

Dragon, Karen E. (CDC/NIOSH/EID)

From: 911health.now@gmail.com
Sent: Friday, April 29, 2011 4:07 PM
To: NIOSH Docket Office (CDC)
Subject: 226 - Implementation of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L 111-347) Comments

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9/11 Health Now

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Comments
Esteemed NIOSH Zadroga Panel,

Please find below a copy of a correspondence addressed to Congresswoman Carolyn Maloney, plus 14 other individuals in the 9/11 Health field. The letter addresses the plight of the 'National Survivor' as represented by Brian Cosmello of Raleigh, NC, a 9/11 dust cloud victim who subsequently worked adjacent to Ground Zero over a 7 month period, prior to relocating to North Carolina, where he now resides.

Mr. Cosmello's plight, as illustrated in the letter is surely representative of hundreds, if not thousands of individuals whose health has been impacted by 9/11 and who now live OUTSIDE the greater-NY area. National Survivors have specific challenges that include:

Proving 9/11 causality from a geographical area not near any Center of Excellence or other WTC facility.

Obtaining screening, diagnosis and care 'at a distance' for 9/11 illnesses covered under the bill.

Obtaining screening, diagnosis and care 'at a distance' for 9/11 illnesses NOT covered under the bill.

Finding physicians 'at a distance' who are familiar with WTC illness and specific WTC care protocols.

ETC...

As regards Mr. Cosmello's case specifically as a National Survivor, please refer to the correspondence below.

Very Truly Yours,

Claire Calladine,
co-founder, 9/11 Health Now
www.911healthnow.org

2/21/11 CORRESPONDENCE TO REP. CAROLYN MALONEY (D-NY)

Dear Congresswoman Maloney,

This past September 11th, 9/11 Health Now posted an online story entitled Not Just Responders: 9/11 Health Crisis Broadens to Wall St and Beyond.

This story profiled Brian Cosmello, 32, a young stockbroker working two blocks from the Twin Towers on September 11th. Brian was a bystander when the first tower fell; one of the scores of survivors trapped in the dust cloud during the building collapse. He subsequently returned to work at his investment job adjacent to Ground Zero for the next seven months prior to relocating in 2002 to Charlotte NC, where he continued to work in finance.

Now living in Durham NC, Brian and his family received the shock of their lives when Brian was diagnosed in March 2009 with CML--Chronic Myelogenous Leukemia, a cancer of the blood linked to environmental exposure. As you can see from Brian's 6.20.10 email to me (attached), Brian did not immediately deduce the source of his illness. However, in retracing his timeline with the physicians at Duke University School of Medicine where he is being treated, Brian realized the only occasion during his past when he was exposed to environmental contaminants was on September 11 and in the months following, when he worked adjacent to the clean-up site.

When Brian contacted me last year, he was researching 9/11 health issues.

At my urging, he contacted several sources in order to register as a 9/11 health victim ('Survivor'), and to look into care and coverage for his 9/11-related leukemia, for which he receives daily oral chemotherapy with the drug Gleevec. Brian was concerned that his temporary health insurance Cobra was going to expire in August of 2011, and needed to find out if any of the 9/11 programs would cover him. As you can see by reading his online interview: (http://www.911healthnow.org/911healthnow/Not_Just_Responders.html), Brian was told the following (in the summer of 2010):

The WTC Health Registry could not register him, as it had stopped registering people in 2004.

He is not eligible for the WTC Medical Monitoring and Treatment Program since he did not participate in the rescue and recovery mission.

He is not eligible for WTC Environmental coverage as a 'Survivor' because he does not live in the greater-NY area.

He is not eligible for the National Responder Program under Logistics Health, Inc. (LHI) because he is a 'Non-Responder'.

He is not eligible for care under the New York State Occupational Health Clinic Network, as he is no longer employed in NY nor a resident of NY.

He is not eligible for care under any existing NIOSH programs because none are currently in place for individuals such as himself (National survivor victims).

Brian is also concerned that in spite of the increased number of cases within the 9/11 population, cancer is not on the list of covered conditions under the recently passed 9/11 health bill, the James Zadroga

9/11 Health & Compensation Act. With the bill's passage, 9/11 health care appears to be more accessible to those who stand to benefit from it.

Nevertheless, Brian's situation as a 'National Survivor' offers a specific set of challenges.

At this juncture, we would like to set forth the following issues & questions as they pertain to Brian's situation and that of the 'National Survivor':

How can Brian (or any 9/11 Survivor now living outside the greater-NY area) register as a beneficiary of the Zadroga Bill for both compensation and health care? If medical screening is involved, must applicants travel to a WTC medical facility or practitioner to undergo an exam?

Since Brian's 9/11-related illness is cancer (and thus not on the list of covered illnesses under the Bill), we are concerned with the proposed method of evaluation of additional covered conditions as outlined in the

1.20.11 Congressional Research Memorandum by Scott Szymendera and Vivian S. Chu Answers to Questions on P.L. 111-347, the James Zadroga 9/11 Health and Compensation Act of 2010. On p. 5 of the Memorandum, the process is outlined whereby the Program Administrator determines through a multi-step process whether a certain type of cancer will be added to the list. Even though an initial review is scheduled to take place within 180 days of the Bill's enactment, this method appears to be lengthy, with survivors and responders seemingly at the mercy of an undisclosed methodology of selection. A survivor or responder could wait years without adequate medical coverage only to be told that their type of cancer 'did not make the list'.

According to p. 6 of the Memorandum, "... the WTCHP will provide medical benefits through Clinical Centers of Excellence, based in the New York area, and a national network of providers." Our concern as regards this statement is that, to date, no 'national network of providers' exists for survivors, as the national network administered by Logistics Health, Inc, (LHI) has been for responders ONLY. Q: Once the Bill is enacted, will LHI's coverage expand to cover survivors as well? If not, how will National Survivors get care and coverage under the Act?

As regards Brian exercising the right to apply as an individual to have his leukemia covered under the Act, it appears that this option is open to him via the process described on p. 10 of the 1.19.11 Congressional Research Memorandum Section-by-Section Summary of Titles I and II of P.L. 111-347, the James Zadroga 9/11 Health and Compensation Act of 2010, in which a treating WTC physician transmits a determination to the administrator for review. In Brian's case, however, his Duke physicians are not (yet) part of an approved WTC network, nor is Brian part of a National Survivor WTC network. Nevertheless, he is anxious to petition for coverage under the bill, as both he and his Duke physicians are convinced that his illness is due to his September 11 exposure, acute on the day of the attacks, and prolonged over a 7-month period thereafter.

Since being diagnosed with leukemia, Brian has regained employment (and health coverage); however he is concerned re: his ability to sustain long-term employment due to his illness and ongoing chemotherapy. Q: As Brian's employment and health coverage are threatened by his 9/11 illness, is there a way to 'fast-track' his case as it pertains to petitioning the Special Administrator in order to obtain coverage under the bill?

Congresswoman Maloney, we are addressing today's correspondence to you, as Brian has previously contacted your office in order to inform you of his plight. We are hoping to obtain some guidance re: the above, and are copying this correspondence to the individuals below in order to apprise them of Brian's case and the issues surrounding his predicament as a 'National Survivor', an under-recognized (yet surely growing) sector of the 9/11 population.

Very Truly Yours,

Claire Calladine
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Enclosures:

6.20.10 Brian Cosmello email to Claire Calladine Print copy of 9/11 Health Now online article: 'Not Just Responders: 9/11 Health Crisis Broadens to Wall Street and Beyond'.

pp. 5-6 excerpts from the 1.20.11 Congressional Research Memorandum by Scott Szymendera and Vivian S. Chu Answers to Questions on P.L. 111-347, the James Zadroga 9/11 Health and Compensation Act of 2010.

p.10 excerpt from the 1.19.11 Congressional Research Memorandum Section-by-Section Summary of Titles I and II of P.L. 111-347, the James Zadroga 9/11 Health and Compensation Act of 2010

cc:

Congressman Jerrold Nadler

Congressman Pete King

Congressman Anthony Weiner

Senator Kirsten Gillibrand

Senator Charles Schumer

John Howard, M.D., National Institute for Occupational Safety & Health James Melius, M.D., New York State Laborers' Health and Safety Trust Fund Robin Herbert, M.D, WTCMMTP Data & Coordination Center Michael Crane, M.D. WTCMMTP Mt. Sinai School of Medicine Benjamin Luft, M.D., Stony Brook University Medical Center Iris Udasin, M.D., Environmental and Occupational Health Sciences Institute Joan Reibman, M.D, WTC Environmental Jim Cone, M.D., WTC Health Registry David Tornberg, M.D., Logistics Health Inc.

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Esteemed NIOSH Zadroga Panel,

This correspondence addresses the issue of Cancer within the 9/11 population. There have been numerous cases of 9/11 cancer deaths as profiled by the media, including stories from several years ago. One of the first such articles is the Village Voice piece Death by Dust, by Kristen Lombardi, which specifically addresses the issues of cancer. Here are excerpts from the 2006 article:

Death by Dust
by Kristen Lombardi
the Village Voice
11.21.06

New York--11.21.06 Seventy-five (75) blood cell cancers ...have come to light in joint-action lawsuits filed against New York City on behalf of ..8,500 recovery workers who suffer from various forms of lung illnesses and respiratory diseases—and suggest a pattern too distinct to ignore. While some cancers take years, if not decades, to develop, the blood cancers in otherwise healthy and young individuals represent a pattern that experts believe will likely prove to be more than circumstantial.

David Worby, the 53-year-old attorney leading the joint-action suits on behalf of the workers ...has tracked the cancer patients among his growing client base. Of the 8,500 people now (as of 11.21.06) suing the city, 400, or about 5 percent, have cancer. The biggest group by far consists of ..blood cell cancers. Seventy-five clients suffer from lymphoma, leukemia, multiple myeloma, and other blood cell cancers; most are men, aged 30 to 60, who appeared in perfect health just five years ago. Given the fact that some cancers are slower to develop than others, it seems likely ...that many more reports of cancer and serious lung illnesses will surface in the months and years to come ...meaning a possible death toll in the thousands.

Six prominent specialists on cancer and the link to toxins all come to the same conclusions when told these statistics. They are Richard Clapp and David Ozonoff, professors of environmental health at Boston University School of Public Health; Michael Thun, director of epidemiological research at the

American Cancer Society; Francine Laden, assistant professor of environmental epidemiology at Harvard School of Public Health; Jonathan Samet, chairman of the epidemiology department at Johns Hopkins Bloomberg School of Public Health; and Charles Hesdorffer, associate professor of oncology at Johns Hopkins School of Medicine.

These doctors and epidemiologists agree that the incidence of cancer among this subset of workers sounds shockingly high, that they cannot and should not be dismissed as coincidence, and that the toxic dust cloud that hung over downtown Manhattan, and particularly the Pile, likely caused or promoted the diseases. Some even went so far as to say that the blood cancer cases, especially, indicate what could become a wave of cancer cases stemming from 9-11 over the next decades.

What the experts find most telling are the types of cancer now emerging.

They say the blood cancer cases seem too disproportionate to be random.

Samet, a worldwide expert on smoking and cancer, notes that when so many cases of related cancers emerge, it can signal a forming cluster. "It sounds like an impressive cluster of cancer cases, and I would want to study it," he says. ...The latency periods for most cancers from the time of a full-blown carcinogenic exposure to a full-blown malignancy can take years, if not decades. Says Thun, of the American Cancer Society: "It is the exception rather than the rule to have cancers develop this quickly."

Francine Laden, who specializes in air pollution and cancer, agrees.

Because so many of David Worby's clients have blood cancers—which have faster incubation periods than tumor cancers, forming in as little as five years—Laden confirms that it's not a stretch to attribute their diseases to the dust cloud. "Blood cancers are different," she says, noting the tie between benzene and leukemia, as well as dioxin and lymphoma. "It's not beyond the realm of feasibility that these chemicals caused these cancers." Ozonoff puts it more firmly: "For an acute episode like this, it's definitely possible these blood cancers were caused by 9-11."

Ozonoff echoes all five of his colleagues when he draws parallels between the aftermath of 9-11 and that of another massive exposure: the atomic-bombs dropped on Japan. Bomb survivors experienced excessive spikes in leukemia rates within the first five years. While this outbreak resulted from radiation, both it and 9-11 involved a sudden and intense blast of carcinogens. For bomb survivors, leukemia appeared first, followed by breast and lung cancer. "That could happen with 9-11," says Samet, the Johns Hopkins epidemiology department chair. "It might be what we're seeing today."

According to Richard Clapp, ...toxins can not only instigate the genes that cause cancerous cells to divide, but also hasten their dividing. That means that a person with an undetected cancer will develop it faster and in a more virulent manner. He calls this the "promotional effect" and says some toxins associated with 9-11 have been known to speed up lymphomas and leukemias. "The promotional effect could have happened already," he says.

Either way, Clapp adds, "It's hard not to attribute these cancers to 9-11." His gut, he says, is telling him one thing: "We'll be seeing a cancer explosion from 9-11, and we're starting to see it today."

Thomas Cahill, a physicist who sent a team to analyze the plume from a rooftop a mile away from ground zero, says he got worried once he noticed the color of the smoke had turned a fluorescent blue. That's a sure sign that ultra-fine particles (which can go deep into the lungs and enter the bloodstream) were coming off the Pile and permeating the air. When his team tested the plume, the scientists found higher levels of sulfuric acid, heavy metals, and other insoluble materials than anywhere else in the world, even in the Kuwaiti oil fields.

In reality, the 9-11 fallout was like nothing anyone had been exposed to before. Everything in the towers had been ground into dust—concrete, steel, glass, insulation, plastic, and computers. Dust analyses would detect glass shards, cement particles, cellulose fibers, asbestos, and a mixture of harmful components, including lead, titanium, barium, and gypsum. In all, the dust contained more than 100 different compounds, some of which have never been identified. In one disturbing analysis

done by the U.S. Geological Survey, the dust had such high alkalinity levels it rivaled liquid Drano. And then there were the fires that smoldered for three months. They gave off not only the putrid plume, but also a blast of carcinogens—asbestos, dioxin, ...benzene... and polycyclic aromatic hydrocarbons, or PAHs.

"Look at the cancers my clients have," (Worby) says, flipping through a dozen pages of a document entitled "Seriously Ill Clients." It's updated every month; this one is dated September 13, 2006. The document outlines what he calls his "cancer clusters" and lists rare cancers often associated with the 9-11 toxins, such as thyroid (30 people), tongue and throat (25), testicular (16), and brain (10). He keeps a separate document on the 75 people with blood cancers. Two dozen of them have various forms of leukemia; the remaining four dozen have various forms of lymphoma, multiple myeloma, and other blood cell cancers. "If I had two blood cancers, it'd be a strong coincidence," Worby argues. "But 70? That defies coincidence. The word coincidence should not be in anyone's vocabulary."

Worby contends that it wasn't just the unprecedented amount of toxins in the air that caused his clients to develop cancer; it was that the toxins worked together. Worby calls it a "synergistic effect," and cancer specialists say there is such a thing as toxic synergy, which occurs when chemicals combine. They can enhance the damage that the other ones would cause. Think of it this way: The benzene at ground zero may have caused (a WTC worker's) acute leukemia; the dioxin probably sped up its development. "This amount of toxicological exposure is going to speed up normal (disease) latency periods," Worby argues. Why would the doctors monitoring the effects of 9-11 on people's health not understand this connection? he wonders. "Why would people not make this link?"

David Worby's client list continues to grow. Convinced that the 9-11 fallout has made for a cancer explosion, he doesn't hesitate to say so.

"There is going to be a cancer catastrophe the likes of which we've never seen in this country," he says. "The numbers are going to be staggering..."

(End of Article Excerpt)

Since this article was written, many more press articles have touched on the growing cases of 9/11-related cancer. Here are some articles from 2006-2008, plus some more recent, plus profiles of some of the victims (below):

9/11 Cancer Articles

April 9, 2006: 9/11 First Responders Suffering with Cancer Sue City:

<http://www.thecancerblog.com/2006/04/09/9-11-first-responders-suffering-with-cancer-sue-city/>

April 9, 2006: 9/11 NYC Responders Stricken with Brain Cancer

[http://cms.firehouse.com/web/online/News/911-NYC-Responders-Stricken-With-Brain-Cancer/46\\$48659](http://cms.firehouse.com/web/online/News/911-NYC-Responders-Stricken-With-Brain-Cancer/46$48659)

November 21, 2006: Death By Dust: (David Worby Class Action Lawsuit reports 400 cases of cancer, including 70 blood cancers) <http://www.villagevoice.com/2006-11-21/news/death-by-dust/>

June 11, 2006 Firehouse.com: Cancer Hits 283 Rescuers of 9/11:

[http://cms.firehouse.com/web/online/911/Cancer-Hits-283-Rescuers-of-9-11/41\\$49750](http://cms.firehouse.com/web/online/911/Cancer-Hits-283-Rescuers-of-9-11/41$49750)

May 31, 2007: 9/11 Cancer Cops

http://www.nypost.com/seven/05312007/news/regionalnews/9_11_cancer_cops_regionalnews_susan_edelman.htm

May 31, 2007: Cancer May Be Next Wave of 9/11 Illnesses

http://www.cbsnews.com/stories/2007/05/31/health/main2872809.shtml?source=search_story

Dec 2, 2007: City Begins Major 9/11 Cancer Study:

http://www.nypost.com/seven/12022007/news/regionalnews/city_begins_major_9_11_cancer_study_193657.htm

May 8, 2008 360 post-9/11 Workers Have Died, Including 80 of cancer (Note that in this article, David Worby says 600 cases of cancer are represented within his 10,000-strong WTC worker class action lawsuit.) http://www.nydailynews.com/news/2008/05/08/2008-05-08_360_post911_workers_have_died_including_.html

May 9, 2008: State Says Hundreds Of 9/11 Rescue Workers Now Dead, Admits Undercount:

<http://www.infowars.net/articles/may2008/090508Workers.htm>

April 3, 2011: FDNY 9/11 Cancer:

http://www.nypost.com/p/news/local/fdny_cancer_up_post_n4vfuHFoUROuJYtmyt4Y2K

March 30, 2011: Officer's Death Shows Struggle to Define Link Between 9/11 Dust and Disease:

http://www.nytimes.com/2011/03/31/nyregion/31cop.html?_r=2&partner=rss&emc=rss

Some of The Cancer Victims:

John Cortazzo:

<http://www.footprintsfoundation.com/cortazzo-family-fund>

<http://www.legacy.com/obituaries/northjersey/obituary.aspx?page=lifestory&pid=125208185>

Kevin Hawkins:

<http://www.odmp.org/officer/19117-detective-kevin-hawkins>

Robert Williamson:

<http://www.odmp.org/officer/19094-detective-robert-w.-williamson>

John Young:

<http://www.odmp.org/officer/19092-detective-john-t.-young>

Thomas Brophy:

<http://www.odmp.org/officer/19088-police-officer-thomas-g.-brophy>

Ronald Weintraub

<http://www.odmp.org/officer/19086-police-officer-ronald-e.-weintraub>

Madeleine Carlo

<http://www.odmp.org/officer/19095-police-officer-madeline-carlo>

Frank Macri

<http://www.odmp.org/officer/19455-police-officer-frank-macri>

Michael Ryan

<http://www.odmp.org/officer/19096-sergeant-michael-ryan>

Fred Ghussin

<http://www.odmp.org/officer/19118-senior-investigator-fred-ghussin>

Brian Ellicott:

<http://www.afscme.org/publications/17575.cfm>

http://www.jems.com/news_and_articles/in_memoriam/EMS_Lieutenant_911_Responder_Dies.html

Deborah Reeve:

http://www.dc37.net/news/pep/5_2006/9_11responder.html

Bernie Cornell:

<http://www.thebravest.com/FDNYNewsArchive/08/0908/21a.htm>

Gary Mausberg:

[http://www.officer.com/web/online/Top-News-Stories/Ground-Zero-NYPD-Officer-Dies-of-Cancer/1\\$43629](http://www.officer.com/web/online/Top-News-Stories/Ground-Zero-NYPD-Officer-Dies-of-Cancer/1$43629)

Ray Hauber:

<http://a4h-vs-mesothelioma.blogspot.com/2007/08/throat-cancer-kills-wtc-worker.html>

Etta Sanders:

<http://a4h-vs-mesothelioma.blogspot.com/2007/07/i-believe-my-cancer-is-related-to.html>

Glenford Pennington:

http://www.dc37.net/news/PEP/9_2007/9_11pennington.html

http://www.dc37.net/news/PEP/6_2007/9_11Pennigton.html

Leon Hayward:

http://www.blz.com/news/2009/01/16/adds_mans_cancer_death_9/11_3969.html

<http://abcnews.go.com/US/wireStory?id=6665262>

John Murray:

http://www.blz.com/news/2009/01/16/adds_mans_cancer_death_9/11_3969.html

David Knecht, Bob Shore (+ others; + effects on children):

<http://www.newsinferno.com/archives/1069>

Steven Yurek: (+ other brain cancers)

[http://cms.firehouse.com/web/online/News/911-NYC-Responders-Stricken-With-Brain-Cancer/46\\$48659](http://cms.firehouse.com/web/online/News/911-NYC-Responders-Stricken-With-Brain-Cancer/46$48659)

Greg Quibell:

<http://saywhen.wordpress.com/2008/08/28/first-responder-greg-quibell-dies-of-911-illness/>

John MacNamara:

<http://wcbstv.com/topstories/john.mcnamara.fdnny.2.1122558.html>

Roy Chelsen:

http://www.nydailynews.com/ny_local/2011/01/10/2011-01-10_hero_of_sept_11_loses_his_battle_with_cancer.html

Randy Wiebickie:

<http://www.cnn.com/2011/HEALTH/03/02/new.york.firefighter/>

Robert Ehmer:

http://www.nydailynews.com/ny_local/2010/11/21/2010-11-21_wtc_hero_loses_his_fight_with_cancer.html

Leon Heyward:

<http://www.nydailynews.com/blogs/dc/2010/09/911-responders-were-all-over-t.html>

Jim Ryan:

http://www.nydailynews.com/news/2009/12/26/2009-12-26_really_great_911_rescuer_dies_of_cancer.html

Robert Grossman, Cory Diaz, John MacNamara:

http://www.nydailynews.com/news/2009/12/26/2009-12-26_really_great_911_rescuer_dies_of_cancer.html

Robert Grossman:

<http://www.newsday.com/long-island/nassau/cop-who-worked-at-ground-zero-dies-of-brain-tumor-1.1517298>

Chad Milosevich:

<http://www.kdvr.com/news/kdvr-colorado-man-passes-away-helped-nyc-after-911-attacks-20110309,0,2500308.story>

*

The articles above illustrate how the lives of 9/11 victims and their families are being impacted by cancer. It is of paramount importance that cancer be added to the list of covered conditions for the Zadroga bill, and that those affected get the coverage and care they need.

Very Truly Yours,

Claire Calladine
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Comments
Esteemed NIOSH Zadroga Panel,

As a further reference to the need for cancer coverage under the Zadroga Bill for 9/11 victims, please refer to the 5.31.07 New England Journal of Medicine Article and Audio Transcript entitled The Legacy of World Trade Center Dust:

article: <http://www.nejm.org/doi/full/10.1056/NEJMp068287>

audio transcript:
http://www.nejm.org/action/showMediaPlayer?doi=10.1056%2FNEJMp068287&aid=NEJMp068287_attach_1&area=&viewType=Popup&viewClass=Audio

Excerpts from Audio Transcript--New England Journal of Medicine Interview with Robin Herbert, co-director of the World Trade Center Medical Monitoring Program at Mt Sinai Hospital, NYC.

"...One of the first things we noticed when we started monitoring (the WTC workers) was that the nasal passages of all the responders looked like they had chemical burns: they were a bright cherry red. This was such a consistent finding... Most of the patients also had the persistent dry cough, that became known as the WTC Cough...

We're very concerned about current health effects and what may emerge down the road. We've examined over 20,000 responders, (as of 2007), and reported to date on the first 11,000-plus. Fully 70% have respiratory problems, and those problems have persisted in 60%. There is also a very alarming rate of spirometry (breathing test abnormalities). Over 1/3 of responders had abnormal breathing tests. We have done a separate report on the mental health of 1000 responders and have found persistent depression and PTSD. 40% of our physical health patients also have mental health conditions.

We are likely to see two, if not three different types of disease waves due to the different types of exposures:

First Wave: Acute respiratory problems ...due to the extraordinarily irritating highly-alkaline concrete dust. We think this primary exposure caused the initial health problems, and we have been astonished at how persistent the respiratory health effects are.

Second Wave: We are now seeing the persistence of an Athsma like pattern and/or restrictive lung diseases, (and) ...increased rates of interstitial lung diseases... (such as) ...Sarcoid-like Granulomatous disease...

Third Wave: Cancers of the hematologic and lymphatic system.
..Leukemia, lymphomas etc.

Among the exposures were a mix of cancer-causing agents which include a mix of asbestos, PAH's, dioxins, and various other carcinogens. ...The kind of thing that worries us is the handful of cases of Multiple Myeloma in very young individuals. Multiple Myeloma almost always presents later in life. This is an unusual and troubling finding. One of the things that surprised me and my colleagues is how often we're seeing the so-called 'zebras'--the conditions that we never actually saw in our life before... the conditions like Polymyocitis and Multiple Myeloma in young individuals that are rare and unusual conditions...

The big concern is that: A--you have a mix of cancer causing agents.
B--those are mixed with an unbelievable range of other chemicals. The reality is we're never going to know the full range of what the WTC responders were exposed to.

You really worry when you have a mix of chemicals about the possibility of synergistic effects. So you have not only the mix of cancer-causing agents, but exposure to agents that cause inflammation. We know that with lung cancer, for example, inflammation in and of itself can be a risk factor... We know that the exposures included a potent mix of carcinogens. We feel that its our public health responsibility to be hyper-vigilant for the emergence of any unusual or serious diseases among the responder population..."

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Comments
Esteemed NIOSH Zadroga Panel:

Please refer to the following Excerpts from the book 'Fallout' by Juan Gonzalez, as they specifically relate to the toxins suffered by the 9/11 Population and the potential relation to cancer. As you can see by the extremity of the exposures incurred, it is highly likely that the cancers incurring in the 9/11 population are as a DIRECT result of the exposures to these toxins, both numerous and extreme.

Claire Calladine
9/11 Health Now
www.911healthnow.org

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9/11: Anatomy of an Environmental Disaster

World Trade Center Dust--Why was it so toxic?

During the collapse of the World Trade Center (WTC), two 110-story buildings and their contents were pulverized into an enormous dust cloud that billowed over vast areas of Lower Manhattan and Brooklyn, with much of the dust settling at and around the disaster site--a 10-story, 16-acre rubble pile weighing an estimated 1.8 million tons, under which dozens of oil-fed fires raged and burned. Due to its unique composition, WTC dust was exceedingly toxic: pulverized building materials such as concrete, gypsum, glass and asbestos, as well as the building's contents--computers, fluorescent fixtures, styrene furniture, nylon carpeting and PVC-insulated telecommunication cables--were all blasted into a toxic chemical dust the likes of which had never been encountered in human history. In addition, thousands of pounds of arsenic, lead, chromium, mercury and other toxic substances from the destroyed U.S.

Customs Service laboratory were pulverized and released into the mix during the collapse.

World Trade Center Fires

On September 11th, 200,000 gallons of diesel fuel and transformer oil stored in tanks underneath the WTC site ruptured and caught fire, creating a giant underground inferno beneath the pile on which the rescue workers toiled. These fires burned and smoldered until late into January 2002, releasing vast amounts of toxic chemicals and petroleum emissions.

Emissions from the WTC fires were so strong that air pollution expert Thomas Cahill's UC-Davis monitoring station one mile from Ground Zero recorded levels 15-20 times higher than any previously recorded in the US.

Cahill declared that the emissions from the WTC fires were greater than those of the Kuwait oil field fires after the Gulf War.

Corrosiveness of WTC Dust

Trade center dust was highly corrosive to human lungs, due to the high content of concrete, gypsum and glass.

The dust was also highly alkaline, with common readings of between 9.5 and 10.5, the alkaline equivalent of ammonia, or even 12.1--the corrosiveness of drain cleaner.

WTC Toxins:

Asbestos

400 to 1,000 tons of asbestos from the Twin Towers were pulverized and released into the air and dust cloud during the building collapse. This translates to a shocking 800,000 to 2,000,000 (two million) pounds.

Little professional abatement was done, and the majority of the dust and rubble which harbored asbestos and other toxins was handled directly by the responders, most of whom did not have any protective respiratory gear.

This lack of professional abatement and protection for recovery personnel and is in stark contrast to the \$90M 7-month evacuation and abatement to the Gramercy Park neighborhood of Manhattan, which had been contaminated by a mere 200 pounds of asbestos when a Con Edison steam pipe exploded in 1989.

Asbestos levels measured in many parts of lower Manhattan were higher than those found in Libby, Montana, where the EPA conducted a massive 'Superfund' town cleanup in 2001 because of widespread asbestos contamination.

The EPA chose to endorse outdated testing methods for its Ground Zero asbestos monitoring, that permit asbestos levels 4-8 times higher than the standards applied at the Libby, Montana site.

Even utilizing the outdated methods, 35% of the EPA testing showed dangerous 'above 1%' levels. Independent testing showed consistently unsafe levels of asbestos, up to 150 times higher than the EPA standard.

In early asbestos tests, on 8 occasions the filters of the EPA monitoring stations became so overloaded with particulate matter that they could not be analyzed.

Asbestos levels in the drain water from the WTC site were 9.6 billion fibers per liter, over 1000 times the accepted safe level of 7 million fibers per liter.

Lead

An estimated 200,000 to 400,000 pounds of lead from the Twin Towers' computers was pulverized and released into the dust cloud during the building collapse.

Lead exposure can damage body systems, particularly the central nervous system, reproductive system, and kidneys. Infants and unborn children are particularly at risk.

17.5 % of EPA tests showed elevated lead levels. However, those tests were 'grab samples' only, and not the more thorough 24 or 72-hour extended tests that indicate accurate readings. During that same period (October 2001), the UC-Davis monitoring station one mile from Ground Zero recorded dangerously elevated lead levels in the air.

Mercury

Mercury is so poisonous at even minute quantities that all discarded lamps and light fixtures are considered hazardous waste materials.

500,000 mercury-containing fluorescent fixtures were shattered during the WTC collapse, resulting in an estimated 10-25 pound release of mercury.

The amount of mercury in the WTC collapse has the potential to pollute a 400,000 acre (or 625 square mile) lake.

Mercury exposure causes lung, brain and kidney damage, increases in blood pressure and heart rate, eye damage, skin rashes, impairment of vision and hearing and memory loss.

Water samples taken within one week of the disaster showed extraordinarily high levels of mercury: 8.8 parts per billion, four times the Agency's 'Acute Marine Criteria', the rate at which most fish are killed within one hour.

Private testing to a building northeast of the WTC site showed high levels of mercury that had penetrated to even behind the walls, as well as asbestos and dioxin.

A random testing of 15 Port Authority workers at the site found elevated levels of mercury in the blood.

Dioxins & Furans

Highly carcinogenic compounds generated as by-products of the combustion of plastics, chlorinated chemicals, bleached paper products, or the incineration of wastes.

The EPA had no standards for safe dioxin air levels at the time of the WTC attacks. The agency devised impromptu safety benchmarks to deal with the crisis that shocked scientists nation-wide because of the seemingly arbitrary levels and lack of peer review from within the agency.

In spite of the low benchmark safety levels, EPA tests showed dangerous dioxin levels in 43% of tests around Ground Zero, and as far as one mile away from the site.

The most notorious dioxin is TCDD, also known as Agent Orange. The chemical was used extensively by the U.S. military in Vietnam as a defoliant during wartime. Agent Orange has affected the health of up to

2.6 million Vietnam veterans.

Agent Orange exposure results in prostate and respiratory cancer, multiple myeloma, type II diabetes, Hodgkin's disease, Non-Hodgkins Lymphoma, Soft Tissue Sarcoma, and other illnesses. Children of Agent Orange-exposed victims are also affected.

Dioxins and furans accumulate in body fat and have a half-life of 7-20 years.

PVCs--Polyvinylchloride & PCBs--Polychlorinated biphenyls

Staggering levels of PVC emissions occurred at Ground Zero as a by-product of the petroleum fires, plus the combustion of the miles of plasticized telecommunications cables contained within the buildings.

When burned, PVC produces over 300 species of poisonous toxins, including phthalate, anhydride, benzene, xylene, toluene, formaldehyde, polyaromatics, chlorine & hydrogen cyanide.

Long term effects of PVC exposure include impaired disease resistance, coughing, sore throats, loss of lung function, asthma, upper respiratory allergies, headaches, memory impairment, dizziness, depression, menstrual difficulties, malignancies, blood ailments, vascular disorders and a host of cancers.

Dangerous levels of benzene were found consistently at the site all the way through January.

Sample readings in October found benzene levels 58 or 86 times the safe threshold (October 5 & 11). A January 7, 2002 benzene reading found 180,000 ppb--180 times above the OSHA limit of 1,000 parts per billion in air.

PCB emissions--released by burning petroleum--affect the immune, nervous, reproductive and endocrine systems and are known carcinogens.

Drain water flowing off the WTC site on September 14 showed PCB levels 75,000 times higher than any previously reported.

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Research compiled by Claire Calladine, co-founder 9/11 Health Now, from the book *Fallout--The Environmental Consequences of the World Trade Center Collapse* by Juan Gonzalez

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From: 911health.now@gmail.com
Sent: Friday, April 29, 2011 5:09 PM
To: NIOSH Docket Office (CDC)
Subject: 226 - Implementation of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L 111-347) Comments

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Comments
Esteemed NIOSH Zadroga Panel,

Please find articles below referencing the link between 9/11 exposure and Multiple Myeloma, a blood cancer which is increasingly linked to 9/11 exposure. There is a growing need for multiple myeloma and other types of blood cancer-coverage for 9/11 victims under the bill.

<http://health.usnews.com/articles/health/healthday/2009/08/10/911-responders-may-be-at-raised-myeloma-risk.html>

CBS: <http://www.cbsnews.com/stories/2009/08/10/health/main5228710.shtml>

NJ.com: http://www.nj.com/news/index.ssf/2009/08/new_york_researchers_say.html

APP.com: <http://www.app.com/article/20090809/NEWS/90809027/1001/rss>

Submitted by Claire Calladine
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From: 911health.now@gmail.com
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Comments
Esteemed NIOSH Zadroga Panel,

Please click on the link below to view the written statement of Detective James Zadroga from the 9/11 Commission Files.

<http://www.scribd.com/doc/14780344/Written-Statement-of-James-Zadroga-from-911-Commission-Files>

Detective Zadroga's words of suffering and despair echo those of the tens of thousands of 9/11 victims across the country who have been decimated by illness, neglect and a lack of recognition by government officials and the U.S. medical establishment.

Many 9/11 victims and families will continue to suffer even AFTER the Zadroga bill is implemented due to continued denial of the link between 9/11 exposure and illness. THAT LINK IS CLEAR BY NOW, this disaster was unprecedentedly toxic, and there should be NO MORE DENIAL AND STONEWALLING.

9/11 victims have suffered immeasurably, and will continue to suffer as long as the government and medical establishment continue to drag their feet on cancer and other 9/11 illnesses such as musculo-skeletal and rheumatologic diseases. Enough is enough! Give the 9/11 population the care and coverage they need and DO THE RIGHT THING in this 10th Anniversary year of the attacks and beyond! Please support the Responders, and ALL the members of the 9/11 community by extending Zadroga coverage to ALL 9/11-related illnesses, not just a select few.

Very Truly Yours,

Claire Calladine
9/11 Health Now
www.911healthnow.org