

Statement of the Patrolmen's Benevolent Association of the City of New York ("PBA") on the Resolution calling upon the WTC Program Administrator to examine new evidence indicating a link between exposure to Ground Zero toxins and cancer and reconsider adding coverage for cancer under the James Zadroga 9/11 Health and Compensation Act. – September 19, 2011.

Delivered by Frank Tramontano, Research Director for the PBA

Good Afternoon my name is Frank Tramontano and I am the Research Director for the Patrolmen's Benevolent Association of the City of New York ("PBA"). I am here with Valarie Dabas, World Trade Center Health Coordinator for the PBA and member of the WTC Health Program Scientific Technical Advisory Committee created in the James Zadroga 9/11 Health and Compensation Act signed by the President in January 2011. We would like to thank Speaker Christine Quinn and Chairman James Sanders and their staffs for putting forth this Resolution calling upon the Administrator of the World Trade Center Health Program to reconsider adding cancer as a medical condition covered for treatment under the aforementioned James Zadroga 9/11 Health and Compensation Act.

As the Committee may know, the PBA has been in the forefront of efforts to have cancer added as a WTC-related illness. In April 2009, it was the PBA that first expressed reservations about the Zadroga Bill because it did not cover the cancers and blood diseases that were already manifesting themselves in a significant number of responders. In response, the bill was subsequently modified to require the Program Administrator of the WTC Health Program to conduct periodic reviews of available scientific and medical evidence to make a determination regarding whether to add cancer to the applicable list of WTC-related health conditions. Later that year in testimony before this committee, the PBA successfully lobbied to amend RESO 1924 to include language in that resolution calling on Congress to consider adding cancer as a

qualifying condition. Some of our testimony from that committee hearing is included in the resolution being presented today.

Subsequent to those efforts the PBA has identified approximately 300 cancer cases among NYPD responders. By way of specific example, we have seen 2 cases of a rare nasal cancer which have resulted in deaths. Nasal cancer occurs at a rate of less than 1 in every 100,000 in the general population. Last year, in a follow up to the Multiple Myeloma study identified in the resolution before this committee today, it was reported there are now 28 confirmed cases when the expected rate is 12.

Additionally, a cancer study among New York City firefighters published in the medical journal, The Lancet, has concluded there is a greater incidence of cancer among firefighter responders than non-exposed firefighters. There will be a subsequent cancer study of all other responders that is expected to be released by the end of this year. It will be shocking if the results are not similar. Sadly, and tragically for our members, more has not been done to document and study cancers in the police community. While we have been assured that the release of a new study by Mt. Sinai is imminent, we must not delay the treatment of responders who suffer from WTC-related cancers while the slow wheels of the bureaucracy and science turn.

We have been saying for years now, if properly studied, science will definitively establish proof that cancer is a health condition caused from exposure to the toxins from the terrorists attack on the World Trade Center. However, to wait for the conclusion of epidemiology studies, which can take up to 30 years, to prove this sufficiently to the scientific community, will result in a lost opportunity to treat those who are ill. Responders who have cancer, as a result of their exposure, need treatment now. We have already lost far too many responders who have not had the benefit of this program and as a result have suffered medically

and financially. Without the inclusion of cancer as an approved medical condition covered for treatment, many other responders will fail to get quality treatment and suffer similar significant financial loss. Recently, the geographic scope of covered residents was expanded in the complete absence of any science to support the expansion. Fairness and equity demand that our most ill and suffering members and families be now included within the coverage of the Zadroga Act.

We believe, as many of you in this room believe, there is sufficient evidence in the published data on cancer to draw a conclusion based on the weight of this evidence to support the connection between cancer and exposure to toxins from the terrorists attack on the World Trade Center. It is now that the WTC Program Administrator must come to this same conclusion and add cancer as a covered medical condition. Thank you for your time and attention today and for putting forth this Resolution to Congress and Valarie Dabas and I will gladly answer any questions you may have at this time.

LEGISLATIVE MEMO:

WE SUPPORT



District Council 37 (DC 37) fully supports the pre-considered resolution calling upon Dr. John Howard, Administrator of the World Trade Center Health Program, to examine new evidence indicating a link between exposure to Ground Zero toxins and cancer and reconsider adding coverage for cancers under the James Zadroga 9/11 Health and Compensation Act.

Political Action and Legislation Department

Wanda Williams
Director

As you are aware, DC 37 represents thousands of members, both responders and area workers, who have become ill as result of exposure to World Trade Center (WTC) toxins and contaminants. The full effects of WTC toxins and contaminants exposures are still emerging 10 years after the attacks. Recently published evidence of an increased risk of cancers among firefighters who served at ground zero highlights the severity of WTC toxins and contaminants exposures. Therefore, I am writing to express support for the resolution calling upon Dr. John Howard, Administrator of the World Trade Center Health Program, to examine new evidence indicating a link between exposure to WTC toxins and contaminants and cancer and reconsider adding coverage for cancers under the James Zadroga 9/11 Health and Compensation Act (Zadroga Act).

Albany Address:

150 State Street, 5th floor
Albany, NY 12207-1682
Tel: (518) 436-0665
Fax: (518) 436-1066

Section 3302 of the Zadroga Act requires the Administrator to establish the WTC Health Program Scientific/Technical Advisory Committee (the Advisory Committee), subject to the Federal Advisory Committee Act, to review scientific and medical evidence and make recommendations to the Administrator on additional WTC Program eligibility criteria and additional WTC-related health conditions. Appointments to the Advisory Committee were announced September 9, 2011. We believe that this committee should be convened at the earliest possible date and begin consideration of cancer and other comorbidity health conditions.

On behalf of the 125,000 members of DC 37 and the 50,000 retirees, we urge the City Council to pass this pre-considered resolution and work with us to ensure that the needs of this population are met.



The City of New York

Manhattan Community Board 1

Julie Menin CHAIRPERSON | Noah Pfefferblit DISTRICT MANAGER

The Council of the City of New York

Committee on Civil Service & Labor

Hearing on

Resolution calling upon Dr. John Howard, Administrator of the World Trade Center Health Program, to examine new evidence indicating a link between exposure to Ground Zero toxins and cancer and reconsider adding coverage for cancers under the James Zadroga 9/11 Health and Compensation Act

Testimony by Julie Menin, Chairperson and

Catherine McVay Hughes, Vice Chairperson

Manhattan Community Board 1

Monday, September 19, 2011 at 11 a.m.

16th Floor Hearing Room, 250 Broadway, New York, NY

Good afternoon. We are Julie Menin, Chairperson and Catherine McVay Hughes, Vice Chairperson of Community Board One (CB1). Thank you, Chairman Sanders, Council Member Chin, and other members of the Council, for the opportunity to testify regarding this important resolution.

As you well know, the World Trade Center (WTC) lies at the heart of Manhattan Community Board One (CB1) – and many of us who still live or work in the area were here when the towers were attacked. We advocated with great determination for the passage of the James Zadroga 9/11 Health and Compensation Act over a period of many years until the bill was passed by Congress and signed by President Obama on January 2 of this year. It is of great importance to us that the compensation fund that was reopened by the Zadroga Act cover all of the individuals who became sick as a result of exposure to toxins resulting from the destruction of the World Trade Center.

We noted that the survivor/community members were not only exposed to dust and fumes from the collapse of the World Trade Center towers on September 11, 2001 but also during the subsequent months of recovery as the site continued to smolder. In the days following the attacks of 9/11, we were assured by Christie Todd Whitman, Administrator of the United States Environmental Protection Agency that it was safe to remain in our neighborhood. On September 16, 2001, she said "the good news continues to be that air samples we have taken have all been at levels that cause us no concern." Again on September 18, she said, "given the scope of the tragedy from last week, I am glad to reassure the people of New York and Washington, D.C. that their air is safe to breathe and their water is safe to drink." As a result, many of us felt safe volunteering as first responders along with people from outside our district, and living and working downtown through the aftermath of the September 11, 2001 terrorist attacks. In addition, the Lower Manhattan Development Corporation disseminated over \$227 million of grants to encourage people to stay and move downtown and thousands did so, despite continued concerns about air quality.

Residents and workers were instructed that wet wiping their homes and places of work would be sufficient to address concerns about contaminants. On September 13, 2001, the community was given false assurances about air and dust. "...Despite fires and pungent odor at the wreckage of the WTC, most tests for contaminants in New York's air have not triggered alarm, health officials say. U.S. EPA spokeswoman said Wednesday that EPA officials 'really don't detect any real danger' in air and dust tests: and NY Mayor Rudolph Giuliani echoes the sentiments this morning... OSHA, EPA, Update Asbestos Data continue to reassure public of contamination fears... majority of air and dust samples do not indicate levels of concern for asbestos" (ABCNews). It wasn't until December 17, 2001 that Governor Pataki declared WTC fires extinguished. Only this February was the demolition of the highly contaminated 130 Liberty Street building finally completed and the Port Authority of New York and New Jersey given access to the site.

Although cancer is one of the most common chronic diseases in New York State, second only to heart disease as a cause of death, and most cancers occur more frequently among older people, according to the New York State Department of Health (NYSDOH), we have been concerned in recent years about what appears to be a significant increase in the number of people in our community who have been afflicted by cancer. We have lost beloved colleagues of our board to malignancies at tragically young ages, as well as spouses of board members and others who work closely with us. While we do not have scientific proof linking these deaths with 9/11 toxins, these cases appear highly unusual to many of us in the community.

We appreciate the appointment of a member of Community Board 1 to the 15-member World Trade Center Health Programs Scientific/Technical Advisory Committee. Our Vice Chairperson, Catherine McVay Hughes, is a representative of the Certified-Eligible Survivors.

We understand that in July, when the National Institute for Occupational Safety and Health (NIOSH) determined that cancer could not be linked to the WTC attacks, NIOSH did not have access to the recent FDNY study. Therefore, today's hearing is particularly timely since that recent study reported a modest excess of cancer cases in the WTC-exposed NYC FDNY cohort (The Lancet, "Early assessment of cancer outcomes in New York City firefighters after the 9/11 attacks: and observational cohort study"; 3 September 2011, Rachel Zeig-Owens, ...David J. Prezant; pp 898-905).

Please note that the study does not include cancer occurrences over the past three years since that data is under review. They "remain cautious" in their "interpretation of their finding because the time since 9/11 is short for cancer outcomes, and the reported excess of cancers is not limited to specific organ types." However, "as in any observational study, they cannot rule out the possibility that effects in the exposed group might be due to unidentified confounders. Continued follow-up will be important and should include cancer screening and prevention strategies. WTC-exposed firefighters had about 10% higher overall cancer incidence ratios than those expected in a similar demographic mix from the general male population in the USA and about 32% higher than in non-exposed firefighters." [i]

Before this study, there was only one study investigating WTC-related cancer (Moline JM, Herbert R, Crowley L, et al. Multiple myeloma in World Trade Center responders: a case series. J Occup Environ Med 2009; 51:896-902). It describes eight cases of multiple myeloma (which is cancer of the plasma cells in bone marrow) in WTC responders.

We have addressed the need to assess the possible linkage at various times since the Zadroga Act was passed. On February 14 of this year, Catherine McVay Hughes spoke at a joint hearing of this committee and others on "Examining the NYC World Trade Center Medical Working Group 2010 Annual Report on 9/11 Health." We noted that "the most recent data available on the NYSDOH website for new cancers and deaths is through 2007" and that "NYSDOH needs to compile and disseminate this information in a much timelier manner." We stated that this three year time lag in information relating to cancer is not acceptable since the 9/11 Health & Compensation Act does not include any cancer in its list of 'WTC-Related Health Conditions Defined' diseases." Please note that the most recent year for which data on new NYS cases and cancer deaths is now available is 2008.

In testimony on March 3 at the National Institute for Occupational Safety and Health Public Meeting on Implementing the Provisions of the James Zadroga 9/11 Health and Compensation Act of 2010, Catherine McVay Hughes stated the following: "the diseases and conditions covered in the recent legislation need to be expanded" as "the 9/11 Health & Compensation Act does not include cancer in its list of "WTC-Related Health Conditions Defined diseases. The addition of cancer to the list of approved diseases needs to be expedited, especially those cancers that are most strongly correlated to environmental exposure through the inhalation, ingestion, and other exposure to carcinogens."

Then on March 22, 2011 we passed a resolution in response to The Centers for Disease Control and Prevention (CDC) "Request for Information on WTC Cancer Threat" in the Federal Register (March 8, 2011; Volume 76, Number 45). At that time the World Trade Center (WTC) Program Administrator was conducting a review of all available scientific and medical evidence to determine if, based on the scientific evidence, cancer should be added to the applicable list of health conditions covered by the World Trade Center Health Program.

We also pointed out that some chemicals found in WTC testing or believed to have been used there included carcinogens that are considered by the government to be environmental factors that could contribute to the development of cancer (Cancer and the Environment: What You Need to Know, What You Can Do, U.S. Department of Health and Human Services, National Institutes of Health, pp 11-16) including the following:

- Pesticides,
- Fibers, fine particles, and dust,
- Dioxins,
- Polycyclic aromatic hydrocarbons (PAHs), • Metals including arsenic, beryllium, cadmium, chromium, lead, and nickel, • Diesel exhaust particles, and • Vinyl chloride.

We pointed out that after testing for contaminants at the 130 Liberty (Deutsche Bank building) for Deutsche Bank, the RJ Lee Group Inc. included the following findings in its "Characteristics of WTC Dust Increase Likelihood for Toxic Effects":

"Dust contained a concentration of over 1% of airborne asbestos fibers, which are considered more toxic than those normally found in buildings nationwide, as well as lead particles, and other World Trade Center hazardous substances; Dust is easily re-suspended and can remain in the air for long periods; The dust from the World Trade Center has a higher propensity to aerosolize than that of ordinary office building surface dust; Lead found in the World Trade Center dust is apparently at least fifty percent more easily absorbed by the body than previously assumed by the EPA."

Our resolution concluded by urging the Center for Disease Control (CDC) to study whether cancers could result from exposure to the chemicals that were used in the building and as a result of the extreme heat and other conditions present at the WTC site such as the synergistic effects of mixing chemicals.

In keeping with the past positions of CB1 that we have outlined, we therefore strongly support the resolution under discussion today calling upon Dr. Howard to examine new evidence indicating a link between exposure to Ground Zero toxins and cancer and reconsider adding coverage for at least some cancers under the James Zadroga 9/11 Health and Compensation Act. We believe there is reason to suspect that such a link exists. We look forward to continuing to work with NIOSH and Dr. John Howard on this issue.

[i] “An association between WTC exposure and cancer is biologically plausible, because some contaminants in the WTC dust, such as polycyclic aromatic hydrocarbons, polychlorinated biphenyls, and dioxins, are known carcinogens. Although some contaminants could cause cancer directly, WTC exposure could also trigger chronic inflammation, through microbial infections, autoimmune diseases, or other inflammatory disorders, all of which have been reported as factors in oncogenesis, both experimentally and epidemiologically. The prevalence of specific cancers (ie, prostate, thyroid, melanoma, non-Hodgkin lymphoma) associated with inflammation was also increased in our analysis. Many disorders occurring after 9/11 including asthma, bronchitis, sinusitis, and acid reflux, which have been reported as highly prevalent in our cohort and other WTC cohorts, have been associated with chronic inflammation. Such inflammation could lead to cancer because of the activities of leucocytes, including the production of proteins (cytokines and chemokines) that alter the behavior of target cells, stimulation of blood vessel growth (angiogenesis), and tissue remodeling. Immune cells also produce oxygen radicals that can cause DNA mutations.³⁷ The relation between inflammation and cancer, and the time interval for such an effect, however, is not well understood and requires additional research.”

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. ✓

in favor in opposition

Date: 9/19/11

(PLEASE PRINT)

Name: FRANK TRAMONTANO + VALARIE DABAS

Address: 457-80th ST BRlyn, N.Y.

I represent: PATROLMEN'S BENEVOLENT ASS.

Address: 125-Broad ST. NYC

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Julie Menin

Address: _____

I represent: Chairperson, Community Board 1

Address: 49 Chambers St NYC 10002

Please complete this card and return to the Sergeant-at-Arms