



The City of New York

Manhattan Community Board 1

Catherine McVay Hughes CHAIRPERSON | Noah Pfefferblit DISTRICT MANAGER

Committee on Lower Manhattan Redevelopment and Committee on Civil Service and Labor

Oversight Hearing: Are Cancer Rates Increasing in 9/11 Responders?

Testimony by Catherine McVay Hughes, Chairperson

**Monday, June 17, 2013
250 Broadway, Committee Room, 16th Floor, New York, NY
12:00 PM**

Good afternoon Chairpersons Chin and Nelson and members of the New York City Council Committees on Lower Manhattan Redevelopment and Civil Service and Labor. I am Catherine McVay Hughes, Chairperson of Manhattan Community Board One. We thank you for the opportunity to comment on this very important topic for our community.

We continue to appreciate the important work done by the 9/11 Medical Working Group that is Co-Chaired by Deputy Mayor Linda Gibbs and Health Commissioner Thomas Farley, and includes representation from the WTC Centers of Excellences, the Fire Department of New York (FDNY), NYC Health and Hospitals Corporation, Mount Sinai Hospital, the 9/11 Health Registry, as well as other 9/11 health experts.

Mount Sinai's World Trade Center Health Program found that World Trade Center first responders have a 15% higher rate of contracting cancer than the general public, according to a recently published report ("Cancer Incidence in World Trade Center Rescue and Recovery Workers, 2001-2008" Environmental Health Perspectives, National Institute of Environmental Health Science, April 23, 2013). These findings are an alarming trend; I quote:

"Elevations were seen for cancers at all anatomic sites in the human body combined, as well as for cancer of the thyroid, prostate cancer, hematopoietic (blood) and lymphoid cancer, and soft-tissue cancer. Cancer incidence rates were most highly elevated in very highly-exposed responders who were trapped in the dust cloud or who worked a significant number of days at the WTC site."

This report confirms prior studies by the FDNY and the New York City Department of Health and Mental Hygiene that also found correlation between first responders and others exposed on or after 9/11 and an increased rate of cancer. Most importantly, the Mount Sinai report acknowledges that additional time is needed to study the relative extended latency of cancer development and advises continued research and surveillance.

When the James Zadroga 9/11 Health and Compensation Act of 2010 ("the Act") was implemented in 2011, cancer was not included in the list of "WTC-Related Health Conditions" covered by the Act due, in part, to the publishing of insufficient evidence.

One of the problems is a long delay between collecting and publishing data, in this case five years. This is highlighted in an article that appeared in the Economist on June 8, 2013: “Ask a researcher what annoys him most about scientific publishing, and slowness will come near the top of the list of gripes. It takes nearly six months, on average, for a manuscript to wend its way from submission to publication. Worse, before a paper is accepted by a journal, it is often rejected by one or more others. The reason need not be a fatal flaw in the research; sometimes the work is simply not splashy enough for outlets high up in the pecking order.”

CB1 has continuously supported adequate coverage of all diseases and medical conditions associated with 9/11 and adopted a resolution in January 24, 2012 calling for the Act to include coverage of cancer. Following an extensive scientific research review by the World Trade Center Health Program Scientific/Technical Advisory Committee, the CDC National Institute for Occupational Safety and Health (NIOSH) ruled in September of 2012 that free monitoring and treatment for 50 forms of cancer would be included under the Act. The recent Mount Sinai report highlights the need to look again at whether additional cancers such as prostate cancer, one of the most frequent types of cancer among 9/11 first responders, should be included as “WTC-Related Health Conditions.”

CB1 strongly supports the addition of 50 cancers by the World Trade Center Administrator, including all cancers that appear in 9/11-affected people under 20 years old at the time of diagnosis. All 50 cancers were added for responders as well as survivors under the Act. The WTC Health Program has a multi-step process for certifying cancers. Hundreds of responder cancers and scores of survivor cancers have been certified. However many survivors are unaware that cancer treatment is covered.

In addition, CB1 is concerned about children and their WTC exposure. On January 24, 2012, we unanimously passed a resolution on WTC pediatric research and called for ongoing research into WTC physical health impacts to children – specifically, in-depth evaluation of pediatric effects of exposure, including lung function, mental health or developmental and endocrine effects. Additionally, on September 20, 2012 we unanimously adopted a resolution urging NIOSH to fund “Early Identification of World Trade Center Conditions in Adolescents.” Little is known about the effects of exposures during the vulnerable growth period.

CB1 fully supports continued research into the rate of cancer and other medical conditions among first responders and others exposed at and around the World Trade Center site on and following 9/11. The “WTC-Related Health Conditions” of the Act should be modified to reflect the findings of this ongoing research.

CB1 continues to vigorously support adequate health services for first responders, as well as residents, children and workers exposed on and after 9/11. We are grateful to the advocates and allies who have worked tirelessly with us to address the physical and mental health concerns of all those affected by the 9/11 terrorist attacks. We hope this testimony and our efforts will lead to further support for these very important studies and expansion of vitally important services.

Thank you for the opportunity to testify today.