encouraging and
13 ensuring and enabling those who were exposed
14 to the WTC disaster to get appropriate
15 screening early on, because when cancer is
16 diagnosed early, the outcomes are improved.
17 And that is something we need to do now.
18 We're not waiting for the research to tell us
19 that. That is what we have been doing and we
20 will continue to do, and that is critical. I
21 think the other point I would have to say is
22 that again, we are very fortunate in New York
23 City to have one of the best public hospital
24 systems in the country. So for even those who
25 don't have private insurance, we do have a way

1 to get care and treatment to those who are
2 suffering, through our public hospital system.
3 And that is very different from the research.
4 So, I think in terms of making sure that those
5 who are exposed get screening and treatment, I
6 couldn't agree with you more, and we have to
7 do everything to make sure that happens.
8

9 CHAIRPERSON CHIN: Okay, thank
10 you. We have questions by Council Member
11 Brewer, followed by Council Member Levin and
12 Council Member Wills.

13 COUNCIL MEMBER BREWER: Thank
14 you. Just a couple of things.

15 CHAIRPERSON CHIN: Oh. We've
16 been joined by Council Member Recchia.

17 COUNCIL MEMBER BREWER: There
18 were a lot of students, you know, at
19 Stuyvesant and the elementary school. So, I
20 know they were all contacted. Did they come
21 forward? They've graduated, they've gone on
22 to college, they've graduated from college,
23 etcetera. How does one keep in contact with
24 them? Is it necessary to keep in contact with
25 them, etcetera?

1
2 CAROLYN GREENE: Oh, that's an
3 excellent question. So, I have several
4 answers. I'll try not to be too long.

5 COUNCIL MEMBER BREWER: I like
6 your long answers.

7 CAROLYN GREENE: Okay, thank
8 you. Then I'll speak freely. I think the
9 first thing I should say is that last year in
10 collaboration with the Community Board and
11 also with the Department of Education, 15,000
12 parents of children who went to school in
13 Lower Manhattan were contacted, and they were
14 informed of services available at the World
15 Trade Center Centers of Excellence, so that
16 was one effort that was made. We produced
17 clinical guidelines for adolescents and
18 children. Those were distributed to all
19 physicians, including pediatricians in New
20 York City and New York State. And
21 interestingly NIOSH also sent those guidelines
22 to more than 200 college health centers,
23 clinical centers around the country, to ensure
24 that those who are seeing college students are
25 aware of the possibility of WTC exposure. In

1 addition to that, the Registry itself really
2 does an active job of trying to keep those who
3 have aged into young adulthood, reach out to
4 them proactively and say, we'd like you to
5 continue on in our Registry now that you are
6 adults. And we are able to do that once
7 they've turned 18. So that's another way that
8 we are reaching out to these young people.
9

10 COUNCIL MEMBER BREWER: And are
11 you able to track to see if the 15,000 parents
12 or the colleges and so on, you get any
13 response? Are you able to track that?

14 CAROLYN GREENE: We did see
15 some uptick in services at the World Trade
16 Center Health Center after the 15,000. Not as
17 much as we had predicted, I think. And in
18 terms of tracking--I mean, certainly we can
19 track how many adolescents and young people
20 are being seen at the World Trade Centers of
21 Excellence, so that is possible.

22 COUNCIL MEMBER BREWER: Okay.
23 Second question is you mentioned to Councilman
24 Koppell that there aren't really any
25 challenges in terms of time and signing up,

1 but you kind of left it open. Are there some
2 challenges? In other words, does this go on
3 forever? I just don't know. In other words,
4 ten years from now, can one come to the Center
5 for Excellence? I just don't know how that
6 works.
7

8 CAROLYN GREENE: Yes. Why
9 don't I defer to...?

10 COUNCIL MEMBER BREWER: You
11 have to come up to the microphone. They won't
12 let you sit there.

13 CAROLYN GREENE: Jeffrey Hon is
14 the World Trade Center Health Coordinator, but
15 he is also the Health Department's
16 representative on the steering committees, the
17 responder and survivor steering committees for
18 the World Trade Center Health Program.

19 JEFFREY HON: So, the Zadroga Act
20 is funded through 2015, and--

21 COUNCIL MEMBER BREWER:
22 [Interposing] That goes fast.

23 JEFFREY HON: That goes fast,
24 that's correct, so.

25 COUNCIL MEMBER BREWER: In other

1 words, after that, what happens? Because we're
2 all talking about latent--

3 JEFFREY HON: [Interposing] We're
4 hoping that the Act would be reauthorized, but
5 that's probably going to take some time.

6 COUNCIL MEMBER BREWER: Okay. So
7 it could be reauthorized. Okay. My other
8 question is just family in general in terms of
9 mental health. Obviously if you feel like you get
10 cancer from this horrific episode, then the family
11 is even more impacted than you are in some cases.
12 I should know this. Does the Act cover the
13 family?

14 CAROLYN GREENE: This is something
15 I think that's being looked into.

16 COUNCIL MEMBER BREWER: Because
17 from personal experience, nothing to do with World
18 Trade--

19 CAROLYN GREENE: [Interposing] Good
20 point.

21 COUNCIL MEMBER BREWER: --the
22 families - - to be honest with you more impacted.

23 JEFFREY HON: It's a very good
24 point. And in fact NIOSH is currently looking
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into whether family members will be eligible.

COUNCIL MEMBER BREWER: Right now they're not is what you're saying.

JEFFREY HON: In some cases they are, but not in all cases.

COUNCIL MEMBER BREWER: So what would determine that they are?

JEFFREY HON: It depends on the diagnosis. It has to be a World Trade Center--

COUNCIL MEMBER BREWER:
[Interposing] So the family has to go through to figure that out in addition to the sickness you're saying.

JEFFREY HON: Correct.

COUNCIL MEMBER BREWER: Oy vey. The final question is, how does all of this information get used, god forbid, even something that is awful as the terrorist act--there are other situations that come up. So, how does all of this information get used for the future? I mean there's so many--it's like maybe too general a question, but I'm sure you've thought about it.

CAROLYN GREENE: No, definitely. I mean, I think one of the things we try to

1
2 emphasize in our recent World Trade Center Annual
3 Report from the Mayor's Medical Working Group is
4 lessons learned. And I think I was talking
5 earlier with the Council Member at the end of the
6 table there on the importance of implementing
7 these lessons learned. So whether it's policy
8 recommendations where we are emphasizing the
9 importance of personal protection equipment,
10 training for the use of respirator use and
11 requiring wearing it, whether it's shift
12 rotations--

13 COUNCIL MEMBER BREWER:

14 [Interposing] Would we have enough respirators
15 available that are the proper kind?

16 CAROLYN GREENE: That's exactly
17 right--

18 COUNCIL MEMBER BREWER:

19 [Interposing] We do have them now or that's a
20 recommendation?

21 CAROLYN GREENE: That's a
22 recommendation and I don't know, so I'd have to
23 get back to you on that.

24 COUNCIL MEMBER BREWER: You don't
25 need to. I'm just...

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CAROLYN GREENE: Shift rotations.

COUNCIL MEMBER BREWER: It's good to talk but nothing to act. Go ahead.

CAROLYN GREENE: Shift rotations.

COUNCIL MEMBER BREWER: Yes.

CAROLYN GREENE: This would be another policy. So there are all these policy recommendations. But in addition to that, I can speak to changes that we've made even at the Health Department since 2001. One is that we now have an electronic syndromic surveillance system, where data are transferred daily from emergency departments in New York City to the Health Department, which are analyzed, which allows us to look for unusual syndromes--a critical system. Number two--

COUNCIL MEMBER BREWER:

[Interposing] I mean, even something simple. I hope this never happens, but PCBs in a school that high levels. Even things like that are things that you get taken to the Health Department?

CAROLYN GREENE: Well, that's interesting. We do have a bio watch system--

COUNCIL MEMBER BREWER:

1 [Interposing] Okay.

2 CAROLYN GREENE: --where we have
3 monitors where we can detect certainly
4 bioterrorism agents.
5

6 COUNCIL MEMBER BREWER: I see what
7 you're saying, okay.

8 CAROLYN GREENE: And in addition to
9 that we have a--now have a medical reserve corps,
10 which is a large body of healthcare volunteers who
11 are ready to be called upon in a public health
12 emergency.

13 COUNCIL MEMBER BREWER: And that
14 didn't exist before?

15 CAROLYN GREENE: That's correct.
16 That's correct. I might point you to, because I
17 don't want to be too lengthy here, I might point
18 you to a commentary in the 9/11 Special Lancet
19 edition that was co-authored by the Commissioner
20 and our Deputy Commissioner for Emergency
21 Preparedness, Dr. Isaac Weisfuse, where they
22 really talked about--particularly for the Health
23 Department--our lessons learned. Clearly other
24 city agencies have lots of lessons learned too
25 that are being implemented.

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COUNCIL MEMBER BREWER: Okay.

Thank you.

CHAIRPERSON CHIN: We're joined by Council Member Halloran. Council Member Levin, your question?

COUNCIL MEMBER LEVIN: Thank you very much, Madam Chair. Thank you, Dr. Greene. So, the issue that I am concerned most about is this issue of the link between WTC exposure and cancer. I was fortunate enough to be at an event a couple months ago with James Zadroga's parents, and I sat next to them at a table. They were being honored by a Polish civic association, and we talked about this issue. And they were pretty candid with me that they thought that--they had a visceral reaction to the idea that at this point no link has been able to be firmly established, but also that there would be some--that there's skepticism out there that there is a link. And it's funny. I was at an event--I'm also sharing this as anecdotal--but I was at an event in October, it was at the groundbreaking for Brick Arts Media in Brooklyn. The Mayor was there and the Mayor spoke. Through the course of his--he

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2 was speaking kind of offhandedly and through the
3 course of his remarks, he mentioned, he said kind
4 of casually about--talking about the link between
5 cancer and World Trade Center exposure. It's a
6 commonsense thing. And I would think that the
7 FDNY study backs that up. If you're looking at a
8 19% increase, that's statistically significant,
9 right? My question is, how many of those studies
10 do you need to establish a correlation? And at
11 what point does the City advocate for the Zadroga
12 Act to be amended to include cancer? At what
13 point is the tipping point?

14 CAROLYN GREENE: Right.

15 COUNCIL MEMBER LEVIN: Because the
16 first study is out there. There's clearly a
17 statistical--it's very clear that there's an
18 impact. How many studies does it take? At what
19 point does the City start to do advocacy?

20 CAROLYN GREENE: Sure. I think I'm
21 going to back up and just make it very clear that
22 this isn't the City's decision to make, that
23 ultimately whether or not cancer and types of
24 cancer are going to be covered as part of the
25 World Trade Center Health Program, that ultimately

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2 the way it works now under the Zadroga Act is that
3 the World Trade Center Health Administrator will
4 make this decision based upon recommendations of
5 the scientific and technical advisory committee,
6 that will in turn make their recommendations based
7 upon the best available evidence and medical
8 findings. Your question directly about how many
9 studies does it take is a good one. And one that
10 I don't think I can answer with a precise number.
11 I do know, as I was explaining earlier, that these
12 are very early days still. And that--

13 COUNCIL MEMBER LEVIN:

14 [Interposing] Right, but if you...

15 CAROLYN GREENE: And that we have
16 one paper by FDNY that we looked at very closely
17 in our annual report and it is very--they're very
18 important findings and they're among firefighters,
19 most of whom were highly exposed. And those
20 findings were important, and that is why now, we
21 as researchers, are prioritizing additional
22 studies. The Registry is performing one study
23 now. We hope to submit it to publication within
24 several weeks. And we are doing the best we can
25 to share the best available evidence that we have,

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2 and that is our responsibility and that is what we
3 are doing. And so what we will look for is
4 obviously consistency of findings over time,
5 replication of findings, and then also replication
6 of findings in different populations.

7 COUNCIL MEMBER LEVIN: Okay. Let
8 me rephrase. Did the finding in the FDNY study,
9 was that considered alarming to the City? Was it
10 considered within the margin of error? That's
11 significant.

12 CAROLYN GREENE: I think we
13 definitely took it seriously and it was certainly
14 an important study and I think the City has been
15 very supportive of us prioritizing our cancer
16 analysis. So, yes, this is a finding. I mean, it
17 was published in a renowned medical journal, the
18 Lancet.

19 COUNCIL MEMBER LEVIN: I do
20 appreciate your answer, but I'm not particularly
21 satisfied with it. I didn't get a sense of even
22 ballpark when. I mean, if that in fact is the
23 trend and if you're publishing another study in
24 the next--or if another study is being published
25 in the next month and that one shows the same type

1 of thing--and obviously this is early for cancer.
2 Cancer does not manifest necessarily--after ten
3 years it's 19% increase, then one would--it would
4 be logical to assume that that percentage would
5 increase as time goes on. I'm just wondering at
6 what point are we going to come back next year and
7 there's going to be another study or two more
8 studies that indicate the exact same thing, which
9 is commonsense, which the Mayor--I mean, it was
10 almost like subconscious that he said it because
11 we all know it. We all know that there is a link
12 between cancer and World Trade Center exposure.
13 Everyone in this room knows it because it's
14 commonsense. And we have one study that proves it
15 or shows it or indicates it. I'm just wondering,
16 what is your professional assessment? How many of
17 these studies? Ballpark, 5, 10, 3, 20? Because
18 if it's 20 and we're only doing one or two a year,
19 it's going to be the 20th anniversary of 9/11 and
20 we're still not going to have cancer covered under
21 the Zadroga Act.
22

23 CAROLYN GREENE: Right. Yeah, I
24 think I would say there are two different
25 questions here. The one is when is a definitive

1 link established, and that's a very complicated
2 question and I don't think I can say 5, 10, 15,
3 20. Part of that is because as the other studies
4 come out there may be conflicting data that come
5 out. We may see things we don't understand. I
6 would like to say that I cannot give a definitive
7 answer on how many studies it would require. I
8 will say that whenever you are looking at
9 occupational health studies and you are looking at
10 making a link between an exposure and an outcome,
11 studies need to be replicated over time. That
12 doesn't mean we diminish what we already have, and
13 it is our duty to continue to look at things. But
14 I also want to make another point, and that point
15 is that I think sometimes science can't give us
16 the answer quick enough, and I am very aware of
17 that. I am an epidemiologist and I have to say,
18 and another council member was frustrated earlier,
19 sometimes science cannot give us the answers as
20 fast as we want. That said, that doesn't mean
21 that we aren't going to prioritize screening, try
22 to increase access to care, to treatment. That's
23 going on simultaneously. So, I don't think that
24 the City is waiting for an answer before we are
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2 trying to reach those who were exposed to promote
3 excellent cancer screening to make sure people are
4 being diagnosed early so they have improved
5 outcomes. That is going on simultaneously, and
6 that is critical. Because I don't think that
7 saying this is a scientific definitive link is at
8 all a barrier to us promoting adequate screening,
9 care, treatment in New York City, which is
10 something we are very committed to as a Health
11 Department and as a City.

12 COUNCIL MEMBER LEVIN: There are
13 other conditions that have been conclusively
14 linked, correct? There are other conditions that
15 are covered.

16 CAROLYN GREENE: That are covered,
17 that's right.

18 COUNCIL MEMBER LEVIN: And they're
19 covered because of a conclusive determination,
20 right?

21 CAROLYN GREENE: Right. So I think
22 the truth is with science it's hard to ever say
23 conclusive, but we believe that they are linked.

24 COUNCIL MEMBER LEVIN: Okay, sorry.
25 I'm a layperson. But--

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2 CAROLYN GREENE: [Interposing] No,
3 that's all right. I think you're right, so--

4 COUNCIL MEMBER LEVIN:
5 [Interposing] But there are conditions that are
6 covered.

7 CAROLYN GREENE: That are covered.
8 That's correct.

9 COUNCIL MEMBER LEVIN: And those
10 conditions are covered because it has been
11 determined in the consensus of professional
12 opinion that there is a correlation of some sort
13 or something like that. Why those? How many
14 studies were required to, for instance, emphysema
15 or asthma or bronchitis? How many?

16 CAROLYN GREENE: No, I think that's
17 a good point. I think the issue is--and we've
18 done this very carefully in the annual report--is
19 dividing conditions based upon when they are
20 expected to be seen. So, I think that with the
21 studies for short and mid-term health effects we
22 were able to do those studies very rapidly and we
23 were able to look at associations and links. And
24 as I said, remarkably consistent findings over
25 time, particularly with respect to respiratory

1 health and PTSD, and those are short term and mid-
2 term effects that we saw immediately. We are now
3 at the stage, just now, and I know this is
4 frustrating to many people, Council Members across
5 this table have said it's frustrating and it is--
6 but we are now only beginning to look at those
7 long term health effects. So, it's a very
8 different question, because these are late
9 emerging conditions. Both cancer and premature
10 mortality. And we are just able to begin to look
11 at those now. And so in terms of your question
12 about what is being covered by the World Trade
13 Center Health Program, again, I have to say that
14 is the World Trade Center Health Program
15 Administrator who will have to make that decision.

17 COUNCIL MEMBER LEVIN: Okay. I
18 sincerely hope that a year from now--sorry, just
19 one last question. And maybe this is a yes or no
20 question. If there are five studies that all show
21 the same thing, that all show what that FDNY study
22 shows, is that enough?

23 CAROLYN GREENE: Is that enough for
24 what? You see that's--

25 COUNCIL MEMBER LEVIN:

1 [Interposing] Is that enough for--

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3 CAROLYN GREENE: You're asking for
4 my personal opinion. That's very different than
5 asking whether epidemiologists across the country
6 will say there is a definitive link. And so yes,
7 I think that consistency of findings absolutely
8 will make the majority of epidemiologists say yes,
9 we believe there is a link. But, again, I have to
10 point out, the majority of epidemiologists--what I
11 pointed out before is in 2010 when we got all of
12 those epidemiologists, cancer experts,
13 environmental experts in one room, ten national
14 experts, the one thing they could agree upon very
15 clearly--there were several things--but one thing
16 was, it is very early now. And so to get all ten
17 of them to agree on is there a definitive link,
18 that would be a challenge, I can tell you.

19 COUNCIL MEMBER LEVIN: Okay, I'll
20 just leave you with the quote my staff member just
21 emailed to me, and it's from the Mayor and it's
22 from October 13th. It says: Today we have some
23 police officers dying from working on the rescue
24 and recovery effort downtown from cancer. That's
25 what the Mayor said. He was recognizing what is

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2 an obvious thing for all of us. I appreciate your
3 answer. I look forward to seeing you next year,
4 and I hope there's a case being developed. And
5 expect me, and I imagine a number of my
6 colleagues, I expect a number of my colleagues to
7 be beating the drum pretty loudly from this point
8 to that point.

9 CAROLYN GREENE: Absolutely. I
10 will expect that. And I'm also hoping that by
11 next year we will have two additional studies at
12 least to talk about, and then we can look at
13 consistency of findings. So, I look forward to
14 talking to you again in a year's time.

15 COUNCIL MEMBER LEVIN: Thank you
16 very much. Thank you, Madam Chair.

17 CHAIRPERSON CHIN: Thank you,
18 Council Member Levin. Council Member Wills?

19 COUNCIL MEMBER WILLS: Good
20 afternoon, Dr. Greene. When I was in junior high
21 school I took a course in math that was called
22 logic. I don't know if they still teach that.
23 But it taught that true plus true equals true,
24 true plus false equals false, and so on. We all
25 know that there are certain carcinogens that cause

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2 cancer, asbestos being one of them. The statement
3 that was made that the air was safe at that point
4 of time I believe is neglectful and harmful, and I
5 don't understand how that could have been made,
6 and I don't understand how the answer to that
7 could have been we didn't have the sampling that
8 we needed to make a more direct answer, when at
9 the same time or before that we had a scare with
10 asbestos in the school before that. And I
11 actually had a license to do air sampling
12 technician, and that meant that I would go into a
13 space, take air samples, send them to a lab, and
14 they would turn them out in 24 to 48 hours. Go
15 back when the asbestos was getting done, the
16 abatement was getting done, do more sampling, and
17 then after that do the same thing to make sure the
18 air was clear. How can we have said that the air
19 was clear when we already had sampling techniques
20 that would have directly contradicted that at that
21 point in time? And the sampling techniques that
22 we used were far less sophisticated than what
23 would have been used during the City's destruction
24 at that point in time? How can we say that? How
25 can anybody have said that?

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2 CAROLYN GREENE: Again, I think
3 it's an excellent question. I think--

4 COUNCIL MEMBER WILLS:
5 [Interposing] I mean, I know it's not you. You
6 didn't make the statement. But how could that
7 statement get made by any stretch of the
8 imagination?

9 CAROLYN GREENE: No, I'll try to
10 answer to the best of my ability. I think one of
11 the statements I would start with is true plus
12 true equals true, and true plus false equals
13 false. I wish things were that simple.

14 COUNCIL MEMBER WILLS: But they are
15 that simple. They really are. I mean--

16 [crosstalk]

17 COUNCIL MEMBER WILLS: I'm sorry.
18 But to me, my point of frustration is, if we know
19 that asbestos plus--just asbestos alone causes
20 cancer, and we know that there were a certain
21 amount of carcinogens in the air, it's common
22 sense for us to say that a lot of these, a lot of
23 the people that were affected would develop
24 cancer. The illnesses that are coming out of this
25 were directly because of the carcinogens. That

1 has already been proven. So, what I don't
2 understand is, it seems like Council Member
3 Seabrook would put it, the paralysis of analysis
4 has become the death of commonsense. But the
5 death of commonsense is being buoyed by the death
6 of people now. And it would lead some to
7 speculate that the practices of predatory
8 insurance companies, not that they're involved,
9 are becoming the practices here, where they extend
10 and extend a court date or they extend or extend
11 or extend the inevitable answer until the person
12 that is involved in it dies. And I don't
13 understand how we can have the greatest City on
14 earth be attacked, and we have more press and
15 media based on squabbling because of developers
16 than we have based on the lives of people. And
17 this is not, as every Council Member said, this is
18 not directed at you--but it just doesn't make
19 sense. And that the commonsense approach is that
20 we're ignoring. I don't know for what reason
21 we're ignoring this just to say that we need more
22 data and more data and more data. People are
23 dying and lives are being shattered and it's going
24 to be the next generation that this is going to
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2 take a toll on. So, instead of us putting our
3 resources into stopping the nonsense and paying
4 all of these scientific research and all of these
5 tests and data, we don't need all that. We know
6 that people are dying. We know they weren't dying
7 before 9/11. People weren't sick before 9/11.
8 It's commonsense. Why don't we just stop the
9 nonsense and do what we're supposed to do by the
10 people?

11 CAROLYN GREENE: No. I think
12 you're absolutely right that our primary concern
13 should be treatment, saving lives, and that is
14 exactly where our focus is at the Health
15 Department. And I think the point I want to make
16 is that the attention we're putting on research is
17 really because that was what the Annual Report was
18 summarizing, but that in no way means that the
19 Health Department isn't absolutely committed to
20 ensuring adequate screening, treatment and care
21 for those who are ill and dying. Unfortunately,
22 cancer, even before 9/11, was extremely common
23 among all New Yorkers, and--

24 COUNCIL MEMBER WILLS:

25 [Interposing] But it wasn't a 19% increase.

1
2 CAROLYN GREENE: Among firefighters
3 exposed and unexposed. That's true. We didn't
4 see that until this study. But one of the things
5 I will say is before 9/11 and after 9/11, cancer
6 is the second leading cause of death among New
7 Yorkers. This is our problem. I mean, cancer is
8 common in New York and in the States overall. And
9 I don't think we can underestimate that. So, yes,
10 we need to continue to do our research. I believe
11 in that, as an epidemiologist, but I also believe
12 that we absolutely continue to need to focus on
13 ensuring adequate screening, care and treatment
14 for those who are diagnosed, and that's something
15 we're very committed to at the Health Department,
16 and we are doing that, regardless of what the data
17 are showing. We are doing that and we are
18 committed to that.

19 COUNCIL MEMBER WILLIS: Thank you.
20 Madam Chair.

21 CHAIRPERSON CHIN: Council Member
22 Sanders.

23 CHAIRPERSON SANDERS: Quick
24 question. What studies have we done on the
25 reproductive health of the women in the area?

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2 CAROLYN GREENE: That's a good
3 question. I can answer it in two ways. One is
4 that there have been several birth outcome studies
5 that have been performed. And again, this is a
6 case where there hasn't been consistency in
7 findings. Some have suggested that perhaps the
8 stress of 9/11 had an impact on intrauterine
9 growth or prematurity, others suggest there was no
10 impact. The World Trade Center Health Registry
11 was involved in a study where we looked at
12 members, enrollees, who were in the vicinity and
13 pregnant between September 11th and December 1st,
14 and compared them to pregnant women at the same
15 time period who lived at least five miles away
16 from the site, and they found no difference in
17 birth outcomes. But what they did find was that
18 enrollees who had PTSD were at slightly higher
19 risk of having premature births or having some low
20 birth weight babies. So that's one finding. But
21 it's been equivocal. Now, in terms of other
22 reproductive health issues, we actually have
23 worked closely with our community advisors and
24 added a couple of questions about reproductive
25 health to the survey that is currently going out

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2 so that we can look at other issues with respect
3 to that question.

4 CHAIRPERSON CHIN: Yes.

5 CHAIRPERSON KOPPELL: I just have
6 one question in terms of the urgency of what we're
7 facing on this cancer issue, which obviously is
8 frustrating to us. Is there an indication that,
9 let's say--it's not only firefighters, but that
10 people in general who get cancer are not getting
11 the proper treatment because they're not covered
12 by the Zadroga Act? Is this a problem? Or are
13 they getting the treatment having to pay for it?
14 What would be better--if there was a determination
15 that cancer was a result of exposure, what would
16 that mean to the people who are ill?

17 CAROLYN GREENE: I think that's an
18 excellent question. An excellent question.
19 Currently, those who are diagnosed with cancer are
20 not covered by the World Trade Center Health
21 Program.

22 CHAIRPERSON KOPPELL: Right.

23 CAROLYN GREENE: So that means that
24 that condition cannot be seen as part of their
25 evaluation coverage at the World Trade Center

1
2 Health Programs. There are other options, clearly
3 many we know actually, who were exposed to WTC do
4 have private insurance, so they would be getting
5 coverage outside of the World Trade Center Health
6 Program. And those who don't would be getting
7 cared for by our City's public hospital system.
8 But I think what would be better, to answer your
9 questions, is that those conditions would be seen
10 at the time that they're being seen for other
11 World Trade Center-related conditions, whether
12 those are respiratory related or mental health
13 related. And I think also, as I've said before,
14 cancer is a terrible diagnosis and for those who
15 spend 90 days or more working on the pile,
16 etcetera, and are now diagnosed with cancer, and
17 to be told it's not linked and they can't be seen
18 at the World Trade Center Health Program for that
19 cancer, I think it's very upsetting. And I think
20 to sort of have that clearly a covered condition
21 would mean a lot to those who have worked hard.

22 CHAIRPERSON KOPPELL: Would there
23 be a possibility of some sort of preliminary
24 determination that is a, say, yes, we'll, given
25 the fact that you have this fire department study,

1
2 say we'll make a preliminary determination and
3 there will be further studies and we may have to
4 cut this off?

5 CAROLYN GREENE: Well, Council
6 Member Koppell, again, I have to emphasize that
7 this decision is completely lies with the World
8 Trade Center Health Program administrator.

9 CHAIRPERSON KOPPELL: But you're
10 working group could make that recommendation,
11 couldn't they?

12 CAROLYN GREENE: Actually, the
13 World Trade Center Program Administrator will
14 receive recommendation from the Scientific
15 Technical Advisory Committee. Now, that said,
16 there are members of that Committee, community
17 members, labor members, and also a member of our
18 Mayor's Medical Working Group sits on that
19 Scientific, Technical and Advisory Committee. So,
20 it will be the responsibility of that Committee to
21 make recommendations to the Administrator.

22 CHAIRPERSON KOPPELL: But what
23 about your group, your working group?

24 CAROLYN GREENE: We, under the
25 Zadroga Act, federal law, do not have an impact on

1 that decision in terms of a formal recommendation.

2 CHAIRPERSON KOPPELL: But what
3 about an informal recommendation?
4

5 CAROLYN GREENE: It's something we
6 can look into.

7 CHAIRPERSON KOPPELL: But, I mean
8 if it has been pointed out that the Mayor,
9 Councilman Levin, that the Mayor says that people
10 are dying of cancer as a result, so the Mayor is
11 the head of the City Administration, maybe the
12 City could--I understand it's not the City's
13 decision, but the City could recommend it. And I
14 think we're going to hear in a few minutes from
15 some of the advocates, there's a high level of
16 frustration here. You can see that members of the
17 councils are frustrated.

18 CAROLYN GREENE: No, I see. Yes.

19 CHAIRPERSON KOPPELL: And at least
20 we could make the recommendation that there would
21 be a preliminary determination that would be
22 subject to revision so that people who are so
23 frustrated by this would see some redress.

24 CAROLYN GREENE: Well, that is
25 certainly something we should and can discuss in

1 the Mayor's Medical Working Group.

2
3 CHAIRPERSON KOPPELL: I think that
4 it's clear from my colleagues and I think it will
5 be clear if you listen to some of the later
6 testimony today that this would be needed. We've
7 been joined, incidentally, by Council Member
8 Greenfield from Brooklyn, also a member of the
9 Mental Health Committee. And thank you for your
10 testimony.

11 CHAIRPERSON CHIN: Thank you. We
12 also were joined by Council Member Gennaro, Mark-
13 Viverito, and Council Member Nelson, Council
14 Member Greenfield got a brief question.

15 COUNCIL MEMBER GREENFIELD: A
16 couple quick questions. Sorry, we've just been
17 jumping around from hearings to hearing here
18 today. Where are the DOHMH's cancer studies in
19 the peer review process?

20 CAROLYN GREENE: We have completed
21 our analyses, and we are currently drafting a
22 manuscript and we plan to submit the paper for
23 publication in March.

24 COUNCIL MEMBER GREENFIELD: Okay,
25 that's great. And regarding processing data on

1
2 PTSD treatments more quickly, I know it's been
3 sort of taking a few years to process data, is
4 there sort of a money issue? I mean how much more
5 money would we need to sort of get that done
6 faster? Because I think we've been working on
7 that for quite a while.

8 CAROLYN GREENE: You're talking
9 about the treatment effectiveness studies?

10 COUNCIL MEMBER GREENFIELD: Yeah.

11 CAROLYN GREENE: I'm deferring to
12 my colleague, Assistant Commissioner for Mental
13 Health.

14 COUNCIL MEMBER GREENFIELD: Please.
15 Thank you.

16 TRISH MARIK: Sure. I think that
17 the evaluation of treatment efficacy is not
18 something that you see that often because of the
19 difficulty with placing people, say, in randomized
20 controlled trials and at some point stopping
21 treatment. So it's, if you will, a bit messier
22 than other kinds of studies. I don't believe,
23 Council Member--and I appreciate you asking--that
24 it's a matter of resources. Rather, it's a matter
25 of time and observation.

1
2 COUNCIL MEMBER GREENFIELD: So
3 you're saying the reason it's taking so long is
4 just these kinds of studies take a long time.
5 It's not necessarily that you don't have the
6 resources that you need.

7 TRISH MARIK: Correct.

8 COUNCIL MEMBER GREENFIELD: Okay,
9 that's fair. Thank you. That's all I have.
10 Thank you very much. Thank you.

11 CHAIRPERSON CHIN: Any other
12 questions from Council Members? Thank you. Dr.
13 Greene, thank you for your testimony. I think
14 it's really up to us to advocate, and we hope that
15 the administration will be joining us as a strong
16 voice to really push for the linkage of cancer, so
17 that it can be included.

18 CAROLYN GREENE: Thank you very
19 much.

20 CHAIRPERSON CHIN: Next we want to
21 call on Community Board 1, Catherine McVay Hughes,
22 the Vice Chair. And then we will have another
23 panel after the Community Board.

24 CATHERINE McVAY HUGHES: Good
25 morning. Thank you Chairpersons Chin and Koppell

1
2 for holding this very important hearing. Before I
3 get into the testimony that will be handed around,
4 I just wanted to reiterate that the community is
5 probably just as frustrated as you council members
6 with fighting for every single step of the way to
7 get where we are, to get healthcare and finding
8 out what diseases will be cover or not. Another
9 item I just wanted to refer to, someone was
10 talking about shift rotations. People who lived
11 or worked or went to school down here didn't
12 really have an option for shift rotations. If you
13 lived down here and you were a kid, you went to
14 school and you went back to your home, so you were
15 right within the World Trade Center area. And
16 item three, I just wanted to remind you, the issue
17 of whether cancer will be included will be
18 discussed at the next World Trade Center
19 Scientific Technical Panel, which will be held in
20 Lower Manhattan, probably again at 26 Federal
21 Plaza, I have not heard yet from NIOSH, on
22 February 15th and 16th, so I just want to put
23 those two dates on your agenda there. I'm
24 Catherine McVay Hughes, Vice Chair of Community
25 Board 1, and Chair of the World Trade Center

1
2 Redevelopment Committee. Thank you very much for
3 this opportunity to testify. As you heard earlier
4 from this report, the community is particularly
5 concerned about some of the findings, including
6 the persistence of post traumatic stress disorder,
7 respiratory illness and numerous other conditions
8 among the responder and survivor communities. As
9 the Community Board representing the area
10 surrounding the World Trade Center, we are
11 troubled that children are understudied and that
12 many exposed adults are being treated for
13 persistent multiple conditions. In addition, many
14 Lower Manhattan residents, are workers, and
15 passerbys with high or moderate exposure had an
16 increased risk for an all cause mortality and
17 cardio-specific mortality in comparison to those
18 with lower exposure--and no exposure-related
19 differences found among rescue workers and rescue
20 recovery workers). It will be important for the
21 Medical Working Group to continue to monitor these
22 trends at the World Trade Centers of Excellence
23 and at the 9/11 Health Registry. I actually
24 happen to also sit on both of those community
25 advisory committees. Given the link of World

1
2 Trade Center exposure to a wide range of
3 conditions including sarcoidosis, GERS,
4 depression, anxiety and substance abuse. In light
5 of these significant health impacts, one item
6 that's covered on the James Zadroga bill is that
7 there's actually funding. And so recommend that
8 these four studies would receive funding from
9 NIOSH under the James Zadroga Bill. One,
10 pediatric; an in-depth evaluation of pediatric
11 effects of exposure, including pulmonary, mental
12 health, developmental and endocrine effects during
13 this vulnerable growth period, which has thus far
14 been unstudied. Two, a blood bank; an ability to
15 save blood for DNA, RNA and protein analysis so
16 that they can be used by multiple investigators in
17 future studies of susceptibility to diseases
18 including lung and other cancers. Three, disease
19 mechanisms; studies to understand mechanisms
20 producing symptoms reported by patients in the WTC
21 Health Program. Four, data center analytical
22 funding; The Data Centers need additional funding
23 for center-specific analysis on question such as
24 latency of symptom onset and a case series of
25 cancers in programs with continued cohort

1
2 recruitment. When the James Zadroga 9/11 Health
3 and Compensation Act of 2010 was implemented in
4 2011, cancer was not included--as we heard today--
5 in the list of World Trade Center-related
6 conditions covered under the diseases, although as
7 early as 2009 the first peer-review medical
8 journal study on cancer reported: We observed an
9 unusual number of MM--which is multiple myeloma--
10 cases in World Trade Center responders under 45.
11 Note the young age. This finding underscores the
12 importance of maintaining surveillance for cancer
13 and other emerging diseases in the highly exposed
14 population. Multiple myeloma is when plasma
15 cells, which normally would help fight your body's
16 infections by producing proteins called
17 antibodies, grow out of control in the bone marrow
18 and form tumors in the areas of the solid bone.
19 The growth of these bone tumors make it hard for
20 the bone marrow to make healthy blood cells and
21 platelets. Then in July 2011, the first periodic
22 review of scientific and medical evidence related
23 to cancer for the World Trade Center Health
24 Program--that's part of the James Zadroga Bill--
25 released a report by NIOSH, part of the CDC down

1 in Washington, finding that insufficient evidence
2 existed at this time to propose a rule to add
3 cancer or a certain type of cancer to the list of
4 World Trade Center health conditions. However,
5 they kept the door open by in their report stating
6 it's important to point out that the current
7 absence of published scientific and medical
8 findings demonstrating a causal association
9 between the exposures resulting from the September
10 11th, 2001, Terrorist Attacks and the occurrence
11 of cancer in responders and survivors does not
12 indicate evidence of the absence of causal
13 association. So they did leave the door open.
14 According to NIOSH's 2011 cancer report, someone
15 was talking about how many chemicals were toxins
16 there. They themselves in their own report that
17 was published last year, 287 chemicals and
18 chemical groups were identified by environmental
19 sampling of the area around the World Trade Center
20 in New York City after 9/11. Categories of these
21 chemicals include asbestos and glass fibers,
22 crystalline silica, various metals, volatile
23 organic compounds, polychlorinated polycyclic
24 compounds, and poly cyclic aromatic hydrocarbons.
25

1
2 Some of the chemicals identified through
3 environmental sampling are known to be human
4 carcinogens or are reasonably anticipated to be
5 human carcinogens, have been associated with a
6 number of different types of cancer, such as lung
7 cancer--including mesothelioma--skin cancer,
8 bladder cancer, hematopoietic cancer, testicular
9 cancer, prostate cancer, and liver and biliary
10 cancer. The November 2011 FDNY presentation at
11 the first World Trade Center Scientific Panel was
12 based on published medical research articles,
13 stated that: the World Trade Center exposure is a
14 known cause of acute and chronic inflammatory
15 illness for asthma, COPD, sinusitis and GERD. And
16 chronic inflammation in turn has been associated
17 with various cancers such as non-Hodgkin's
18 lymphoma, prostate, thyroid, and melanoma. Since
19 cancer is not a covered World Trade Center
20 illness, victims may not report information about
21 cancer or participate in World Trade Center
22 monitoring and treatment programs that do not
23 treat the disease. In addition the most recent
24 data on the New York State Department of Health
25 Cancer Registry website is from 2008, that's

1
2 reiterating what one of your council member's
3 concerns was, there's a huge time lag between the
4 disease diagnosis, the data collections and the
5 releases of the data or peer reviewed
6 publications. As a result of a Community Board
7 meeting held last week Community Board 1 passed a
8 regulation urging the members of the World Trade
9 Center Health Program Scientific Technical
10 Advisory Committee, which was, as you heard,
11 established to review the scientific and medical
12 evidence and making recommendations to the World
13 Trade Center Health Program Administrator, Dr.
14 John Howard, to strongly consider the emerging
15 medical evidence of cancer among 9/11 responders
16 and survivors, and the scientific evidence for a
17 biologically plausible link between cancers and
18 World Trade Center exposure, and the experiences
19 of those who responded so selflessly on September
20 11th, 2011 [sic], and during the enormous
21 hazardous cleanup and rebuilding of the World
22 Trade Center. This request was also made on
23 September 7th, 2011, by the New York Congressional
24 Delegation, including our two US representatives--
25 Senators, and Republican [sic] Nadler, who

1 represents our district, when they petitioned Dr.
2 John Howard, who is the NIOSH Director and
3 Administrator of the World Trade Center Health
4 Program for an immediate review of new medical
5 evidence showing increased cancer rates among the
6 fire fighters who served at ground zero. I'd also
7 like to add a quick update on the impact of the
8 James Zadroga 9/11 Health and Compensation Act,
9 which was implemented this year. Due to the
10 different NIOSH grant ending dates, the programs
11 for responders and survivors were implemented on
12 different dates. For the responders it was July
13 1, 2011, for the survivor population it was
14 September 29th, 2011. The survivor program had a
15 deadline of contract deliverables on December
16 31st, 2011. The survivors programs at New York
17 City Health and Hospitals Corporation includes
18 three clinical sites where care is available,
19 including Bellevue, the first and the largest
20 site, and also Gouverneur and Elmhurst. We
21 understand that it was a challenge to implement a
22 brand new bill in such a short space of time.
23 However, since NIOSH started taking a more
24 individual approach with the centers, it has made
25

1
2 it possible to begin to resolve the administrative
3 and clinical issues and achieve the best level of
4 possible care. There has been a doubling, from
5 about 40 to 50 new patients per months to 80. So,
6 ten years later, people still ask me for that
7 phone number. They might finally admit to
8 themselves and their family that there might be an
9 issue, whether it's their kid or their spouse, who
10 is sick. Contrary to what people may believe, the
11 survivor population is hard to reach and diverse,
12 socially, economically, linguistically, and more
13 importantly psychologically, because some people
14 are in denial. Therefore, anecdotally, although
15 the new patients have the same reported illnesses,
16 their more severe--these new patients coming in--
17 perhaps because they did not seek prior medical
18 care or their other doctors did not have a
19 sufficient background in World Trade Center-
20 related diseases. So, it's really important, I
21 just want to reiterate, if people believe that
22 they have an illness that could be attributed to
23 the World Trade Center, that they go to these
24 special centers. For the past eight years, CB 1
25 has continuously and vigorously supported health

1
2 services for residents, children and workers
3 exposed after 9/11. We are grateful to all the
4 advocates and allies who worked tirelessly to
5 address the physical and mental health concerns of
6 all of those who were affected by the 9/11
7 attacks, and we hope this testimony encourages you
8 all to further support and expand the very
9 important studies and services. Thank you again
10 for the opportunity to testify today. And I have
11 to acknowledge that Council Member Chin did go on
12 one of those early 5:00 a.m. buses to Washington,
13 DC about a year ago. Thank you.

14 CHAIRPERSON CHIN: Thank you,
15 Catherine. Thank you for testifying today. I
16 know you had to change your appointments to stay,
17 and we really appreciate that. And I personally
18 want to say that we appreciate all the work that
19 you've done on advocating on this particular, you
20 know, health issue. And I, you know, you've
21 worked so hard on it, serving on all those
22 committees. So, we just want to count on you to
23 sort of work with us to make sure that we get the
24 resources that are needed, because bottom line is
25 when they say there's no scientific link, I think

1
2 the biggest question is the resource question. If
3 they say there is a link it's going to be a
4 massive expenditure that they've got to--

5 CATHERINE McVAY HUGHES:

6 [Interposing] I think resource will be required.

7 CHAIRPERSON CHIN: That's right.

8 And as you said earlier, there are still people
9 who haven't come forward. I mean, last week when
10 I visited a resident in Lower Manhattan down at
11 Independence Plaza, she was there on 9/11. She
12 suffered. But she never got help. Maybe it's in
13 denial, but we urge her to go seek medical help,
14 because she has respiratory problems. So I think
15 a lot of people are still in denial or hasn't come
16 forward to get help.

17 CATHERINE McVAY HUGHES: Right.

18 And IPN was right across from the barge where all
19 the debris was--a lot of the debris was
20 transported off of those barge--I'm familiar with
21 it. Thank you. Any more questions? Thank you.

22 CHAIRPERSON CHIN: Thank you for
23 coming down, Catherine.

24 CATHERINE McVAY HUGHES: Thank you.

25 CHAIRPERSON CHIN: We wanted to

1
2 call up the next panel. Mr. John Feal from the
3 Feal Good Foundation, Frank Tramontano from the
4 Patrolmen's Benevolent Association, and Mr. Ronald
5 Podolsky, a retired police officer. Thank you for
6 coming.

7 CHAIRPERSON CHIN: Mr. Feal, if you
8 could begin?

9 JOHN FEAL: One, thank you for
10 having me here today, and thank you for doing
11 this. For those who don't know me, before I was
12 an advocate, I was a 9/11 responder, so while you
13 guys are sitting up here and talking about the
14 issues, they hit close to home. Just so you know,
15 I lost half of my left foot. I spent 11 weeks in
16 the hospital and I had 32 surgeries, but I never
17 wore a mask once in the five days I was there to
18 answer that question, but I didn't get sick like
19 everybody, but I was diagnosed by four doctors
20 with post traumatic. But I haven't taken a pill
21 in over eight years, and goes for pain killers
22 too. Running my foundation and getting this bill
23 passed was my therapy. And just so you know,
24 while we usually are a little more humble, I know
25 we were a large reason why there's a lot of people

1
2 getting a paycheck now because the Zadroga Bill
3 passed, was because of our willingness not to
4 accept no as an answer. 96 trips to Washington,
5 DC, in seven years. Over \$300,000 out of my own
6 money to advocate for this bill to get passed.
7 Cancer will be added to this bill this year, I
8 don't care what doctor or how many years of
9 college you have--we're going to get cancer added.
10 Mark my words, I said it here today, cancer gets
11 added. And if it doesn't happen, don't worry
12 about Occupy Wall Street. It will be Occupy
13 Ground Zero by 9/11 responders. Thank you.

14 FRANK TRAMONTANO: Frank

15 Tramontano, New York City Patrolmen's Benevolent
16 Association. I love John's optimism. John is
17 great. He was down in Washington. We were there
18 and he really was a focal point and made things
19 happen, but he also told us 70 senators were going
20 to vote for the bill and it wasn't quite 70.

21 JOHN FEAL: I got close.

22 FRANK TRAMONTANO: I hope he's
23 right on the cancer issue. Good morning. I have
24 prepared testimony. It's in front of you, I
25 think. Good morning. My name is Frank

1
2 Tramontano. I'm the Research Director for the
3 Patrolmen's Benevolent Association of the City of
4 New York. I'm here with Valerie Dabas, World
5 Trade Center Health Coordinator for the PBA and
6 member of the WTC Health Program Scientific
7 Technical Advisory Committee that was created in
8 the James Zadroga Act that we'll be making a
9 recommendation to John Howard, the Program
10 Administrator, about whether or not cancer should
11 be included as requested by the senators. And
12 also Chris McGrath, who is an attorney for the
13 Patrolmen's Benevolent Association who has been
14 working on 9/11 health issues for over six years.
15 We'd like to thank Speaker Christine Quinn,
16 Chairman Oliver Koppell, and James Sanders and
17 Chairwoman Margaret Chin and their staffs for
18 having this hearing and putting forth a committee
19 report on this extremely important subject of the
20 health effects of exposure from the attacks on the
21 World Trade Center over ten years ago. The fact
22 is after ten years there are still thousands of
23 people suffering from illnesses from the attack on
24 9/11. Currently certain illnesses are being
25 treated under a federal program established by the

1 Zadroga Act, however, those who are arguably the
2 most sick, those suffering with a myriad of
3 cancers, have been denied treatment under the
4 Zadroga Act. Why? Because after ten years and
5 millions and millions of dollars of tax payer
6 expenditures to monitor health effects of 9/11,
7 after countless meetings, numerous reports,
8 newspaper articles, there's just been one cancer
9 study, and that's the one coming from the FDNY
10 that considers firefighter data through 2008.
11 More troubling, there has been no comprehensive a
12 coordinated effort to gather data, identifying all
13 responders who are suffering from cancer.
14 Cancers, unlike other illnesses, have simply not
15 been acknowledged by the City or the federal
16 government as having any relationship with the
17 exposure at the World Trade Center. Most diseases
18 covered under the Zadroga Act have not required
19 any level of proof to be covered under the Zadroga
20 Bill. By contrast, the high threshold of proof
21 has been fixed in order for cancer to be
22 considered a covered illness. No such threshold
23 level of scientific proof was required before it
24 was determined that PTSD, carpal tunnel syndrome,
25

1
2 or other illnesses be covered for treatment. Why
3 are illnesses treated differently, and why would
4 you treat less favorably those suffering the most?
5 Under the Zadroga Act, the program administrator
6 of NIOSH must conduct a periodic review of all
7 scientific and medical evidence published in peer
8 reviewed journals to determine if cancer should be
9 added as a covered illness. When the program
10 administrator was required to make his first such
11 recommendation regarding cancer in July of last
12 year, there was remarkably no published cancer
13 reports. Since that time there has been one
14 single firefighter study, which showed an increase
15 of 32% more cancers in WTC exposed firefighters
16 versus non-exposed firefighters. The reason why
17 it's been stated that it's 19% is because they did
18 adjustment on those claiming that the diagnosis of
19 firefighters was sped up because they have their
20 own internal operation for examinations. We
21 believe that's just hogwash, because the fact is,
22 it's compared to non-exposed versus exposed. It
23 was a 32% rate. They said, well, we're finding
24 out faster, so we have to knock it down to 19%. I
25 mean, it just gives you an idea of what goes on

1
2 and how they're trying to make sure that cancer is
3 not found as a--in my opinion--is not found as a
4 covered illness related to 9/11. The reason we're
5 bringing this up here before the City Council is
6 because it is our sincere opinion the City of New
7 York has done nothing to facilitate any cancer
8 study and has been actively working to prevent a
9 comprehensive examination of the issue. For
10 example, they have outright refused to provide
11 data to Mt. Sinai, which we are told is about to
12 publish its cancer study. As a result, we expect
13 the Mt. Sinai study to be seriously flawed, simply
14 because the report will not be able to identify
15 all the responders who are cancer victims.
16 Remember, Mt. Sinai's program doesn't treat
17 cancer. So they're doing a study of people who
18 are in their program for the cancer rate, but they
19 don't cover cancer. They're not going to have
20 everyone who has cancer in their study. It's
21 simple. The City can and should do more. The
22 City has acknowledged that they have a database of
23 all those police officers who were at the various
24 WTC sites. They have it. The City also
25 administers a PICA program, which is one of the

2 elements of PICA is chemotherapy, it's a health
3 benefit in which all police officers who receive
4 chemotherapy would presumably be listed in that
5 database. We are also told that the NYPD and
6 police pension fund may maintain statistics on
7 cancer in the police responder group. Allowing
8 full access to these data sources while also
9 protecting the police officer's privacy and
10 interest would result in a more comprehensive data
11 set for police officers. As the Committee may
12 know, the PBA has been at the forefront of efforts
13 to pass the Zadroga Act and to have cancer added
14 as a WTC-related illness. In April 2009 it was
15 the PBA that first expressed reservations about
16 the Zadroga Bill because it did not cover cancers.
17 As a result of the PBA efforts, and others,
18 language was added to that law that requires the
19 Program Administrator of the WTC Health Program to
20 conduct periodic reviews to determine if cancer
21 should be a covered illness. Ironically, those
22 lawmakers advocating for the bill repeatedly cited
23 the numerous cancers as a reasons for their
24 colleagues to pass the bill. Later that year at
25 the request of the PBA and other unions, and other

1
2 people, the City Council amended reso 1924 to
3 include language calling on congress to consider
4 adding cancer as a qualifying condition for free
5 treatment. We are here today to once again ask
6 the City Council to assist us in moving this
7 critical life and death issue forward. As we sit
8 here, hundreds of WTC responders, some in their
9 30s and 40s are suffering from a plethora of
10 cancers, the unique variety of which in our view
11 points to WTC exposures as the cause. Sadly,
12 while the city and federal governments have
13 dragged their feet on the cancer issue, many New
14 York City police officers have lost their lives to
15 cancer. We have been saying for years now we
16 should not wait for scientific proof to provide
17 for coverage and treatment of cancers, however, we
18 believe that if a comprehensive set of data are
19 properly studied, it would confirm that cancer is
20 a health condition caused from exposure to the
21 toxins from the terrorist attack on the world
22 trade center. Why do believe this to be the case?
23 Because we see the considerable anecdotal proof.
24 Hundreds of relatively young officers have been
25 stricken with cancer. Over 50 that we are aware

2 of have lost their lives to cancer. We have three
3 officers with nasal cancer, when the rate is less
4 than 1 for every 100,000 in the general
5 population. We have three confirmed cases of bile
6 duct cancers, when the rate is 2 for every 100,000
7 in the general population. We also know that
8 benzene, asbestos, PCBs and other toxins present
9 at the site have been linked to the cancers we
10 have seen in New York City police officers. There
11 is no dispute that these carcinogens cause cancer,
12 and some of the highest levels of carcinogens ever
13 recorded were at the World Trade Center sites.
14 And we know that responders, especially police
15 officers, were at those sites without any
16 protective gear. Waiting for the conclusion of
17 epidemiologic studies, which can take up to 30
18 years, will result in a lost opportunity to treat
19 those who are ill. Responders who have cancer as
20 a result of their exposure need treatment now. We
21 have already lost far too many responders who have
22 not had the benefit of quality treatment under the
23 Zadroga Act, and as a result have suffered
24 medically and financially. We believe the facts
25 are clear and treatment should be provided to

2 cancer victims. So, in conclusion, we ask the
3 City Council to reaffirm its commitment to the
4 position that cancer be a covered illness based on
5 the number and type of cancers we already have
6 seen, without the need for further scientific
7 study or proof. Second, in the event the federal
8 government does not adopt that position, we need
9 the City to do all it can to make the Cancer data
10 available to enable decision-makers to reach a
11 just and proper determination that cancer should
12 be funded for treatment. The city had
13 acknowledged that various databases of police
14 officers that would reveal relevant information.
15 They have the information. We are asking the
16 assistance of the City Council to help us to bring
17 about the release of those databases and other
18 data and information bearing on the issue of
19 cancer in our police officers. Thank you for your
20 time and attention today, and I'll gladly answer
21 any questions you have.

22 CHAIRPERSON CHIN: Thank you. Mr.
23 Podolsky?

24 RONALD PODOLSKY: Ronald Podolsky,
25 attorney. In the late 1980s and early 1990s, I

2 represented Dr. Judith Piesco, PhD in
3 psychometrics, who was Director of Examinations of
4 the City of New York. And some of you folks may
5 have been around when she was fired when she
6 testified before a senate committee that the pass
7 mark on the police exam was so low that a
8 functional illiterate could pass it because it was
9 multiple choice with no penalty for wrong answers.
10 In addition to her being fired for that reason,
11 Dr. Piesco was very vocal against the fact that
12 the then Mayor Koch, while the City, then in
13 financial stress and subject to state takeover,
14 learned that the City Medical Examiners, Dr.
15 Elliot Gross and Dr. Michael Baden, who held their
16 positions as civil servants by reason of
17 competitive exam were--medical examiners--were
18 making truthful autopsy reports in various cases
19 where death was occurred by possible city employee
20 negligence or brutality, by reason whereof it was
21 costing the city millions of dollars in civil
22 damage cases. Mayor Koch then had the City
23 Council take the position out of civil service and
24 make it a political appointment position. Drs.
25 Gross and Baden were fired and Mayor Koch

1 appointed Dr. Michael Hirsch, who is still Chief
2 Medical Examiner of the City of New York. Somehow
3 the autopsies began to be more city-oriented and
4 suspicions arose that medical problems were being
5 solved by political solutions. Fast forward to
6 2007. Detective Zadroga, who performed police
7 functions at the scene of premeditated mass murder
8 at the World Trade Center attack on September
9 11th, 2011, thereafter complained of increasing
10 lung problems and ultimately was retired on
11 disability while in his 30s. He died in New
12 Jersey and an autopsy was performed by the medical
13 examiner there. The conclusion was that he died
14 of contaminants inhaled at the World Trade Center
15 site. Apparently this report was viewed as a
16 prelude to thousands of possible cases by first
17 responders, either by way of disability claims or
18 by way of autopsies performed in the future, which
19 would cause the City to pay money for pension and
20 death claims. Having no jurisdiction whatever,
21 Dr. Hirsch gratuitously rendered an opinion,
22 without any personal involvement in the autopsy,
23 made the politically and financially oriented
24 comment that Detective did not die from inhaled
25

1
2 contaminants, but by misuse of medication. The
3 New York Times report is at--and I have the
4 website cited. It should be noted that the
5 article states that Dr. Baden disagreed with his
6 successor, Medical Examiner Dr. Hirsch, and
7 concluded that findings of the on-site New Jersey
8 medical examiner to be correct. The political
9 solution to a medical problem by blaming the
10 victim is not unlike the defendant in a rape case
11 blaming the woman. Moreover, the article does not
12 explain that the medications allegedly causing the
13 death were for treatment for lung conditions,
14 which various first responders to the World Trade
15 Center site were experiencing. One can only
16 speculate as to why Dr. Hirsch felt it necessary
17 to become involved in an autopsy outside his
18 jurisdiction. It presents an insult to the
19 competency of the doctor who actually performed
20 it. I recently represented Detective John Brown
21 in an Article 78 proceeding--

22 CHAIRPERSON KOPPELL: [Interposing]
23 Excuse me, sir. Could you just lower your voice a
24 little bit or maybe we can make the microphone a
25 little softer.

1
2 RONALD PODOLSKY: I have a very
3 stentorian voice.

4 CHAIRPERSON KOPPELL: Yes, it's
5 fine. It's very loud.

6 RONALD PODOLSKY: I love appeals
7 court. Anyway. I recently represented Detective
8 John Brown in an Article 78 proceeding contesting
9 the determination by the Police Pension Board of
10 Trustees denial of his application for a
11 disability retirement pension, line of duty. It
12 also denied the Police Commissioner's Application
13 have him retired on ordinary disability. So there
14 were two applications before the Board, the
15 medical board. Both Detective Brown and Police
16 Commissioner agreed that he was disabled, but
17 differed as to cause. The medical reports showed
18 that Detective Brown had diminished lung capacity,
19 sinusitis, restrictive airway dysfunction, and
20 ground glass opacities in his lungs. By the way,
21 what I'm saying here is supported by the court
22 decision and by the medical report that denied his
23 application. Those are attached to my statement
24 and you can look at them at a later time. But I
25 want to assure you that what I am saying now is,

1 you can find it in these court decision and
2 reports. Ground opacities in his lungs. Such
3 conditions raise a rebuttable presumption that it
4 was caused by World Trade Center activities under
5 the World Trade Center legislation. The denial
6 took place in 2009. Prior thereto, in 2003, the
7 Police Commissioner applied to have the Detective
8 retired involuntarily on ordinary disability
9 because of loss of lung capacity, which was
10 opposed by Detective Brown. That was granted, but
11 later overturned by the Medical Board after
12 Detective Brown had certain medical procedures
13 performed. The latest report has his lung
14 capacity back to where it was when they tried to
15 retire him on disability, and now they claim he's
16 not disabled. He is now retired after 22 years on
17 the job on for service pension, not disability.
18 Detective Brown was a non-smoker. He was
19 hospitalized on two occasions when he had to break
20 down doors to rescue inhabitants of various
21 residences which were on fire. Had he been a
22 smoker all his adult life, he probably would have
23 qualified for disability if his exposure was with
24 lungs already impacted by tobacco use. Detective
25

2 Brown is now retired on service and not on
3 disability pension. The only difference between
4 him and most other service retirees, is that he
5 has conditions specifically listed as giving rise
6 to World Trade Center causation presumptions.
7 Because the Board determined that Detective Brown
8 did not meet Department standards for disability
9 retirement, his application was denied. The World
10 Trade Center legislation lists conditions where
11 presumption arises. It's rebuttable, but it's
12 presumption arises. The World Trade Center
13 legislation says you have to respond within the
14 first 48 hours, and having spent 50 hours on the
15 site for the presumption, rebuttable presumption,
16 to kick in. Detective Brown was a few blocks from
17 the site going toward it, before, during, and
18 after the collapse. He and his fellow officers
19 continued toward the site for rescue, recovery
20 efforts, and thereafter at the Staten Island
21 Landfill for forensic cleanup and evidence
22 recovery. He spent over 150 hours at such work.
23 That Detective Brown performed such duties and
24 that there was a diminished lung capacity with
25 World Trade Center Presumption causation

1 conditions can be verified by the court decision
2 in his case, which is attached here too. The
3 Court, relying on the Borenstein case upheld the
4 decision of the Board of Trustees and its medical
5 board. That case holds that if the city has any
6 contrary medical opinion, it can adopt and deny
7 the application. Detective Brown should not have
8 to await autopsy in order to receive justice here.
9 As more and more first responders have their
10 condition revealed by passage of time or death, it
11 is expected that the Courts will be called upon to
12 make decisions in thousands of cases. It the
13 object of my testimony to address not only this
14 problem, but to get justice for those suffering
15 who will suffer in the future. It is a finite
16 number of first responders. During that
17 litigation I complained that there was a conflict
18 of interest by the Corporation Council who
19 represented the Board of Trustees who claimed
20 Detective Brown was not disabled and the Police
21 Commissioner who had an application for ordinary
22 disability when the pension was denied. Detective
23 Brown and Commissioner Kelly agreed that he was
24 disabled, but disagreed as to its cause. The
25

1
2 World Trade Center presumption of causation did
3 not kick in until a finding of disability is made.
4 It is a rebuttable presumption. When during the
5 litigation I asked if Detective Brown would have
6 been physically qualified to respond to the Times
7 Square aborted attack if it had succeeded there
8 was no response. When I asked if an entry level
9 candidate who did well on the police exam would be
10 physically qualified to be appointed to the
11 position with Detective Brown's condition, no
12 response. The subject of this testimony is on
13 behalf of Detective Brown and hopefully will lead
14 justice not only to him but for other first
15 responders. There are ways to address these
16 concerns by legislation where fair treatment of
17 these claims will not cost the City a dime. My
18 client has authorized me to reveal these solution
19 at the hearing on January 30. And what is the
20 solution? Retire first responders who have lung
21 conditions that don't meet disability retirement
22 standards. Have a special retirement made up.
23 First responders who have a lung condition who do
24 not meet disability retirement standards be
25 retired for service disability. What does that

1 mean? That means it won't cost the city a dime
2 more than Detective Brown is getting, but it will
3 be tax-free. That will put another \$12,000 or
4 \$15,000 or \$20,000 in his pocket in order to take
5 care of medical and funeral and autopsy expenses.
6 What we want here, what I am asking the
7 legislature to do--because I've been in Court;
8 they say, what do you want from us? Go to the
9 legislature. Well, I'm here asking that the City
10 Council pass an ordinance, send it up to Albany
11 for approval, to set a new form of retirement
12 where the World Trade Center first responder with
13 lung condition that doesn't meet Departmental
14 standards can retire on the same money he'd get
15 for service, but it will be tax free. Thank you.

17 CHAIRPERSON KOPPELL: Since we do
18 have Frank Tramontano here, do you support this
19 request that is being made of the Council?

20 RONALD PODOLSKY: I'm sorry, I--

21 CHAIRPERSON KOPPELL: [Interposing]
22 I'm asking the other panelist here, who represents
23 the PBA.

24 FRANK TRAMONTANO: This is the
25 first I'm hearing of it. And our expert on it

1
2 would be Chris McGrath, but I'm not sure of the
3 details and I'm not sure he'd be willing to--he
4 could probably explain what is being discussed to
5 you, but I don't think--

6 CHRIS McGRATH: [Interposing] This
7 is the first time we're hearing this.

8 CHAIRPERSON KOPPELL: Let me just
9 say that I think it's an interesting issue that
10 the witness raised and I think the PBA could look
11 into it perhaps. I don't need to have an answer
12 off the top of the head, but I think he's asking
13 the Council to take certain action. I don't know
14 whether we could do it. It may need Albany.

15 FRANK TRAMONTANO: It definitely
16 needs Albany.

17 CHAIRPERSON KOPPELL: Albany to do
18 it. But I think it is an interesting point he
19 raises. You know, it's a complex issue. I've
20 looked a little bit at the Court decision as he
21 was speaking, but I think that it would be
22 interesting to hear. And if in fact he has--it
23 sounds like he might have a very good point. If
24 so, maybe we could recommend to the legislature
25 that this change be made in the pension, in the

1 retirement rules.

2
3 FRANK TRAMONTANO: Well, there's
4 one thing I'm almost certain that if it's going to
5 be any kind of benefit that's not offered now, it
6 will have a cost.

7 CHAIRPERSON KOPPELL: Well, I don't
8 know. He--

9 RONALD PODOLSKY: [off mic] a dime.

10 CHAIRPERSON KOPPELL: He said it
11 won't have a cost, but will it cost the state?

12 RONALD PODOLSKY: It won't cost the
13 state a dime.

14 FRANK TRAMONTANO: If you change
15 the benefits that you're now giving people.

16 RONALD PODOLSKY: It will be a tax-
17 free--

18 CHAIRPERSON KOPPELL: [Interposing]
19 Well, it will cost.

20 [crosstalk]

21 CHAIRPERSON KOPPELL: If it's tax-
22 free it will cost.

23 RONALD PODOLSKY: They're getting
24 it anyway.

25 CHAIRPERSON KOPPELL: Look. Okay.

1
2 I'm not going to engage in a debate sir. I think
3 you've raised an interesting question. I think
4 the support of the PBA would be very important to
5 me, to the Council. It's something we'll look
6 into. You seem to have come up with an
7 interesting, what looks to be an unfortunately
8 determination--let me just put it that way--we'll
9 look into it. Thank you.

10 CHAIRPERSON CHIN: Thank you. I
11 also echo that. If we could ask the PBA to really
12 look at this and give us a recommendation, I think
13 that would be very helpful. And then also, Mr.
14 Tramontano, from what you raised, I think in the
15 Council, we definitely would love to work with you
16 to get those statistics, because what you raised
17 here, those are the statistics that can help us,
18 you know, do the study that can show that all the
19 first responders were police officers who ended up
20 with all these illnesses and cancers, whatever.
21 We can, I mean, you don't need to wait years and
22 year. If you have the statistics in the police
23 department, we should be able to get to those and
24 use those data.

25 FRANK TRAMONTANO: Right. They've

1 denied Mt. Sinai the access to the data. The
2 could simply compare the people who were down at
3 9/11 who they know about against the tumor
4 registry. That would give you a rate of cancer.
5 You just compare that to the general population.
6 You could do that in a day. I mean, this is
7 nonsense that it's not out there.

8
9 CHAIRPERSON CHIN: Yeah, we will
10 definitely follow up on that.

11 JOHN FEAL: Councilwoman, this
12 isn't the first report. Dr. Howard came out with
13 a report before Dr. Pasan [phonetic], that was not
14 beneficial to us. And that was because that was
15 the first report--but you've got to go back.
16 You've got to go back to the previous
17 administration that didn't allow any research.
18 They didn't want any data collecting. In fact the
19 previous administration tried to cut the funding
20 to the Centers of Excellence by 77% his last year
21 in office. So, when they were getting \$108
22 million a year, they tried to cut it to \$25
23 million a year. Thanks we got the bill passed a
24 year later, thank god. But you've got to go back
25 to a previous administration who didn't want

1
2 anything to do with 9/11, didn't want to accept
3 that we had Centers of Excellence now treating
4 these--but why do we have Centers of Excellence?
5 Because the government admits that 9/11 got us
6 sick and these places are supposed to treat us.
7 So is it out of the realm to say cancer got us
8 sick, it gave us respiratory problems too? So, I
9 mean, I'm playing Devil's advocate there, but
10 through the absorption through the nose, mouth and
11 skin, these toxins individually, if you put them
12 in a bottle would have a crossbones and skull on
13 them and say harmful when swallowed. Now take the
14 toxic soup that we inhaled and you don't need to
15 be a rocket scientist, twelve years of college--no
16 disrespect to Dr. Greene--I think everybody was
17 just basing their frustration towards her. She's
18 not the one to really be doing it at, but don't
19 insult her intelligence. The onus is no longer on
20 us to prove that 9/11 got us sick. The onus is
21 now on them to prove 9/11 didn't get us sick. You
22 know, again, if you break down the responders,
23 NYPD, FDNY, you break down their family trees and
24 the only two ways to get these environmental
25 cancers is hereditary or toxic exposure, and you

1 see that, you don't have myeloma or the leukemias
2 in the family tree, your only other causation
3 would be 9/11 exposure. Again, the bottom line is
4 at the end of the day human life takes a backseat
5 to economics. Nobody can tell me different. So,
6 you know, I've been up here watching, listening,
7 and that's what I usually do and then I open my
8 mouth and I get a sound byte and everybody thinks
9 I'm crazy. As to your post traumatic, I believe
10 it would be the number one killer amongst 9/11
11 responders, and I say that because everybody's
12 immune system's different. So if I had GERD or
13 asthma and he had cancer and he had something,
14 post traumatic--physically, in 2006 the Surgeon
15 General said it's a physical disease. Physically
16 and mentally it's stress on the body and it's not
17 allowing your body to fight the disease that you
18 got from 9/11. And it won't show it on the
19 autopsy, but it's going to kill these men and
20 women faster. I've been to 57 funerals in the
21 last five years. Before 9/11 I'd been to four, my
22 whole life. I'm 45 years old. 55 of them were
23 cancer-related, and I paid for 16 of those
24 funerals. So, again, for them to sit there and
25

1 say they don't have enough research or data is in
2 absolute insult. And the bill's a five-year bill,
3 Ms. Brewer. We're not going to wait to the year
4 five to go back. We're going to wait until the
5 year three, three and a half. We'll fill the
6 busses again. The healthcare will always remain
7 open. They won't close that just because of the
8 pressure. We'll keep the pressure on them. I
9 believe the compensation will end after five
10 years. Actually, responders and volunteers and
11 people of Lower Manhattan will get paid in year
12 six. So it's \$2.7 billion on the compensation,
13 there's \$875 million in the first year, the rest
14 will be paid in year six. So, I know the bill
15 backwards and frontwards. I memorized it. And
16 I'm never the smartest man in the room, but I know
17 this bill. And a lot of it's redundancy now. But
18 what we need is everybody to come together and
19 everybody needs to come together for human life,
20 not because of political careers or egos or money
21 or anything other than what have we become when we
22 can't help each other? It doesn't matter what tax
23 bracket we're in, what you wear, who you are, what
24 color you are. It's about human life. And when
25

1
2 we lose those values, we pretty much don't have
3 anything else to work with.

4 CHAIRPERSON KOPPELL: Thank you.

5 CHAIRPERSON CHIN: Yeah. Mr. Jon
6 Feal, I mean we just really thank you so much for
7 your steadfastness and for your really advocacy on
8 this issue. I mean, you made the bill happen, and
9 I think everyone in the community really
10 appreciates and acknowledges that. And I know
11 that you will keep your word to make sure that
12 cancer will be included and I think we can trust
13 you that it will happen.

14 JOHN FEAL: Well, cancer is going
15 to be added not because of us, but because of,
16 sadly, because of the people that get sicker and
17 die. And sooner or later--and he's got the
18 numbers, we've got the numbers. You can't deny
19 the facts and the numbers and the statistics. And
20 it's sad that it's come to this, but we will get
21 it added. But how many widows and how many
22 children will have no parents? Did we really
23 succeed or did we break even or was it a failure?
24 We dedicated our life to this and whatever,
25 however long we have left, we will get it done.

1
2 But it's going to take a team effort from
3 everybody; the council, the New York Delegation,
4 all the advocacies, all the unions, and
5 everybody's got to come together.

6 CHAIRPERSON CHIN: I mean, we will
7 work with you on this and I think the next step is
8 maybe with the Committee. We can reach out the
9 administration in terms of getting some of those
10 statistics released and then getting them to
11 really take a lead on doing all these research
12 reports, because they should be able to gather
13 statistics internally and help us make a strong
14 case.

15 FRANK TRAMONTANO: I just want to
16 point out one other thing. The Department of
17 Health or whoever was here mentioned there would
18 be a report out, the Health Registry would be a
19 report out. It's interesting that that report
20 would be out after the program administrator has
21 to make a decision on the petition that was put
22 before them about adding cancer into that, about
23 whether it would be covered by Zadroga or not. So
24 they're issuing their cancer report finally after
25 all these years, but it will be after the program

1 administrator has to make the decision.

2
3 CHAIRPERSON KOPPELL: [off mic] I
4 think we have to close up. We have another
5 hearing.

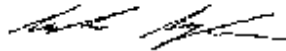
6 RONALD PODOLSKY: May I say just
7 one thing? In answer to the first question that
8 was posed today, why wasn't equipment given to the
9 people, Christine Todd Whitman, former Governor of
10 New Jersey and head of the Federal EPA got on
11 television, I saw it and maybe you folks saw it,
12 and assured everyone the air was safe.

13 CHAIRPERSON KOPPELL: We were aware
14 of that. Thank you.

15 CHAIRPERSON CHIN: Thank you very
16 much for your testimony. The hearing is now
17 adjourned.

C E R T I F I C A T E

I, Erika Swyler 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

Date 2/16/2012