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My name is Jeff Braccini; I am a 24-year Navy veteran, and have fought for my country in two wars. I now find myself in a different kind of war, but one just as deadly. My 4-year-old son has acute lymphocytic leukemia. As my son fought for his life, I promised to be with him every moment of every procedure. I indulged myself in research. Since his diagnosis, I have dived into all available research on this disease and it's cause

Our environment is changing; we are by far not the first and sadly we will not be the last community to suffer a cancer cluster. I believe that lessons can be learned from our tragedy and that is why I am here. **Time** is of utter importance in identifying a cluster: the CDC and ATSDR have both stated they must capture time in biological, air, water, and soil samples. If they lose that time then they must try to reconstruct the cluster window, as they have been trying to do in Fallon.

The cluster of childhood leukemia in Fallon was only brought to light when parents and an oncology nurse noticed and brought the issue to a legislator who in turn brought it to the attention of the State Health Department.

As it stands now the current registry is a failure. It collects data without analyzing the numbers and reports less information to the public than it did 10 years ago. The Registry needs to collect data, analyze the numbers, age-adjust them, get data from other states in a timely manner and then IDENTIFY problems.

A registry is useless unless a competent medical doctor analyzes the data on a regular basis and establishes trends. A positive protocol needs to be established for rapid biological and environmental sampling. So many times I've heard the reasons we can't, yet so many researchers are saying why we can. With a positive approach anything can be accomplished.

We should model our registry after other successful states. New York breaks cases down by zip codes and is developing maps showing distribution of cancer risk factors statewide. Kentucky State Cancer Registry was able to save thousands of lives by using cancer statistics to pinpoint women most at risk of breast cancer and in need of screening. This program has blossomed into prevention. By identifying trends communities can screen for prevention, not only for cancer but also for other chronic diseases.

In Fallon schools, we have a known carcinogen in our water at 10 times the federal limit, arsenic. The permissible exposure limit, a measuring standard set by law for 8 hours per day is 10 ppb, just 3.40 ounces, a sip or two of Fallon City water exceeds the standard set for Adults.

Just as we will follow the examples of others in fashioning an effective cancer registry, we in Fallon find the unique situation to be a model for fixing temporary problems that arise from complying with the Safe drinking Water Act. No other community in the nation has a higher arsenic level in their school water supply than Fallon. We seek immediate relief in the schools from unsafe drinking water conditions. Just last night I learned that Senator Mike McGinness is seeking legislation to create a state administered

fund for the purchase of alternative sources of drinking water in school districts where current drinking water standards cannot be met statewide. Ladies and Gentlemen this is Fallon right now.

While arsenic alone may not have caused our cluster it cannot be discounted as a factor in its development. The effects of ingesting Arsenic include damage to the immune and neurological systems, diabetes, and with prolonged exposure it will cause cancers such as: lung, prostate, kidney, and skin cancer. Doctors are just learning to identify arsenic induced chronic diseases.

The current study by the EPA in Fallon conducted by Dr. Calderone is a positive step in educating the medical profession. (Data will be released this fall on the effects of arsenic levels on adults in Fallon.

Every toxicologist and oncologist I have spoken with have all stated you do not feed arsenic, a known carcinogen, to children. I ask, "Will it be the next cup that exceeds the threshold of one of our children?" A statement from Dr. Michael Harbut, MD, MPH, FCCP Chief, Center for Occupational/Environmental Medicine, Concerning Fallon school children. "We do what we can to prevent premature death and needless suffering. That's what makes us moral, decent human beings. There is sometimes a significant cost to doing the right thing. Not letting children drink water with arsenic in it seems that it would be one of those issues, which defines the actual character of a leader and of parents.

In conclusion: Outside researchers continue to investigate Fallon, a positive approach that Fallon should welcome. We are fortunate that our community has received attention; there are communities across Nevada that will need and benefit from the lessons learned here.

I urge Nevada to use the lessons learned in Fallon to establish a positive reactive registry throughout this state. **Pioneers built our state; it's time we continue to pioneer into the identification and prevention of cancer and chronic diseases!**

The health of our people, the future of our children is at stake here.

Thank you.