



**MEETING WITH DR. JOHN HOWARD  
DIRECTOR, NIOSH  
FEDERAL COORDINATOR, 9/11 HEALTH ISSUES**

**April 28, 2006**

**comments of  
David M. Newman, M.A., M.S.  
NYCOSH Industrial Hygienist**

My name is David Newman. I am an industrial hygienist with the New York Committee for Occupational Safety and Health (NYCOSH). I had the privilege of serving on the EPA WTC Expert Technical Review Panel until it was prematurely terminated.

The White House's mandate to the panel called on us to:

- characterize any remaining exposures and risks;
- identify unmet public health needs, and;
- recommend steps to further minimize risks associated with the aftermath of the World Trade Center attacks.

Unfortunately, we did not have the opportunity to complete these tasks. I hope that in so far as it is possible you will use the panel's uncompleted mandate - to characterize remaining exposures and risks, to identify unmet public health needs, and to recommend steps to further minimize risks - as the framework for your report.

Almost 5 years after 9/11, we still do not have a good understanding of the nature and extent of 9/11 contamination. Although public and private sampling efforts have been

extensive, neither EPA nor any other agency has designed or implemented a systematic, comprehensive environmental testing program. It is essential that you understand that adequate investigation of potential 9/11-related contamination of indoor residential spaces and workplaces has yet to occur. As a result, our knowledge of the composition, concentration, and dispersion of 9/11-related contaminants remains limited, as does our ability to draw any scientifically valid conclusion of safety or risk, whether previous or current.

There were and are multiple distinct exposure populations. These include:

- persons caught in the dust cloud on 9/11;
- workers and volunteers at Ground Zero and at the associated debris removal and waste transfer operations;
- workers, largely immigrant day laborers, who engaged in regular cleanup of WTC dust and debris in Lower Manhattan commercial and residential spaces outside Ground Zero;
- workers who engaged in the restoration of essential services in Lower Manhattan, such as telecommunications, electrical, water, sanitation, transit, etc.;
- workers who are currently engaged in the demolition of 9/11-contaminated buildings; and finally,
- residents, workers, and students who remained in or returned to Lower Manhattan and were or are subject to exposure from secondary sources.

You should understand that there have been virtually no efforts to characterize exposure in any of these distinct populations.

OSHA's respiratory protection standard was not enforced at or around Ground Zero. As a consequence, among the 40,000 or more workers at Ground Zero, the percentage that wore respirators never surpassed 60% and sometimes was as low as 20%.

Additional thousands of transit, sanitation, utility, telephone and other workers engaged and continue to engage in disturbance activities in the course of their work in spaces that have never been tested or cleaned. They were or are exposed or potentially exposed to toxic contaminants, without being appropriately trained or equipped with personal protective equipment. The percentage of workers in these populations who wore respirators was probably close to zero.

Of the hundreds of immigrant day laborers engaged in the cleanup of contaminated offices and residences around Ground Zero that NYCOSH and the Queens College

Center for the Biology of Natural Systems saw at our mobile medical van, the vast majority continue to have persistent respiratory symptoms, while having no medical coverage and largely remaining outside the workers comp system. Virtually none of these workers was permitted by their employers to wear a respirator, even after NYCOSH supplied them.

The approximately 1,500 commercial and institutional buildings in Lower Manhattan, which house thousands of industrial and commercial workplaces as well as schools and fire houses, were entirely excluded from EPA's limited cleanup program in 2002, which addressed residences only. Employers received from the government neither technical guidance nor financial assistance pertaining to the effective and safe removal of indoor contaminants. Workplaces will again be excluded from the EPA "test and clean" that is to be announced shortly.

There are no data that indicate that workplaces were impacted differently or less severely than residences, and I believe no such assertion could be plausibly made. Nor are there any data that indicate that in the period from September 11, 2001 to the present day, a significant number (or any number) of workplaces benefitted from employer-conducted and -financed cleanup efforts, or that these efforts were effective.

It is important that you understand that the consequence of exclusion of workplaces from government testing and cleanup will be that few or no workplaces will be sampled or cleaned. Stated differently, levels of contamination that will trigger cleanup in residences will be allowed to remain in places of business, and workers may continue to be exposed over time. In addition, the opportunity to obtain environmental sampling data from dust in workplaces, and thus to more fully characterize the nature and extent of remaining 9/11 contaminants, if any, will have been lost.

It is essential to provide access to screening and medical treatment for workers and residents who have suffered adverse health impacts from exposure to 9/11 contaminants. It is also essential to acknowledge that health impacts are not limited to Ground Zero workers and volunteers. Further, potential exposure to 9/11 contaminants is not a thing of the past but in fact is ongoing among the hundreds of workers currently involved in demolition operations and may well be ongoing among other workers and residents.

Given the dearth of government 9/11-related environmental health efforts to date, particularly with regard to, but not limited to, workers and workplaces, I urge you to

acknowledge these shortcomings in your report and to call for the following measures:

- inclusion of workplaces in government testing and cleanup efforts;
- enforcement of applicable environmental and occupational safety and health standards;
- strengthening of the regulatory framework;
- adequate government funding and support to ensure access to medical screening and treatment, both short and long term, for all affected populations, including day laborers and residents;
- dissemination of guidelines to the medical community that mandate and assist in identification, treatment, and reporting of 9/11-derived illness; and
- tracking of 9/11 illnesses and fatalities.

Thank you for this opportunity to share our concerns.