

Oral comment

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Good afternoon every one. My name is Matthew Skiba, I am the son of former New York State Police Captain David Skiba.

First and foremost I just wanted to give credit and applaud everyone at the World Trade Center Health Program and Victim's Compensation Fund. When new data and information becomes available, your adaptability and flexibility allows for the support of all those who have sacrificed and/or suffered since September 2001. I am optimistic that uterine cancer will be added to the list of covered conditions, but today I wanted to discuss a separate issue that I believe needs more attention.

The policy I want to talk about is titled "Minimum Latency & Types or Categories of Cancer." I'm sure the entire STAC Committee is familiar, but for those listening who are unfamiliar, latency can be defined as the amount of time that passes between exposure to a carcinogen and diagnosis of disease. The current policy states that all solid cancers need a minimum of four years to pass until a condition would be recognized. This means any patient diagnosed with any type of solid cancer earlier than September 2005 would be ineligible for any benefit.

Since this policy was last revised in 2015, more information has been published regarding latency. A study published in October 2020 by the International Journal of Environmental Research and Public Health identifies itself as the "first report on cancer characteristics of enrollees at WTC Environmental Health Center," a part of the WTCHP. It studies 2999 cancer diagnoses across 2561 patients enrolled within the WTCHP. Among the information reviewed is earliest onset diagnosis for each type of cancer. The earliest case of breast cancer among WTCHP patients was diagnosed 3.3 years after September 2001. The earliest case of lung cancer among WTCHP patients was diagnosed 3.3 years after September 2001. The earliest case of head and neck cancers among WTCHP patients was diagnosed 3.6 years after September 2001. And the earliest case on prostate cancer, among WTCHP patients, was diagnosed 3.9 years after September 2001. Based on currently used policies, which states a minimum latency of four years, all of these patients are ignored. The door is shut on their claims due to the sole fact that they developed cancer more rapidly than the arbitrary expectation of four years.

Among these patients that have been ignored and denied repetitively, is my dad, David Skiba. At the time of 9/11, my dad was a 37 year old, healthy, trooper with a seven and three year old at home. According to the many affidavits we have from numerous New York State Police members, my dad was the among those most frequently assigned to the rescue and recovery details at ground zero. In January 2005, three years and four months after September 2001, my dad was diagnosed with lung cancer. He battled this cancer for three years and ultimately passed away on February 19, 2008. He was 43 years old. He didn't get to watch his 13 year old daughter and 10 year old son grow up. He didn't get to enjoy retirement like most of the colleagues he came up with are now. And since the NYSP has alligned with the WTCHP policies, he is not recognized for his contribution to one of the most significant events in US history. His death isn't considered a line of death duty. His face isn't on the wall of honor at the NYSP Academy. But those who he worked along side at ground zero are. Because he was diagnosed with cancer eight months earlier than the claimless value of four years - that new studies suggests is incorrect - I wont be able to bring my kid's to the wall of honor and tell them all about their grandpa. This policy has left my mom Linda, my sister Nicole, my aunt Lisa, my grandparents Matty and Lydia, myself, and most importantly, my dad, literally and figuratively, in the dust.

Within the "Minimum Latency & Type or Category of Cancer" policy, the first method that is listed to determine latency is direct observation. I believe that the study published by the International Journal of Environmental Research and Public Health satisfies this requirement. With many cancers diagnosed earlier than four years, I believe the policy should be adjusted, whether the latency is decreased to three years like studies suggest, remains at four years but rather than shutting the door entirely on those who are diagnosed earlier, reviews on a case by case basis, or is entirely eliminated. It would bring justice to my family, my dad, and the many other families that are stuck in the same situation.

Thank you all for listening and allowing me this platform. I've covered everything I was hoping to and I hope that these short five minutes generate some momentum and action to look into a policy that both conflicts with currently available data, and excludes heroes, like Captain David Skiba.