

Hello, everyone. Thank you so much for providing me the opportunity to share my thoughts today.

My name is Piera Greathouse-Cox. I'm a member of the World Trade Center Health Program and I sit on the Survivors Steering Committee.

A bit of personal history: I was 16 years old at the time of the September 11th attacks and living in an apartment two blocks from Ground Zero, where I remained throughout the first year of the cleanup effort.

In 2019, I was diagnosed with adrenal cancer. When I was approved for enrollment in the World Trade Center Health Program, I felt extremely relieved and grateful to have access to the care offered by the Nationwide Provider Network. But my diagnosis raises larger questions for 9/11 affected young adults who need and deserve answers in the form of research.

I'm here today to advocate for more studies on the health impacts of exposure to 9/11 related toxins on the tens of thousands of children who lived or attended school in the NYC Disaster Area. The good news is that, in December 2022, the Senate passed Amendment 6607, which authorizes the creation of a *new* cohort comprising *exactly* that population--a population currently understudied by the WTC Health Program, which has focused almost exclusively on mental health impacts. We need more information about *cancers* emerging in this population. We need more information about *non-cancer* conditions emerging in this population. And we can *meet* these needs through more equitable inclusion in studies that satisfy the WTCHP's evidentiary requirements for demonstrating causal association between health conditions and 9/11 exposure.

Tracking this cohort over time would almost certainly produce actionable data on subjects who have long gone underresearched. It would also empower survivors to advocate for access to care using studies that meet the WTCHP's rigorous standards for admissibility.

The bodies the science has been attending to--primarily male, primarily middle-aged--are only *some* of the bodies that were present on 9/11 and during the many months of cleanup. In attending to the physiological impacts on people who were under 18, half of whom are female, we create a significant opportunity for improved outcomes among long-neglected survivor groups like women. In maximizing our ability to identify long-term trends among diverse populations, we can ensure that research keeps pace with the emergence of 9/11 related non-cancers. But good longitudinal data doesn't benefit only people like me. As the WTCHP adds new conditions and develops more robust medical screenings, it will better provide potentially life-saving interventions for *all* responders and survivors whose health was harmed by the World Trade Center disaster.

As a starting point, the Survivors Steering Committee is calling for the Administrator to request that the STAC hold a meeting to discuss the Program's ideas and plans for the creation of the new WTC cohort *before* any plans are implemented.

As someone with a rare cancer, I'm fortunate to have my medical expenses covered. There are people who need and deserve access to the same excellent World Trade Center Health Program resources that I have. People who may be facing mountains of medical debt because their conditions cannot be certified. That this is the case for people with auto-immune disorders and other conditions that are increasing in frequency among responders and survivors may be a reflection of inadequate research. Research which we now have the authorization to pursue.

My thanks to the STAC for all your work and to everyone present for allowing me to share my thoughts today. I'll end here.