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CONTINUATION OF 9/11 HEALTH EFFECTS: ENVIRONMENTAL IMPACTS FOR RESIDENTS AND RESPONDERS

HEARING

BEFORE THE

SUBCOMMITTEE ON GOVERNMENT MANAGEMENT, ORGANIZATION, AND PROCUREMENT

OF THE

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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CONTINUATION OF 9/11 HEALTH EFFECTS: ENVIRONMENTAL IMPACTS FOR RESIDENTS AND RESPONDERS

MONDAY, APRIL 23, 2007

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON GOVERNMENT MANAGEMENT,
ORGANIZATION, AND PROCUREMENT,
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Brooklyn, NY.

The subcommittee met, pursuant to notice, at 10 a.m., in Brooklyn Borough Hall, 209 Joralemon Street, Brooklyn, NY, Hon. Edolphus Towns (chairman of the subcommittee) presiding.

Present: Representatives Towns, Murphy, Maloney, and Platts.

Also present: Representatives Weiner and Nadler.

Staff present: Michael McCarthy, staff director; Rick Blake, professional staff member; Cecelia Morton, clerk; and John Cuaderes, minority senior investigator and policy advisor.

Mr. TOWNS. The subcommittee will come to order. Before starting our proceedings today, I just want to say two words about one of our colleagues who passed away. Juanita Millender-McDonald passed away yesterday, who happened to be my next door neighbor in the Rayburn Building in Washington, DC.

Her office is right next to my office. We served together for many years. And she, of course, chaired the House Administration Committee and has done a fantastic job in that regard.

So we will miss Congresswoman McDonald. And I would just like for you to just pause for a moment of silence.

[Pause.]

Mr. TOWNS. Thank you.

We are in the borough presidents—of course, Marty Markowitz has made it possible for us to come in. And I was sort of looking for him to ask him to bring greetings today, but I do not see the borough president. Oh, he is on his way upstairs? OK.

Well, we will just pause a moment to ask him to bring greetings, of course. And if he can't bring greetings, we will have to ask the deputy borough president to bring greetings because we want to thank you for allowing us to come in and hold the congressional hearing.

While we are waiting on him, let me just sort of introduce the members on the panel here in terms of our Congressmembers. First, we have the ranking—actually, the former chairman of this subcommittee before, as you know, the House did a little switch. And he was the Chair. Of course, I was ranking at the time he was

chair. And he did a marvelous job. I enjoyed working with him. And, of course, he hails from Pennsylvania, Representative Platts from Pennsylvania, whom you will be hearing from a little bit later on in his statement.

Then, of course, we have with us Congressman Nadler, who also represents a portion of Brooklyn. So he is at home here, of course. And then, of course, you have Carolyn Maloney from Manhattan, who has been very involved in this issue as well.

So we will pause at this point to ask the borough president of Brooklyn, the Honorable Marty Markowitz, to bring greetings to us and to thank him for allowing us to come in to Borough Hall, a place that I am very, very familiar with.

Borough President Marty Markowitz.

Mr. MARKOWITZ. You sure are. And, remember, mi casa es su casa.

Thank you very, very much. It is so good to see you. Jerry Nadler, who serves Brooklyn with tremendous distinction; Congressmember Platts, welcome to where New York State begins, Brooklyn; Carolyn Maloney, who is an outstanding Member of the Congress from our outer borough, Manhattan—and thank you all for your personnel; I mean it, Carolyn—and Chairman Ed Towns. It is a pleasure to call you Chair. And you should always be chair for all the days to come. And I mean that.

Mr. TOWNS. Thank you.

Mr. MARKOWITZ. Let me say good morning to the Subcommittee on Government Management, Organization, and Procurement, Committee on Oversight and Government Reform. Welcome to what we call Brooklyn City Hall.

I want to thank everyone here for making yourselves available to talk about the health concerns of Brooklynites, especially as they relate to the devastating attacks on 9/11. The single most important thing to any human being, as we all know, is his or her health.

I'm sorry. Congressman Weiner, welcome. Welcome. Congressman Weiner serves Brooklyn and Queens superbly. And the only word I have to say about him, he's too thin. That's the only thing. I have tried since I've known him to fatten him up. Obviously I get fatter as I talk about it. Congressman Weiner, thank you very much.

Mr. WEINER. Keep those Junior's cheesecakes coming.

Mr. MARKOWITZ. Right past me to you. I know. And so it goes without saying that as elected officials, our No. 1 priority is doing everything in our power to ensure that our residents get the treatment and care they need and deserve.

That is why I along with all of our residents am profoundly grateful to our colleagues at the Federal level who have introduced in both the House and the Senate the 9/11 Heroes Health Improvement Act of 2007. This bill would provide $1.9 billion in Federal funding for medical and mental health screening, testing, and treatment grants to health care institutions that care for those affected by the 9/11 attacks.

We applaud Congressmen Towns, Nadler, Engel, Weiner, Platts, and Maloney for taking action. We urge Congress to pass this legislation quickly.

The heartbreak that Brooklynites experienced on 9/11, the days and months afterwards, and even to this day, as you know, is as searing and complete as that of any New Yorker or any American. Three Brooklyn police officers perished in the rescue efforts, and 82 of New York's bravest from Brooklyn firehouses died on the scene.

According to the World Trade Center health registry, at least 8,000 Brooklynites were in the downtown area during the towers' collapse. Countless numbers of our residents breathe in contaminated air from the smoke plume that drifted to Brooklyn on that terrible day.

Finding out how our residents' health may have been impacted and getting them the treatment that is denied them is the right thing to do, as you know.

I thank you for holding this important hearing in Brooklyn. Many Brooklynites are still waiting to be compensated and cared for. No one knows better than all of us here in Brooklyn how tough Brooklynites are and the tremendous attitude they bring to every challenge. But the heartbreak of 9/11 will always front our collective memories.

The least we can do is to get our residents the treatment and care they need so that the health conditions that resulted from the 9/11 tragedy are a thing of the past.

Thank you and good morning. And I know that our deputy borough president, Yvonne Graham, will get into much greater depth on this. Thank you very, very much for being here.

Mr. TOWNS. Thank you very much, Mr. President.

Mr. MARKOWITZ. My pleasure.

Mr. TOWNS. Thank you very much for allowing us to come in. And thank you for your welcome.

Mr. MARKOWITZ. Welcome home, by the way.

Mr. TOWNS. Thank you. Thank you. And I also thank you for calling me chairman.

Mr. MARKOWITZ. I love that title.

Mr. TOWNS. Let me ask unanimous consent that these members of the New York City delegation be allowed to participate in today's hearings. That's Congressman Weiner and, of course, Congressman Nadler and Congresswoman Maloney. Without hearing any objection, it is so ordered.

I would also like to welcome those seated in the audience who are either first responders or who belong to a trade union and other organizations who represent these heroes. You are the primary reason we are holding this hearing today.

I recognize that on the day of 9/11, that there was a dark cloud in the sky moving in this direction, moving toward Brooklyn. And there is no doubt in my mind that Brooklyn was affected by that because it landed somewhere in our borough. And, of course, since that time, we have had many residents to come forward and say that they had respiratory problems and all kinds of things occurred.

I think that we cannot afford the luxury of just ignoring this, that we must listen to it. And, of course, I said that this committee will address that issue and see what we can do in terms of to be able to correct it.

We feel that not only is the city involved in it, but I think that the Federal Government has an obligation and responsibility as well to come up with a Federal fix because we do not want to discourage people from volunteering. We do not want to discourage people from helping each other. And the only way we can do that is to make certain we are fair to them when something like this happens.

So I want to thank my colleagues today for coming to be a part of this hearing and to say I look forward to hearing from the witnesses.

So at this point in time I would like to pause and ask Representative Platts for his opening statement. And then we'll just move right along to the other Members.

Mr. PLATTS. Thank you, Mr. Chairman. It is great to be back here in Brooklyn, I think my third visit here with you. And while I enjoyed the title of chairman in the past, I am delighted to now have the privilege of serving with you as chair of this important subcommittee.

I also want to add my words of condolences to our Congresswoman's family in her passing and that we keep her and her family in our thoughts and prayers in this difficult time.

I want to comment my fellow colleagues that are here and especially the New York delegation in total for your great leadership on this very important issue and your continuing the important oversight through this committee's work.

I believe this is the committee's sixth hearing on the health problems caused by al-Qaeda's attack on New York City 5½ years ago. Members share a commitment to ensuring that the Federal Government, the State of New York, this wonderful city, and other public and private organizations are properly organized and funded to identify, assess, and treat those emergency personnel, workers, volunteers, and residents who are physically or emotionally harmed by the collapse of the World Trade Center and the subsequent cleanup.

The 2001 terrorist attacks caused destruction on an unprecedented scale. When al-Qaeda struck the World Trade Center buildings with fuel-laden jet aircraft amidst one of the world's most densely populated cities, the resulting collapse of the World Trade Center Twin Towers and other buildings was unimaginable.

Thousands of firefighters, police officers, and others raced immediately to provide assistance at the scene. Thousands more arrived in subsequent days and weeks to fight persistent fires and to remove rubble and begin the arduous task of rebuilding.

Now it seems apparent that these brave individuals inhaled a toxic mixture of concrete dust and smoke made up with the byproducts of incinerated building materials. Every American harmed physically and mentally by the 9/11 attacks in New York; Washington, DC; and those with loved ones on flight 93 deserve our assistance.

Today, we will hear from several people who are representatives of a much larger number of victims of that day. I look forward also to hearing from city officials and learning about the government's current arrangements and future plans to assist those in need.

The President has included $25 million in his current budget for the coming fiscal year as what has been called a placeholder in the Nation's spending plan. I'm eager to hear assessment about how this seemingly modest amount will be allocated and estimates on the scope of further assistance that will be needed in the months and years to come.

It's also essential to learn from the 2001 attacks so that our government is prepared for natural and manmade emergencies in the future. I look forward to hearing what lasting changes and arrangements have been made in light of the experiences here in New York.

Finally, no doubt there will be some disagreements about whether in hindsight every agency of government responded adequately to the health issues caused by the unprecedented attack on September 11th. Let us not, however, lose sight of the forces and individuals which struck the blow which spurred this and the preceding hearings.

We must correct dysfunctional or unresponsive bureaucracies. We must allocate the necessary funds to aid those harmed. And, most importantly, we must work together as a nation to ensure that we are prepared to handle any emergencies that we are likely to face as we continue to fight the war on terror.

Thank you again, Mr. Chairman, for allowing me to be here with you today and for your important and great leadership on this issue.

Mr. TOWNS. Thank you very much. I really appreciate your being here and also the work that you have been doing, not only now but even in the past.

The next person we call on, a very outstanding member of the committee from Manhattan, Representative Carolyn Maloney.

Ms. MALONEY. Thank you so much, Mr. Chairman. I also represent Queens. And I really want to thank you for holding this very important hearing on 9/11 health effects.

This is the second hearing that Chairman Towns has called on the health problems that our citizens confront. It is the sixth in a series of hearings that have been held by this committee in Congress. And I want to thank the chairman for his outstanding leadership in calling us together with yet the sixth hearing on this issue.

As many in this room know all too well, the collapse of the World Trade towers released a giant dust plume containing thousands of tons of pollutants, which exposed thousands of first responders and residents to pulverized cement dust, glass fibers, asbestos, lead, acid, and other toxins. But what many across the country still do not understand is the impact that dust cloud had on both responders and residents and, as today's hearing will show, how that dust cloud traveled from ground zero across the East River and into Brooklyn.

Like the environmental and health effects on those who live near the 9/11 site, the environmental and health effects in Brooklyn are far from understood.

One reason we know so little about the impacts in Brooklyn is that we still have so much to learn about the impact of 9/11 on everyone affected because the current administration did not want to

ask questions, let alone find the answers. The truth of the matter is that the New York delegation has had to fight very, very hard to achieve medical monitoring and treatment for the responders.

But we cannot forget the residents, area workers, school children that were exposed and may continue to be exposed to toxins in the homes, offices, and schools. And currently there is really not any Federal funding available to monitor and treat them. And we need to change that.

Worse, the administration has not even come up with a plan to help the residents who lived through the dust cloud or the responders who risked their lives in the aftermath of 9/11.

Time and again, we have asked the administration to come up with a comprehensive long-term plan to medically monitor everyone who is exposed to the deadly toxins. And everyone who was exposed should be treated. And time and again they have not acted.

Experts have testified to this committee that the health effects of 9/11 are persistent and long-term and will be prevalent, even 30 years from now in the future, when cancers begin to occur.

To adequately address the 9/11 health crisis, we need a long-term plan that takes into account everyone exposed to the toxins: responders, rescue workers, cleanup workers, area residents, school children, residents, including the residents of Brooklyn.

And I know that the new majority in Congress will be looking at these issues, as is evident from today's hearing, and that they will work in a bipartisan way to address the problem.

Along with many of my colleagues, I have introduced a comprehensive Federal response called a James Zadroga plan, the 9/11 Health and Compensation Act to ensure that everyone exposed is medically monitored and everyone who is sick is treated.

The bill is named after New York police detective James Zadroga, who was among the first to die from respiratory illness related to his work at ground zero. It's drafted to continue, expand, and improve the Federal Government's response to the health effects of 9/11, providing for long-term medical monitoring and treatment.

James Zadroga came down with something called pulmonary fibrosis. And we are going to hear more and more about it. The particulates are breathed in. The skin grows over it. And your lung becomes like an iron lung. You can't breathe. And you die. The only treatment so far is a lung transplant. And many of our first responders have come down with this deadly disease.

With the work of the committee, we have been successful in securing $90 million for a monitoring program at Mount Sinai. Incredibly, the administration took $125 million out of the budget for Workers' Compensation. We had to work very hard to put that back into the budget for treatment and other concerns.

We recently got a $25 million line item, budget item, in the President's budget for 25 million. He has promised and his people have promised to increase that to what the need is for treatment. We need to document that.

Health professionals are telling us that for this 2-year term of Congress, it will cost roughly $256 million to treat those who are sick. We have written and met with Mr. Obey to put that in the

budget. So we are working hard. We are making progress but not enough.

Thank you very much.

[The prepared statement of Hon. Carolyn B. Maloney follows:]

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Statement of Rep. Carolyn B. Maloney (NY-14)
Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization and Procurement
Field Hearing: 9/11 Health Effects: Environmental Impacts for Residents and Responders
Brooklyn Borough Hall
Courtroom 209, Joralemon Street
Brooklyn, New York
April 23, 2007

First and foremost, I want to thank Chairman Towns for holding this hearing on the health effects of 9/11. It is the second hearing on the topic this year, and the next in an important series of hearings to highlight the inadequate federal response to the 9/11 health crisis. Mr. Chairman, I thank you for your leadership on this issue.

As many in this room know all too well, the collapse of the World Trade Center towers released a giant dust cloud containing thousands of tons of pollutants, which exposed thousands of first responders and others in Manhattan to fine particulate matter, cement dust, glass fibers, asbestos, lead, hydrochloric acid and other toxins. But what many across the country still do not understand is the impact that dust cloud had on both responders and residents, and, as today's hearing will show, how that toxic dust cloud traveled from Ground Zero across the East River and into Brooklyn.

Like the environmental and health effects on those who were in Manhattan, the environmental and health impacts in Brooklyn are still far from understood. One reason we know so little about the impacts in Brooklyn is that we still have so much to learn about the impact of 9/11 on *everyone* affected, because the Bush Administration doesn't want to ask the questions, let alone find the answers.

The truth of the matter is that the New York delegation has had to fight the Bush Administration to medically monitor and treat responders. But we cannot forget the residents, area workers, and school children that were exposed—and may continue to be exposed—to toxins in the homes, offices and schools. Currently there is no federal funding available to monitor and treat them.

Worse, this administration refuses even to come up with a plan to help the residents who lived through the dust cloud or the responders who risked their lives in the aftermath of 9/11. Time and time again, we have asked the Administration to come up with a comprehensive, long-term plan to medically monitor all people who were exposed to the toxins of Ground Zero and treat those who are sick as a result. And time and time again,

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the Administration has refused to take action. Experts have testified to this committee that the health effects of 9/11 are persistent and will be long-term, probably going 30 years into the future. To adequately address the 9/11 health crisis, we need a long-term plan that takes into account everyone exposed to the toxic plume—responders; rescue, recovery, and cleanup workers; area workers, school children and residents, including residents of Brooklyn.

I know that the new Majority in Congress will be looking at these issues, as is evident from today's hearing, and that they will work in a bipartisan way to address the problem.

We need a comprehensive federal response, and that is why Rep. Vito Fossella and I have introduced the James Zadroga 9/11 Health and Compensation Act to ensure that everyone exposed is medically monitored and anyone sick is treated—including residents in Brooklyn. The bill, named after New York Police Detective James Zadroga, who was among the first to die from respiratory illnesses related to his work at Ground Zero, is drafted to continue, expand and improve the federal government's response to the health effects 9/11 by providing for long-term medical monitoring and treatment, compensation, research, and coordination.

I look forward to hearing each of your testimonies today about the health needs of those in Brooklyn, in Manhattan, and all across the nation. And I trust that you will also share with us the challenges you face in trying to meeting those needs. I look forward to working together with the Chairman, members of the New York Delegation, and other Members from across the country to ensure that everyone exposed to the toxins of Ground Zero is medically monitored and anyone who is sick gets treatment.

I will not stop fighting until we meet that goal.

Mr. TOWNS. Thank you. Thank you very much.

We are also delighted to have with us, of course, Congressman Murphy, who is also a member of the committee from Connecticut. So, Congressman Murphy?

Mr. MURPHY. Thank you very much.

Mr. Chairman, this is the second opportunity that I have had to sit with you on a hearing on this subject in my first term. I have been drawn to this issue, not just by your leadership but also leadership of Congresswoman Maloney, Congressman Nadler, and Congressman Weiner. This is an important day to be here. And I am glad that I could join you from Connecticut.

You know, we were all struck, those of us who watched the events of September 11th unfold on television and on the news. I was not a Member of Congress at the time, but we were all obviously struck by the bravery of those first responders and those people that rushed down to the site of the September 11th tragedy. They didn't wait for any bureaucracy. They didn't fill out any questionnaires. There was no red tape. They asked no questions. They responded because their country was in need.

And it has struck me in the hearings that we have done that our government has not acted with the same expediency that those first responders acted. In fact, they have been met with bureaucracy, with red tape, and questions after questions after questions.

Those people that responded to the tragedy in New York came largely from this metropolitan area, but we also know that they came from Connecticut, from the Fifth District. They came from New Jersey. They came from Representative Platts' area in Pennsylvania.

I have had the great privilege over the course of the last couple of months of getting to know some of those brave men and women in the course of these hearings. And in my private life in Connecticut, I also have struggled with a family member who is dealing with the issue of pulmonary fibrosis. And for any family that has gone through that ordeal, you wouldn't wish it on your loved ones, on your friends, on anyone that you come in contact with.

It is a terrible ordeal for a person, a family to go through. And to think that there are so many of our neighbors and our friends in the New York metropolitan area who responded to that crisis, perhaps people in the greater metropolitan area who may have been exposed to the debris and to the pollution that emanated from that site that may be at risk for a disease as terrible as that is one that should make us all shudder.

Mr. Towns, this is an important hearing today. I am so glad to be able to come down and join you. I hope that this is yet just another piece in the puzzle that begins to prompt this administration, that begins to prompt our fellow Members of Congress to put not just the money behind this effort but to also put the expediency behind it that those brave men and women came through as they descended upon the World Trade Center site on that day and the days following.

Thank you, Mr. Chairman.

Mr. TOWNS. Thank you very much, Congressman Murphy.

The person who—immediately after the incident happened, he started talking about the fact that the government has not budg-

eted the kind of funds needed to give us all the facts. He talked about the fact that there are environmental issues that must be addressed. And he has been saying it over and over again to anyone and everyone that will listen. Ladies and gentlemen, Congressman Nadler.

Mr. NADLER. Thank you very much, Chairman Towns. I would like to thank you for holding this very important field hearing today in Brooklyn and for inviting me to hear testimony on the impact of the September 11th attacks on the health of area residents, workers, and students. I thank you for letting me make these opening remarks.

Mr. Chairman, I represent the district where the World Trade Center once stood, the site of the tragic events of September 11, 2001, as well as, of course, representing large areas of Brooklyn. Like you, I represent many constituents who have suffered adverse health effects as a result of the horrible environmental impacts of the collapse of the World Trade Center towers.

I have spent the better part of the last 5 years in public life cajoling the Federal Government to tell the truth to its citizens about 9/11 air quality, insisting there must be a full and proper cleanup of the 9/11 environmental toxins that to this day are still poisoning New Yorkers and for those already sick, be they first responders or area residents, workers, or school children, demanding that the government provide long-term comprehensive health care.

Unfortunately, every time I think we are making a bit of progress on this issue, I find myself shocked at the Federal Government's response. I know, Mr. Chairman, that you are as utterly dismayed as I was to hear at your February 28th hearing that the Department of Health and Human Services had absolutely no intent of including area residents, workers, and school children in the plan it is ostensibly developing to provide health care to victims of the post-9/11 environmental contamination.

HHS officials say that this outrageous and arbitrary decision to limit the health response to first responders but not to area residents, workers, and school children was based on their belief that there does not exist sufficient data indicating that residents, workers, and students have, in fact, suffered negative health effects from 9/11. Of course, that is not true. We have a growing body of data, both anecdotal and otherwise, that I'm sure will be recounted here today.

This decision, of course, is nothing more than a continuation of the Federal policy that has completely ignored the needs of these non-responder exposed populations. I by no means intend to imply that this administration has treated our first responder heroes well. They certainly have not. But there were other unnecessarily exposed populations as well because of the continuing misdeeds of the Federal Government.

Let me be utterly clear. Given the Federal Government's reckless negligence and ongoing malicious actions, all affected residents, workers, and school children, no matter where they live, must be given relief by the Federal Government. There must be a comprehensive and scientifically sound indoor cleanup program implemented. And these affected individuals must be provided proper health care.

As is now common knowledge, then EPA Administrator Christine Todd Whitman told New Yorkers shortly after September 11th that the air was safe to breathe. This statement, which she repeated often and did not qualify, has since been shown by the EPA's own Inspector General, among others, to have been misleading, false, and politically motivated. But the administration stood by it and still does.

And, as a result, countless first responders and, yes, also residents, workers, and students are sick and some are dead as a direct result of the foul deeds of EPA and the Federal Government.

These statements, in effect, we were attacked first by the terrorists and then by our own government. These statements lulled Americans into a dangerous sense of false safety, engaged government decisionmakers the cover to take extremely perilous shortcuts.

Federal Judge Deborah Batts put it well in a case brought against EPA by area residents, workers, and school children, "No reasonable person would have thought that telling thousands of people that it was safe to return to lower Manhattan while knowing that such return could pose long-term health risks and other dire consequences was conduct sanctioned by our laws." She found, in fact, that the actions taken were so bad that they shocked the conscience.

While most Americans understand that those caught in the initial collapse of the towers and those first responders who toiled away in the pile for months were subject to a heavy acute dose of outdoor toxins, most people do not know that the environmental disaster still continues to exist today indoors.

Like the debris, office furniture, steel beams, and human remains that have been found recently in buildings throughout lower Manhattan, dangerous contaminants such as lead, asbestos, mercury today remain in indoor spaces, such as apartments, workspaces, and schools in Manhattan, in Brooklyn, and possibly farther afield.

Whereas nature cleans the outdoor air, it does not clean the indoor air. Toxins remain in carpets and drapes and porous wood surfaces and the HVAC systems of buildings.

In April 2002, 5 years ago, I released a white paper, which is still available on my Web site, that meticulously details how the EPA's unfounded and misleading statements followed by the EPA's unlawful complete dereliction of responsibility resulted in totally inadequate hazardous materials testing and remediation inside residential, public, and commercial buildings downtown and in Brooklyn, putting the public's health at grave risk.

The EPA illegally delegated its responsibility for indoor environmental quality and reoccupation of contaminated buildings and areas to the city environmental officials, who had no ability to handle such a situation, and endorsed the city's illegal and dangerous advice to area residents and workers to "use a wet mop and a wet rag" to clean their contaminated spaces, all in the service of continuing to cover up the original lies told by Ms. Whitman.

In May of that year, after months of dodges, finger pointing, excuses, and a tremendous amount of pressure, EPA offered finally

an indoor cleanup program. It was very soon clear to me and others that the plan was a sham.

Not only was there no scientific basis to the plan. EPA actually asserted at the time that there was no need for a real cleanup program as there were, in fact, no real post-9/11 air quality problems indoors. The program they said was designed merely to reassure the public. In other words, it was pure public relations.

This initial cleanup plan was voluntary and included only residences, not workspaces, or schools. They failed to treat buildings as a whole, which allowed for recontamination of some spaces and buildings that were not cleaned. It tested only for asbestos, even though it was known that the dust contained other harmful toxins, including heavy metals, glass, fibers, mercury, and lead.

The program was arbitrarily geographically limited. Only buildings in Manhattan south of Canal Street and west of Allen and Pike Streets were eligible, even though physical inspection identified dust in locations outside of this area.

Because of this, Brooklyn, for example, was and continues to be completely ignored in all of the EPA's program. To this day, EPA officials would like us to believe that there was a 30,000-foot-high wall or perhaps a Star Trek-type force field magically stopping the plume and its toxins from going north of Canal Street or across the East River to Brooklyn.

Despite EPA's repeated assurances to me at that time that they would "expand the program where necessary" to places like downtown and Brownstone and Brooklyn and Borough Park and Williamsburg that had numerous accounts of interior contamination, no such expansion ever occurred.

A year later, in August 2003, after much public outcry, EPA's own Inspector General found that this original so-called testing and cleanup plan was indeed improperly limited in scope in terms of both what it was to look for and where it was to look for it deeply flawed in methodology and "failed to utilize standard health-based benchmarks."

The same report documented White House interference in EPA press releases post-9/11, resulting in important cautionary sentences being deleted. The report notably stated that the delay in providing a proper government-organized cleanup may have contributed to unnecessary additional exposures to hazardous toxins.

The IG's ultimate conclusion, EPA must——

Mr. TOWNS. Will the gentleman yield?

Mr. NADLER. Yes.

Mr. TOWNS. Will the gentleman please summarize?

Mr. NADLER. OK. EPA must engage in a real comprehensive and scientifically based testing and cleanup program to address 9/11 contamination wherever it is found. Of course, to date, the EPA has done no such thing. In the last 2 years, they have had scientific panels set up to design proper cleanup programs and dissolved when the EPA started hearing things they didn't want. They are now proceeding with a new phony cleanup plan, just as phony as the original one.

As you know, it has taken years of painstaking work on the part of the New York congressional delegation to get what little moneys we have for federally mandated 9/11 health response. But even

that is mostly for the first responders. And there is plenty of data why we need all the funds.

Because the administration continues to fail to act, I have introduced two key pieces of legislation that I believe will help provide relief. The 9/11 Comprehensive Health Benefits Act provides a sensible, easy to access, and cost-effective way to give comprehensive medical treatment to all individuals. The 9/11 Heroes Health Improvement Act will provide more than $1.9 billion in Federal funding for mental and medical health screening testing, monitoring, and treatment grants. Senators Clinton, Schumer, Kennedy, and Menendez have introduced companion legislation in the Senate.

This bill would provide a necessary continued and expanded funding mechanism for the institutions that Mayor Bloomberg has called the World Trade Center Centers of Excellence.

The Federal Government is culpable for recklessly allowing tens of thousands of people to be unnecessarily exposed to dangerous environmental toxins. It must take responsibility for two things. Most of the discussion has focused on the first. And that is responding to the health needs of the 9/11 first responders, and we must respond to that. But the second is to undo that second coverup. There were two coverups. The first of the impacts on 9/11 responders, that coverup was unraveled. And we are now trying to respond to it.

The second coverup is still covered up. And that is the fact that people in Manhattan, Brooklyn, Jersey City, Queens are still being poisoned daily because the indoor spaces were never properly tested and cleaned and the EPA Inspector General's recommendations of August 2003 as to how to properly inspect and clean up all of the areas that may be necessary to clean up must be implemented so that people do not continue to be poisoned and so that future cases of cancer, mesothelioma, do not continue to be germinated by our deliberate negligence and malfeasance.

Thank you, Mr. Chairman.

[The prepared statement of Hon. Jerrold Nadler follows:]

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OPENING STATEMENT OF
U.S. REPRESENTATIVE JERROLD NADLER (D-NY)

Before the House Committee on Oversight and Government Reform
Subcommittee on Government Management, Organization and Procurement

Field Hearing on
"9/11 Health Effects: Environmental Impacts for Residents and Responders"

April 23, 2007
Brooklyn, NY

Chairman Towns, I would like to thank you for holding this very important field hearing today in Brooklyn, and for inviting me to hear testimony on the impact of the September 11th attacks on the health of area residents, workers and students. And I thank you for letting me make these opening remarks.

Mr. Chairman, I represent the district where the World Trade Center once stood; the site of the tragic events of September 11, 2001. Like you, I represent many constituents who have suffered adverse health effects as a result of the horrific environmental impacts of the collapse of the World Trade Center towers. I have spent the better part of my last five years in public life cajoling the Federal government to tell the truth to its citizens about 9/11 air quality, insisting that there must be a full and proper cleanup of the 9/11 environmental toxins that to this day are poisoning New Yorkers, and, for those already sick -- be they first responders or area residents, workers or school children -- demanding that the government provide long term, comprehensive health care.

Unfortunately, every time I think we are making a bit of progress on this issue, I find myself shocked at the Federal government's response. I know, Mr. Chairman, that you were as utterly dismayed as I was to hear in your February 28th hearing that the Department of Health and Human Services (HHS) had absolutely no intention of including area residents, workers, and school children in the plan they are ostensibly developing to provide health care to victims of the post-9/11 environmental contamination. HHS officials said that this outrageous and arbitrary decision was based on their belief that there does not exist sufficient data indicating that residents, workers and students have suffered negative health effects from 9/11. Of course, that is not true, we have a growing body of data -- both anecdotal and otherwise -- that I'm sure will be recounted here today. This decision, of course, is nothing more that a continuation of the way in which the Federal government has completely ignored the needs of these non-responder exposure populations thus far. I by no means intend to imply that this Administration has treated our first-responder heroes well; they certainly have not. But there were other unnecessarily exposed populations as well because of the continuing misdeeds of the Federal government. Let me be utterly clear, given the Federal government's reckless negligence and ongoing malicious actions, all affected residents, workers, and schoolchildren -- no matter where they live -- must be

given relief from the Federal government. There must be a comprehensive and scientifically sound indoor cleanup program implemented and these affected individuals must be provided proper health care.

As is now common knowledge, then-Environmental Protection Agency (EPA) Administrator Christine Todd Whitman told New Yorkers shortly after September 11th, that their air was "safe to breathe." This statement, which she repeated often and did not qualify, has since been shown by the EPA's own Inspector General to have been misleading, false and politically-motivated. But the Administration stood by it, and still does, and, as result, countless numbers of first-responders, and yes, also residents, workers and students are sick, and some are dead simply because of the fact of these statements. These statements lulled Americans into a dangerous sense of false safety and gave government decision-makers the cover to take extremely perilous short cuts. Federal Judge Deborah Batts's opined in her ruling in a case brought against EPA by area residents, workers and school children that EPA's misleading statements and subsequent misdeeds were so extremely bad that they "shock the conscience."

While most American's understand that those caught in the initial collapse of the towers and those first-responders, who toiled away on the pile for months, were subject to a heavy acute dose of outdoor toxins (which, by the way, government scientists tell us were as caustic as drain cleaner), most people don't know that the environmental disaster still exists today -- indoors. Like the debris, office furniture, steel beams and human remains that have been found recently in buildings throughout downtown Manhattan, dangerous contaminants, such as asbestos, lead, and mercury, today remain in indoor spaces like apartments, workplaces and schools, in Manhattan, Brooklyn and possible further afield. Whereas nature cleans the outdoor air, that is not so with the indoor air. Toxins remain in carpets and drapes and porous wood surfaces and in the HVAC systems of buildings.

In April 2002, I released a "White Paper," which is still available on my website, that meticulously details how Ms. Whitman's unfounded and misleading statements, followed by the EPA's unlawful, complete dereliction of its responsibility, resulted in totally inadequate hazardous materials testing and remediation inside residential, public, and commercial buildings downtown – putting the public's health at grave risk. The EPA did things like illegally delegating responsibility for indoor environmental quality and reoccupation of contaminated buildings and areas to the City environmental officials, who had no ability to handle such a situation; and endorsing the City's illegal and dangerous advice to area residents and workers to use a "wet mop and wet rag" to clean their contaminated spaces – all in the service of continuing to cover up the original lies told by Ms. Whitman.

In May of that year, after months of dodges, finger-pointing and excuses, and a tremendous amount of pressure, EPA offered a clean-up program. It was very soon clear to me and others that the plan was a sham. Not only was there no scientific basis to the plan, EPA actually asserted at the time that there was no need for a real cleanup program, as there were no real post 9/11 air quality problems. This program, they said, was designed merely to "re-assure the public." In other words, it was pure public relations.

This initial cleanup plan was voluntary, and included only residences, not workspaces or schools. It failed to treat buildings as a whole, which allowed for recontamination as some spaces in buildings were not cleaned. This first program only tested for asbestos, even though it was known that the dust contained other harmful toxins, including heavy metals, glass fibers, mercury, and lead. And this program was arbitrarily geographically limited- - only buildings in Manhattan, south of Canal Street and west of Allen and Pike Streets were eligible - - even though physical inspection identified dust in locations outside of this area. Because of this, Brooklyn, for instance, was and continues to be completely ignored in any of the EPA's programs. To this day, EPA officials would like us to believe there was a 30,000 foot wall magically stopping the plume and its toxins from going beyond Canal Street or out of Manhattan. Despite EPA's repeated assurances to me at that time that they would "expand the program where necessary" -- to places like downtown and brownstone

Brooklyn that had numerous accounts of interior contamination -- no such expansion ever occurred. Not that it ultimately mattered, because this was a phony program, after all.

A year later, in August 2003, after much public outcry, EPA's own Inspector General (IG) found that this original so-called "testing and cleanup" plan was indeed improperly limited in scope (in terms of both what it was to look for and where it was to look for it), deeply flawed in methodology, and "fail(ed) to utilize…standard health-based benchmarks." The same report, we all know, documented White House interference in EPA press releases post-9/11, resulting in important cautionary sentences being deleted. And the report notably stated that the delay in providing a proper government organized clean up may have contributed to unnecessary additional exposures to hazardous toxins

The IG's ultimate conclusion: EPA must engage in a real, comprehensive and scientifically-based testing and cleaning program to address 9/11 contamination wherever it went. The IG echoed what I had been saying from the very beginning – that in order to find where the contamination went; the EPA must test indoor spaces in concentric circles out from Ground Zero. The contamination might go a mile in one direction, and only a few blocks in another, but that is the only real way to know. And then you clean where you found the toxins. Fairly simple logic.

Of course, to date, the EPA has done no such thing. In 2004, the EPA, again relenting to pressure, appointed scientific experts and community leaders to a "World Trade Center Technical Review Panel," to ostensibly develop a plan that was responsive to the IG's criticisms and recommendations. The "Panel" labored for over a year and made some sound recommendations to EPA. The EPA then drafted a "new" plan. However, in this new plan, the EPA completely ignored the recommendations of its own Panel, and when the Panel found that this new plan failed to meet the IG's 2003 recommendations for a proper clean-up, they summarily and unilaterally disbanded the Panel. They are of course, proceeding with this new phony plan anyway.

Like the original 2002 plan, the "new" "Test and Clean Program", announced in December 2006 and currently underway, is just another shortcut -- more window dressing -- and falls far short of what is necessary for the EPA to fulfill its legal mandate, moral obligation and mission to protect the public health. To this day, EPA has failed to protect the citizens of New York from the environmental and health consequences of 9/11 and more directly, from EPA's own misstatements and misdeeds. Thousands of New Yorkers and others are sick today and that number will surely grow, and unfortunately, due to EPA's continued negligence in allowing contamination to remain indoors, they are responsible for poising people even today.

The Federal government must provide proper cleanup, and we won't give up fighting until we get it. Additionally, it must act now to provide health care for everyone it is responsible for harming -- first-responder, resident, worker or student -- a number far larger than it would have been if they had done the right thing initially.

As you know, it has taken years of painstaking work on the part of the New York Congressional delegation to get what little monies we have for a federally-funded 9/11 health response. And sadly, due to Republican control of the Administration and Congress until this year, this tremendous amount of work has only thus far amounted to $75 million being disbursed. This President, who stood at Ground Zero and told our heroes that he would never forget them, only this year acknowledged that there was a problem at all and threw a paltry sum of money at it. He said he would put $25 million in his budget, even though his National Institute of Occupational Safety and Health (NIOSH) conservatively estimated that over $256 million will be needed every year.

Remarkably, not one penny of the already disbursed federal money, nor any of the $25 million in Mr. Bush's budget, nor any program being currently contemplated by the Administration helps or will help area

residents, workers and school children who heard the same EPA lies as the first-responders, and who are to this day, in harms way due to EPA negligence and misdeeds. They say they "don't have enough data."

As if the two 12 hour-long EPA Ombudsman hearings that I hosted, numerous Congressional hearings, and thousands of media reports featuring victims weren't enough to suggest a real problem, a February 2007 report prepared for New York City Mayor Michael Bloomberg was clear as day about the health effects of post 9/11 contamination on non-first responders. It reported that of those who are currently being treated at Dr. Joan Reibman's Bellevue WTC Environmental Health Center, 72% have shortness of breath, 57% have coughs and 39% wheeze. And by the way, of these Bellevue patients, 59% are uninsured and 65% have incomes less than $15,000 annually. But not one penny of federal money goes to screening, monitoring, or treating these non-responder populations at Bellevue.

It is obviously unconscionable that *entire* 9/11 affected populations have not benefited from Federal funding. It is indefensible that the Federal government acknowledges the harm to some populations but ignores that same harm to others.

Because the Administration continues in its failure to act, I have introduced two key pieces of legislation that I believe will help provide relief to these heretofore ignored populations. First, the *9/11 Comprehensive Health Benefits Act* provides for a sensible, easy-to-access, and cost-effective way to give comprehensive medical treatment to all individuals suffering from 9/11-related illnesses via the already existing Medicare system, no matter where in the country they live. The legislation will insure that this relief is not subject to the vagaries of the annual budgeting and appropriations process, and also establishes a structure to support the coordination of screening, monitoring, treatment, and research."

A second bill, the *9/11 Heroes Health Improvement Act of 2007,* will provide more than $1.9 billion in federal funding for medical and mental health screening, testing, monitoring, and treatment grants to institutions that provide care to those whose health was affected in the 9/11 attacks. Senators Clinton, Schumer, Kennedy, and Menendez have introduced companion legislation in the Senate. This bill will provide a necessary continued and expanded funding mechanism for institutions like what New York City Mayor Michael Bloomberg calls the WTC Centers of Excellence: the World Trade Center Medical Monitoring Program at Mount Sinai, the World Trade Center Environmental Health Center at Bellevue Hospital, and the Fire Department of New York World Trade Center Medical Screening and Treatment Program.

The Federal government is clearly culpable for recklessly allowing tens of thousands of people to be unnecessarily exposed to dangerous environmental toxins in the wake of 9/11. As such, the Federal government must pay its debt. It must assume the responsibility of ensuring the proper screening, monitoring and medical treatment for all those sickened by WTC toxins by increasing Federal funding to key programs and providing a comprehensive solution. We must no longer allow 9/11 victims to struggle to pay health care costs because they can no longer work and no longer have health insurance, or because they have had their worker's compensation claims controverted, or their Captive Insurance Fund claims rejected. And finally, the Federal government must test and clean indoor spaces properly, so as to ensure that no one else becomes sick. Until the Administration commits to fully paying this debt by protecting the health and safety of everyone affected by the 9/11 attacks, we perpetuate the tragedy of that day.

I thank you for holding this hearing and look forward to hearing the testimony of my colleagues and other witnesses today. And I sincerely hope, that with the recent change in Congress, we will finally, nearly six years later, be able to shine a real light on the Administration's failures and make real progress for the victims and heroes of 9/11.

Mr. TOWNS. Thank you. Thank you very much.

Now I yield 5 minutes to Congressman Weiner, who represents Queens and Brooklyn. I yield 5 minutes.

Mr. WEINER. Thank you, Mr. Chairman.

I won't take my full 5 minutes, and I want to express my gratitude to you and Mr. Platts for obliging those of us from the New York delegation who have so much to say about this. I think you are building a record that someday will be reviewed and will strike many as, frankly, intuitive that on an attack of this magnitude, the Federal Government bears the responsibility for taking care of those who instinctively, as Representative Murphy said, responded as good citizens would.

I think there are two things that are going to emerge. But first I want to say thank you to Carolyn Maloney and to Jerry Nadler, who have, just like you, Mr. Chairman, been beating the drum on this issue.

It has been, frankly, after months and months of many of us not being quite sure what to think of the responsibility and where it lies. The record that been established by Mr. Nadler and Ms. Maloney makes it crystal clear.

The EPA bears the responsibility for saying to us clearly and loudly shortly after September 11th that it was safe to return to your homes, it was safe to return to ground zero. It is my view that this is fundamentally and wholly a Federal responsibility that has to be absorbed by the EPA, the Department of Health and Human Services, and those of us in Congress.

But lest this be viewed as a simply lower Manhattan or a downtown Brooklyn problem, all of us have stories about where we were on September 11th. I, like so many New Yorkers, was here in New York because it was primary day. After traveling around to Polls and trying to find as many citizens as I could, I returned to my office.

And, as you know, Mr. Towns, my office at the time was in the Lundy's Building in Sheepshead Bay, 1901 Emmons Avenue, about as far south as you can go and almost as far as you can go in Brooklyn away from ground zero. I had at the time a doorway to my office that led to a little balcony right by the Bell Parkway down by Sheepshead Bay in Manhattan Beach.

There were scraps of paper, not sediment, not invisible soot, but scraps of paper from the explosion, from the collapse of the buildings, and from that terrible day that were settling on my terrace in Sheepshead Bay.

If you think that this was a problem that only affected those were within a stone's throw of ground zero, you clearly don't understand what many New Yorkers and many residents of Brooklyn and Queens and all five boroughs in Jersey know because they were there that day. If there were carcinogens, if there were elements of asbestos, if there were disease-carrying elements in the air, they were all over our area. And I think this is another step in accepting responsibility for that.

And it could well mean that we are vigilance in this for a generation. And it could well mean that this is going to be a problem we are going to have to wrestle with a long-term comprehensive health care plan. But one thing I think we all agree upon is that this is

a responsibility that those of us in the Federal Government have to accept.

I yield back the balance of my time.

Mr. TOWNS. Thank you very much, Congressman Weiner.

At this time we would like to call to the witness desk Yvonne Graham, the Deputy Borough President of Brooklyn.

Ms. GRAHAM. Thank you very much.

Mr. TOWNS. You know, just before you start, first of all, let me just tell you a little bit about her. A native of Jamaica, West Indies, Deputy Borough President Yvonne Graham has been a pioneer in the arena of public health for more than two decades. As Brooklyn's deputy borough president, Ms. Graham oversees health care policy and all human services for the borough president.

Ms. Graham has many publications. She has received numerous national and local awards. I am delighted that she is with us today.

But before we start, it is the policy of this committee that we swear witnesses in. So will you please stand and raise your right hands?

[Witness sworn.]

Mr. TOWNS. Let the record reflect that she has responded in the affirmative.

You may be seated, and you may begin.

STATEMENT OF YVONNE GRAHAM, DEPUTY BROOKLYN BOROUGH PRESIDENT

Ms. GRAHAM. Good morning, Chairman Towns and distinguished members of the Subcommittee on Government Management, Organization, and Procurement. I want to thank you for spearheading this important dialog on the health and environmental impacts of 9/11, particularly as it relates to Brooklyn residents and businesses. My name is Yvonne Graham, deputy borough president, here to read the following testimony.

Both our president, Marty Markowitz, and I are extremely grateful to our colleagues from the New York delegation, Congressmen Towns, Nadler, Engel, and Weiner, for introducing the 9/11 Heroes Health Improvement Act of 2007.

It is critically important that Brooklyn is included in research, surveys, testing, and health services and that we receive our fair share of funding so that health care resources can reach the victims of 9/11.

We know that on September 11, 2001, the plumes of smoke that resulted from the devastating attacks on the World Trade Center drifted across the East River to downtown Brooklyn, Brooklyn Heights, Carroll Gardens, Cobble Hill, and Red Oak. These Brooklyn communities were impacted by the smoke as well as the film of dust that later settled on our parks, streets, homes, and businesses across the borough.

I was living in Fort Green at the time and experienced this directly since for days after the attack, my window sills were coated with dust.

We also know that debris from the site continued to burn and release contaminants into the air for an additional 3 months. The U.S. Environmental Protection Agency's Web site now indicates

that contaminants such as concrete, glass, fiberglass, asbestos, and other toxic chemicals were present.

Despite the fact that Brooklyn was in the direct line of the plume, our borough has been nearly excluded from testing and completely excluded from cleanup services.

The test results for asbestos and white samples provided on the EPA Web site only reflect lower Manhattan. Although it may be too late to determine the level of contaminants that blanketed Brooklyn communities, it is not too late to address the short and long-term health effects that may have resulted.

Of the 38,937 New Yorkers who enrolled in the World Trade Center health registry, which was created to track the health of residents and those directly exposed to the World Trade Center collapse, 8,202 cite Brooklyn as their home, more than 20 percent.

But respondents to this survey had to be living south of Canal Street in Manhattan or have been directly involved with the World Trade Center site or surrounding area to take the survey. That means that those who live in the Brooklyn neighborhoods that experienced the direct path of the smoke plume but were not in the downtown area during the attack could not take part in this important health analysis.

Nearly half of the register's individuals who were measured in the survey have reported new or worsened sinus, breathing, or respiratory problems. So it is safe to assume that exposure to the initial plume of smoke and the debris smoke that continued until December would also have negative health impacts.

Although Brooklyn was in the direct path of the smoke plume, we received a far smaller share of the $140 million that the U.S. Department of Health and Human Services awarded to health care organizations following the attacks.

Brooklyn received just over $5½ million compared to Manhattan's $106 million. The Bronx received $9½ million of funding, nearly double the allocation that Brooklyn received.

As elected officials, our No. 1 priority is ensuring the health and well-being of our residents. Elected officials, government agencies, health care providers, and community-based organizations must work together to protect our residents' health and come up with comprehensive health solutions to existing challenges.

Despite the errors or failures of the past, our call to action should be making sure that Brooklynites who continue to suffer from health complications as a result of the attacks get the health care and services they need and deserve.

In addition, securing long-term funding for research and treatment so that all victims can be accommodated and compensated is our mandate. Our colleagues in the House and Senate are to be congratulated for your tireless efforts.

The phrase "Never forget" was ubiquitous after 9/11, referring to those we lost. We honor their memory, of course, but we must also never forget those who selflessly responded to the tragedy and survived. It may only be through the continuing momentum and action from our legislators that we will fulfill our government's duty to first responders and others who have already sacrificed so much.

We are grateful to Congressman Towns and the members of the Subcommittee on Government Management, Organization, and

Procurement for shining a light on this issue and for asking how we can work together to respond to the health and environmental impacts of the 9/11 disaster. Thank you all for refusing to forget.

[The prepared statement of Ms. Graham follows:]

THE SUBCOMMITTEE ON GOVERNMENT MANAGEMENT, ORGANIZATION, AND PROCUREMENT, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM REGARDING 9/11 HEALTH: ENVIRONMENTAL IMPACTS FOR RESIDENTS AND RESPONDERS TESTIMONY OF BROOKLYN BOROUGH DEPUTY PRESIDENT YVONNE GRAHAM Monday, April 23, 2007

Good morning Chairman Towns and distinguished members of the Subcommittee on Government Management, Organization, and Procurement.

I want to thank you for spearheading this important dialogue on the health and environmental impact of 9/11, particularly as it relates to Brooklyn residents and businesses.

I am Yvonne Graham, Brooklyn Deputy Borough President, here to read the following testimony.

Both Borough President Marty Markowitz and I are extremely grateful to our colleagues from the New York delegation -- Congressman Towns, Nadler, Engle, and Weiner for introducing the 9 11 Heroes Health Improvement Act of 2007.

It is critically important that Brooklyn is included in research, surveys, testing, and health services – and that we receive our fair share of funding so that health care resources can reach the victims of 9 11.

We know that on September 11, 2001, the plumes of smoke that resulted from the devastating attacks on the World Trade Center drifted across the East River to Downtown Brooklyn, Brooklyn Heights, Carroll Gardens, Cobble Hill, and Red Hook.

These Brooklyn communities were impacted by the smoke – as well as the film of dust that later settled on our parks, streets, homes, and businesses across the borough.

I was living in Fort Greene at that time and experienced this directly since for days after the attack my windowsills were coated with dust.

We also know that debris from the site continued to burn and release contaminants into the air for an additional three months.

The U.S. Environmental Protection Agency's web site now indicates that contaminants such as concrete, glass, fiberglass, asbestos and other toxic chemicals were present.

Despite the fact that Brooklyn was in the direct line of the plume, our borough has been nearly excluded from testing — and completely excluded from clean-up services.

The test results for asbestos and wipe samples provided on the EPA web site only reflect Lower Manhattan.

Although it may be too late to determine the level of contaminants that blanketed Brooklyn communities, it is not too late to address the short- and long-term health affects that may have resulted.

Of the 38,937 New Yorkers who enrolled in the World Trade Center Health Registry – which was created to track the health of residents, workers, and those directly exposed to the World Trade Center collapse – 8,202 cite Brooklyn as their home, more than 20%.

But respondents to this survey had to be living south of Canal Street in Manhattan or have been directly involved with the WTC site or surrounding area to take the survey.

That means that those who live in the Brooklyn neighborhoods that experienced the direct path of the smoke plume – but were not in the downtown area during the attack – could not take part in this important health analysis.

Nearly half of the registry's individuals who were measured in the survey have reported new or worsened sinus, breathing, or respiratory problems – so it is safe to assume that exposure to the initial plume of smoke and the debris smoke that continued until December would also have negative health impacts.

Although Brooklyn was in the direct path of the smoke plume, we received a far smaller share of the $140 million dollars that the U.S. Department of Health and Human Services awarded to health care organizations following the attacks.

Brooklyn received just over five and a half million dollars to Manhattan's $106 million.

The Bronx received nine and a half million dollars of funding, nearly double the allocation that Brooklyn received.

As elected officials our number one priority is ensuring the health and well-being of our residents.

Elected officials, government agencies, health care providers, and community-based organizations must work together to protect our residents' health and come up with comprehensive health solutions to existing challenges.

Despite the errors or failures of the past, our call to action should be making sure that Brooklynites who continue to suffer from health complications as a result of the attacks, get the health care and services they need and deserve.

In addition, securing long-term funding for research and treatment so that all victims can be accommodated and compensated is our mandate and our colleagues in the house and senate are to be congratulated for your tireless efforts.

The phrase "never forget" was ubiquitous after 9 11, referring to those we lost.

We honor their memory, of course, but we must also "never forget" those who selflessly responded to the tragedy and survived.

It may only be through the continuing momentum and action from our legislators that we will fulfill our government's duty to first responders and others who have already sacrificed so much.

We are grateful to Congressman Towns and the members of the Subcommittee on Government Management, Organization, and Procurement for shining a light on this issue and for asking how we can work together to respond to the health and environmental impact of the 9 11 disaster.

Thank you all for refusing to forget.

Mr. TOWNS. Thank you very much, Deputy Borough President Graham, for your testimony. We thank you for it.

Let me begin with some questions. You know, I represent Brooklyn. I'm not like Nadler and Weiner and Carolyn Maloney. They represent other boroughs. But I only represent Brooklyn.

So my concern, of course, in this instance, the primary concern would be Brooklyn. I'm concerned about people everywhere in all places, but I must admit that my district is the one that I am fighting for.

What can we do to create a comprehensive plan? Because I would not want to have Queens and Staten Island and, of course, Manhattan and the Bronx fighting us as we move forward, but we need to have a plan, I think, that will help everybody. And also we have some folks who came in as volunteers and, of course, to help us. And now they have problems.

So I think it requires a Federal fix, but I don't want to start a fight. So what can we do?

Ms. GRAHAM. First of all, Mr. Chairman, I know that the Office of Emergency Management has been doing a fantastic job in terms of raising awareness about how to be prepared in the event of future disasters.

I also know that the New York disaster interfaith services have been working with our faith-based institutions to come up with a plan of helping people to understand where to go and what to do in the event of disasters.

But I think a comprehensive plan that includes all of our government agencies, all of our schools and colleges and community-based organizations as well as our health services organizations is critical to coming up with a comprehensive plan, particularly, as you know, that Brooklyn has a large percentage of immigrants. And sometimes it's very difficult to reach into immigrant communities.

So community-based organizations have a particularly important role to play in this comprehensive plan, but it is only through working together that we can truly come up with a comprehensive plan to address the problems that we have now and to prepare for the event of any future disasters.

Mr. TOWNS. Do you have any special suggestions or comments above and beyond that you would like to make to this subcommittee in terms of what we might be able to do that would further put some light on it? And the other part of the question would be, have you had anyone to come in to talk to you or to say to you that "I have a problem because of 9/11?"

Ms. GRAHAM. We have not had anyone in particular who have come in, but I think also that many people may not attribute new or worsening symptoms to 9/11. I believe that one particular recommendation is to ensure that all of our physicians in our health care institutions receive special training to ask people when they conduct an assessment about symptoms that may have some kind of correlation to this disaster so that they can get further testing and treatment.

Mr. TOWNS. Thank you very much.

And that is the reason why I am so happy to see a physician in the room, Dr. Frank Focus, in the room, who is a physician, of course, and has done a lot of work in this area. And the person that

had a lot to do with this hearing being here today is Rabbi Niederman, who down through the years has complained about the fact that we are not paying enough attention to the Williamsburg section and areas that we know that really were hit.

So I want to thank them both for their support and coming out and being with us today. I also want to thank you for all the work that you have done in health care because when it comes to health care, there is no doubt about it. You always are in the forefront. And we really, really appreciate your involvement on behalf of the folks of Brooklyn. Thank you so much.

Now, I would like to yield to the ranking member, Representative Platts.

Mr. PLATTS. Thank you, Mr. Chairman. And, Madam Vice President, thanks for your testimony and your service here in Brooklyn.

One of the issues you mentioned is the dollar amount that has been distributed thus far and how it was distributed in an inequitable fashion as far as the different boroughs. As we move forward and the clear need for additional assistance, including from the Federal Government, one of the issues is going to be not just how much but how to distribute it and to avoid perhaps the inequities ideally that we saw in the past.

I think as a followup to the chairman's question, is there a position on yourself or on behalf of the borough that you suggest as a more appropriate manner for distributing whatever dollar amount is going to be available to the various boroughs for the recovery effort formula or perhaps the commission established Federal, State, and local officials to try to get to what I think you are after, which is everybody being treated fairly and, as the chairman said, not pitting one borough and its residents against another but that everybody is fairly treated.

Ms. GRAHAM. Absolutely. I think that, first, funding should be commensurate with need. We also mentioned that over 20 percent of those who participated in the survey cited that they lived in Brooklyn. That's No. 1.

And, No. 2, when we look at the proximity, you know, downtown Brooklyn is only about a mile away from the World Trade Center. And the Bronx is almost 12 miles away. And, yet, Bronx received a far greater amount. And I'm not sure how they came up with this formula, but clearly Brooklyn was under-represented in funding.

Mr. PLATTS. Was there any direct contact from the borough officials to HHS or EPA, any of the Federal agencies, about that distribution?

Ms. GRAHAM. We did not make any direct contact about the distribution. What we did try to find out was when they came up with the World Trade Center health registry to ensure that Brooklynites who lived in downtown Brooklyn should participate in it.

But clearly when the instructions came out, you had to be in Manhattan at the time. Even if you lived in Brooklyn, you had to be in Manhattan at the time to participate. But we did try to reach out to make sure that more Brooklynites were included.

Mr. PLATTS. And that is part of the misguided directions from the Federal Government early on of that even if you resided here, you should participate or should have been included in that participation.

I again thank you for your leadership. I had the pleasure last evening my first dinner at Junior's and then to walk the neighborhood of Carroll Garden. I have cousins who live on Carroll Street and got to visit with them. And just standing and looking from their rooftop back of seeing——

Ms. GRAHAM. Sure.

Mr. PLATTS. How direct a flow that plume would have been on 9/11 and how evident the need to make sure that not just those who live here and went to the site but who live here are assisted. And we certainly will continue and are honored to work with your New York delegation on this issue.

So thank you for your testimony.

Ms. GRAHAM. Thank you, too.

Mr. TOWNS. Thank you very much, Mr. Platts.

Now I would like to yield to Congresswoman Maloney.

Ms. MALONEY. Thank you. And thank you, Madam Deputy Borough President, for your testimony and for your concern.

Many of my questions were answered by the chairman and the ranking member. Just very briefly, can you think of anything else that we should be doing to help the people of Brooklyn that is not being done today?

Ms. GRAHAM. As I mentioned before, Brooklyn has a large number of immigrants. And my sense is that a great majority of people from Brooklyn who volunteered at the World Trade Center site were immigrants. Some of them might have been undocumented. We don't know. But it is very difficult to tell of those people how many of them do not have health care coverage and insurance and may be experiencing symptoms that we are not sure whether they are directly related to their participation.

And so, again, we need to ensure that our health care workers or health care providers are in tune with those new and worsening symptoms and really look to see whether they may be affected.

Ms. MALONEY. Thank you very much.

Mr. TOWNS. Now I yield to Congressman Murphy of Connecticut.

Mr. MURPHY. Thank you very much, Mr. Chairman. Welcome, Ms. Graham.

One of the things that greatly concerns me is that when we have been visited by national tragedies, whether they be September 11th or the disaster on the Gulf Coast, the administration will sort of swoop in on the days following and make very broad promises that this is a Federal issue the Federal Government is going to come in and take care of, and make all sorts of promises and commitments to make a community whole.

And then in the months and years following, the rhetoric coming from some of the administration officials starts to get seeped with cost sharing, that this has to be now a Federal and State or Federal and municipality dual commitment. And we certainly heard that in our hearing in Washington, DC.

And my question to you is this and to the extent that you have the information or can get it following this hearing. Do we have an idea up until now of what kind of resources toward this problem have had to have been committed by the borough or, in addition to or in the alternative, if we don't have the proper Federal funding going forward what kind of commitment from the borough we

should expect going forward in the absence of a Federal commitment to identify the problem, identify the victims of that pollution, and then treat them?

Do we have any handle on how much we have spent here at the borough level and how much we may have to spend going forward if we don't do the right thing at the Federal level?

Ms. GRAHAM. We looked at the $140 million that was provided by Health and Human Services. And that was when we recognized that Brooklyn was seriously under-represented in terms of the funding that is available.

Right now we want to thank the committee for keeping the spotlight on this issue and so from this moment on, we will make sure that we keep a handle on it so that Brooklyn gets its fair share of funding.

Mr. MURPHY. And part of the frustration is that no one knows the extent of this problem.

Ms. GRAHAM. Sure.

Mr. MURPHY. And so the exposure for a municipal health system or a regional health system is potentially unquantifiable, which is one of the problems with having the responsibility for it lie at a local level.

Thank you very much, Mr. Chairman.

Mr. TOWNS. Let me further add on that point that our hospitals have indicated that there has been an increase in terms of people coming in and, of course, complaining about respiratory problems and that the doctors and nurses in these various medical facilities are saying that it has to be associated with 9/11, which means that is additional cost as well because these are people that would not be in the system if it had not been for 9/11.

And so the outcry now is that we need to have a Federal fix and we need to have a Federal fix for a lot of reasons because that even volunteers, we don't want to discourage them. We want them to continue to volunteer. If we walk away from them and ignore them, ignore their complaints, and not do anything about it, and hope that there was never another crisis, but if there is one, then people will not respond. So that is the reason why I think that we need to come up with a Federal fix.

On that note, I yield to Congressman Nadler. Congressman Nadler.

Mr. NADLER. Thank you. And thank you for your testimony, Madam Deputy Borough President.

As I mentioned in my testimony, I have always maintained that there were two coverups at work here, one of which was the coverup of the impact, of the health impact, of 9/11 on the first responders, one people who were caught in the plume, and then people who worked at the site. And that coverup has been unraveled, largely by the work done at Mount Sinai and some other places and by the Daily News. It took 5 years, but people finally acknowledged the problem there.

The second coverup, which is still under cover, is the impact of the fact that we have never properly cleaned up indoor spaces and that people are probably still being poisoned and cancers incubated today, which we will find about 15 years from now.

Now, the EPA announced a cleanup, what was characterized by myself and then by the Inspector General as a phony cleanup back in 2002 in lower Manhattan only and again recently again only for lower Manhattan.

Has there been any discussion, to your knowledge, with EPA about inspection of indoor spaces in Brooklyn or cleanup, decontamination of indoor spaces, residents, schools, workplaces in Brooklyn?

Ms. GRAHAM. Not to my knowledge, but I believe that there is a need for additional funding for continued research and surveys and testing so that we can come up with that information because right now we can only assume.

Mr. NADLER. Now, we know, do we not, that much of Brooklyn was in the path of the plume? And, as Congressman Weiner said, things fell all over at Lundy's and Borough Park and in Park Slope and Williamsburg, all over the place. And we know that nature cleans up the outdoor air but that it doesn't clean up the indoor air.

So it's safe to assume that there is a lot of indoor pollution still existing in Brooklyn?

Ms. GRAHAM. Absolutely. And we know that there are contaminants. Mercury, for example, could be in the cracks, in the floors, could be in the carpet, could be in the curtains for many, many years.

Mr. NADLER. And the EPA has never spoken to you or to, to your knowledge, to anybody in the city government about doing inspections to find out the extent of contamination in Brooklyn?

Ms. GRAHAM. Not to my knowledge. And you are also aware that Brooklyn is not a city by itself, as it once was. And so whatever discussions take place——

Mr. NADLER. City Hall also seems oblivious to the contamination of Brooklyn, does it not?

Ms. GRAHAM. Well——

Mr. NADLER. Well, let me put it this way. Has City Hall, to your knowledge, ever asked EPA to undertake any kind of examination in Brooklyn?

Ms. GRAHAM. Not to my knowledge.

Mr. NADLER. Has City Hall ever offered the city of New York to do such an examination in Brooklyn?

Ms. GRAHAM. Not to my knowledge.

Mr. NADLER. Has City Hall ever asked anyone else to do such an examination in Brooklyn?

Ms. GRAHAM. Not to my knowledge.

Mr. NADLER. Let me ask you one further thing. The Inspector General back in August 2003 in his report said that the only proper way to find out the extent of the indoor contamination was to select several hundred randomly selected indoor spaces, apartments, workplaces, schools, whatever, in concentric circles going out from the World Trade Center, concentric circles without regard to borough boundaries or rivers or anything else, and test several hundred such sites and that you might find out that in one direction, the problem extended for three blocks and in another direction for 3 miles.

Has anyone, to your knowledge, ever suggested, other than the EPA Inspector General and other than me and some other individuals, has anybody in the executive branch of government ever suggested, doing such random testing and mapping of the contamination?

Ms. GRAHAM. Not to my knowledge.

Mr. NADLER. Do you think it necessary?

Ms. GRAHAM. Absolutely.

Mr. NADLER. Thank you.

[Applause.]

Mr. TOWNS. Thank you. Thank you very much. Thank you very much for your testimony. We look forward to working with you in the days and months ahead to make certain that Brooklyn gets its fair share. Thank you very much, Deputy Borough President.

And now we will call our next panel. Mr. Cheong Chan, former Assistant Inspector General for Program Evaluation, please come forward, Environmental Protection Agency. Mr. David Newman, industrial hygienist, New York Committee for Occupational Safety and Health, please come forward. Mr. Patrick Roohan, please come forward, director of Bureau of Program Quality, Information and Evaluation, New York State Department of Health. Anthony Szema, assistant professor of medicine, Stony Brook College of Medicine; Suzanne Mattei, executive director of Sierra Club of New York City, please come forward. And Peter Gudaitis, executive director of New York Disaster Interfaith Services, please come forward.

It is a longstanding tradition of this committee that we swear our witnesses in. So would you please stand and raise your right hands?

[Witnesses sworn.]

Mr. TOWNS. Thank you. You may be seated. Let the record reflect they all indicated in the affirmative.

Let me begin with you, Ms. Mattei, and come right down the line.

Ms. MATTEI. All right. We have a PowerPoint.

Mr. TOWNS. A PowerPoint? OK.

Ms. MATTEI. Good day. My name is——

Mr. TOWNS. Why don't we start with Mr. Chan, then, and come down to you? You don't have a PowerPoint, right?

Mr. CHAN. No, I don't.

Mr. TOWNS. We'll start with you, then. Save the PowerPoint.

Mr. CHAN. OK.

STATEMENTS OF KWAI-CHEONG CHAN, FORMER ASSISTANT INSPECTOR GENERAL FOR PROGRAM EVALUATION, ENVIRONMENTAL PROTECTION AGENCY; DAVID M. NEWMAN, INDUSTRIAL HYGIENIST, NEW YORK COMMITTEE FOR OCCUPATIONAL SAFETY AND HEALTH; PATRICK ROOHAN, DIRECTOR, BUREAU OF PROGRAM QUALITY, INFORMATION AND EVALUATION, NEW YORK STATE DEPARTMENT OF HEALTH; DR. ANTHONY SZEMA, ASSISTANT PROFESSOR OF MEDICINE, SUNY-STONY BROOK SCHOOL OF MEDICINE; SUZANNE Y. MATTEI, EXECUTIVE DIRECTOR, SIERRA CLUB OF NEW YORK CITY; AND PETER GUDAITIS, EXECUTIVE DIRECTOR, NEW YORK DISASTER INTERFAITH SERVICES

STATEMENT OF KWAI-CHEONG CHAN

Mr. CHAN. Good morning, Chairman Towns, Congressmen Platts, Nadler, Murphy, Weiner, and Congresswoman Maloney. My name is Kwai Chan. I am the former Assistant Inspector General for Program Evaluation.

I appreciate the opportunity to appear before you today to discuss the work that we did in the Office of Inspector General on the most important subject.

While many of the data and findings are taken from the two reports that were done under my direction in EPA, the opinions, findings, and conclusions expressed in my testimony are solely that of my own and do not represent those of the OIG and the EPA or any other government agencies. Allow me just to summarize a few points I would like to make.

EPA's early statement following the collapse of the World Trade Center tower reassured the public regarding the safety of the air outside the ground zero area. However, when EPA administrator announced on September 18, 2001 that the air was "safe" to breathe, it did not have sufficient data and analysis to make such a blanket statement.

While the statement did not have any qualifications in it, in fact, when you look behind it, what they really meant was that the statement only applies to asbestos and not other pollutants; long-term health effects and not short-term; the general public and not the ground zero workers; outdoor air and not indoor air; and, finally, health adults and not sensitive subpopulations, such as children and the elderly.

Furthermore, the White House Council on Environmental Quality influenced the information that EPA communicate to the public through its early press releases when it convinced EPA to add reassurance statements and delete cautionary ones.

Regarding indoor air cleanup, evidence indicates that government communication was not very effective in persuading the public to take the recommended cleanup practices. So, as a result, we recommend that the cleanup should be considered, both indoor and outdoor together, and also building as a single system. That means you clean up from the outside and go all the way in as well as look at the HVAC.

We also recommend that the EPA should sample beyond lower Manhattan, moving in concentric circles from ground zero and out, and see the degree of deposits.

Given these communication and exposure concerns, my office decided to conduct our own survey of New York City residents. The survey also was designed to determine if contamination from the dust and smoke spread into the homes of residents located beyond lower Manhattan, the zone designated as eligible for the EPA lead testing and cleanup programs.

Although the survey response has a much lower response rate than what we expected, nevertheless, it is instructive to present some of the data. Let me summarize.

Overall, the majority of respondents want more information regarding outdoor and indoor air quality, wanted this information in a more timely manner, and did not believe the information they received from the government. For every respondent who was satisfied, there were three to six respondents who were dissatisfied with the government information.

Further, data indicated that contamination from the collapse of the World Trade Center towers spread into the homes of respondents located beyond lower Manhattan.

About 9 out of every 10 respondents were concerned about the short-term health effects associated with outdoor air. And 7 out of every 10 were concerned about long-term health effects. For indoor air, more than 7 out of 10 were concerned about short-term health effects and more than 5 out of 10 the long-term effects.

In lower Manhattan, half of the respondents reported that their residents had been contaminated with dust and/or debris due to the collapse. In Brooklyn, about a quarter responded and reported their residence had been contaminated. And for the residents of Manhattan, over 10 percent reported contamination.

Only about 1 out of 10 respondents knew about EPA's response to September 11th Web site. And about half of those who knew the Web site visited it. And the reason we did that is because the administrator asked us specifically to ask these questions to see how effective they were in reaching out to the public through the Web site.

The majority, 6 out of 10, respondents, however, were aware of key World Trade Center-related information, such as EPA's recommendation to have contaminated homes professionally cleaned and EPA lead testing cleanup program in the eligible area of Manhattan. Despite this awareness, relatively few respondents with home contamination had their homes tested for asbestos or had their homes professionally cleaned.

In closing, overriding lessons learned was that EPA needs to be prepared to assert its opinion and judgment with data and with some science on matters that impact on human health and the environment.

Although many organizations were involved in addressing air quality from the World Trade Center collapse, subsequent events have demonstrated that ultimately the public, the Congress, and others expect EPA to monitor and resolve environmental issues. This is the case, even when EPA may not have the overall responsibility to resolve these issues or the necessary resources to address them.

This ends my statement. Thank you.

[The prepared statement of Mr. Chan follows:]

STATEMENT OF KWAI-CHEUNG CHAN
BEFORE THE HOUSE SUBCOMMITTEE ON
GOVERNMENT MANAGEMENT, ORGANIZATION,
AND PROCUREMENT OF THE COMMITTEE ON
OVERSIGHT AND GOVERNMENT REFORM,
U.S. HOUSE OF REPRESENTATIVES
HEARING ON "9/11 HEALTH EFFECTS: ENVIRONMENTAL
IMPACTS FOR RESIDENTS AND RESPONDERS,
BROOKLYN, NEW YORK
APRIL 23, 2007

Mr. Chairman and Members of the Subcommittee:

My name is Kwai-Cheung Chan. I am the former Assistant Inspector General for Program Evaluation in Environmental Protection Agency. After serving five years in that capacity, I have retired from EPA as of December 10, 2005.

I appreciate the opportunity to appear before you today to discuss the work that we did in the Office of Inspector General (OIG) on this most important subject. While many of the data and findings are taken from the two reports that were done under my direction in EPA, the opinions, findings, and conclusions expressed in my testimony are solely my own, and do not represent those of the OIG in EPA or any other government agency. Allow me to summarize.[1]

EPA's early public statements following the collapse of the WTC towers reassured the public regarding the safety of the air outside the Ground Zero area. However, when EPA Administrator announced on September 18, 2001 that the air was "safe" to breathe, it did not have sufficient data and analyses to make such a blanket statement. At that time, air monitoring data was lacking for several pollutants of concern, including lead, PAHs, dioxin, particulate matter and PCBs.

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[1] U.S. Environmental Protection Agency, Office of Inspector General. (2003, August 21) *EPA's Response to the World Trade Center Collapse: Challenges, Successes, and Areas for Improvement.* (Report No. 2003-P-00012)

While the statement did not have any qualifications, EPA officials told us that the statement only applied to: asbestos and not other pollutants, long-term health effects and not short-term, the general public and not Ground Zero workers, outdoor air and not indoor air, and finally, healthy adults and not sensitive sub-populations such as children and the elderly.

But even if these qualifications were added, it should be noted that there is an absence of health benchmarks for asbestos and other pollutants, individually and collectively.[2]

Furthermore, the White House Council on Environmental Quality influenced the information that EPA communicated to the public through its early press releases when it convinced EPA to add reassuring statements and delete cautionary ones.

Because of numerous uncertainties—including the mix and the amount of pollutants, the extend of the public's exposure as well as a lack of health-based benchmarks—a definitive answer to whether the air was safe to breathe may not be settled for years to come.

EPA's actions to evaluate, mitigate, and control risks to human health from exposure to indoor air pollutants in the WTC area were consistent with applicable statutes and regulations. These statutes and regulations do not obligate EPA to respond to a given emergency, allowing for local agencies to lead a response, and New York City in fact exercised a lead role regarding indoor air. Nonetheless, EPA could have taken a more proactive approach regarding indoor air cleanup. After the City was criticized for its response, EPA began to assume a lead role in February 2002. Prior to initiation of the EPA-led cleanup, many WTC area residents had returned to their homes, and a study indicated most of them had not followed recommended cleaning practices. The full extend of public exposure to indoor contaminants resulting from the WTC collapse is unknown.

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[2] In 20 U.S.C.3601(a)(1-3) of the Asbestos School Hazard Detection and Control Act of 1980, Congress found that: (1) exposure to asbestos fibers has been identified over a long period of time and by reputable medical and scientific evidence as significantly increasing the incidence of cancer and several other severe or fatal diseases, such as asbestosis; (2) medical evidence has suggested that children may be particularly vulnerable to environmentally induced cancers; and (3) medical science has not established any minimum level of exposure to asbestos fibers which is considered to be safe for individuals exposed to the fibers.

Information is a critical component in helping the public to minimize their exposure to potential health hazards. However, evidence gathered through government hearings, news polls, health studies, and the OIG's interviews indicated that the public did not receive sufficient air quality information and wanted more information on associated health risks. Also, evidence indicated that government communications were not consistently effective in persuading the public to take recommended precautions.

Given these concerns and a city-wide study had not been undertaken by EPA, the OIG decided to conduct its own survey of New York City residents. The survey was also designed to determine if contamination from the collapse of the WTC towers spread into the homes of residents located beyond lower Manhattan, the zone designated as eligible for the EPA-led testing and cleaning program. Although the response rate of the survey was much lower than what was expected, nevertheless, it is instructive to present some of the data.[3]

Overall, the majority of respondents wanted more information regarding outdoor and indoor air quality, wanted this information in a timelier manner, and did not believe the information they received. Further, data indicated that contamination from the collapse of the WTC towers spread into the homes of respondents located beyond the perimeter of the zone designated as eligible for the EPA-led testing and cleaning program.

More than 6 out of every 10 respondents were dissatisfied with (a) explanations of possible health threats related to air quality; (b) how to minimize their exposure to health risks related to air quality; (c) health problems they might experience due to air quality; and (d) what to do if they experienced a health problem related to air quality. For every respondent who was satisfied, there were 3 to 6 respondents who were dissatisfied with the government information.

About 9 out of every 10 respondents were concerned about the short-term health effects associated with outdoor air and 7 out of every 10 were concerned about long-term health risks. For indoor air, more than 7 out of 10 were concerned about short-term health effects and more than 5 out of 10 the long-term effects.

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[3] U.S. Environmental Protection Agency, Office of Inspector General. (2003, September 26) *Survey of Air Quality Information Related to the World Trade Center Collapse.* (Report No. 2003-P-00014)

In Lower Manhattan, half of the respondents reported that their residence had been contaminated with dust and/or debris due to the collapse. In Brooklyn, about a quarter of the respondents reported their residence had been contaminated. And for the rest of Manhattan, over 10 percent reported contamination.

Only about 1 out of 10 respondents knew about EPA's "Response to September 11" web site, and about half of those who knew the web site visited it. The majority (6 of 10) of respondents, however, were aware of key WTC-related information, such as EPA's recommendation to have contaminated homes professionally cleaned and the EPA-led testing and cleaning program in eligible areas of Manhattan. Despite this awareness, relatively few respondents with home contamination had their homes tested for asbestos [4] or professionally cleaned.[5]

In closing, the events of September 11 had national security ramifications not previously experienced, and many persons interviewed spoke highly of the response of EPA and its employees. Still, the OIG, as well as EPA and others, have identified lessons learned from the response that can improve EPA's preparedness for future disasters. An overriding lesson learned was the EPA needs to be prepared to assert its opinion and judgment on matters that impact human health and the environment. Although many organizations were involved in addressing air quality from the WTC collapse, subsequent events have demonstrated that, ultimately, the public, Congress, and others expect EPA to monitor and resolve environmental issues. This is the case even when EPA may not have the overall responsibility to resolve these issues or the necessary resources to address them.

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[4] 22% in Lower Manhattan. Less than 2% in Brooklyn and the rest of Manhattan.
[5] 38% in Lower Manhattan. 2% in Brooklyn and none in the rest of Manhattan.

Mr. TOWNS. Thank you very much for your testimony.
Mr. Gudaitis.
Mr. GUDAITIS. Thank you, Mr. Chairman.

STATEMENT OF PETER GUDAITIS

Mr. GUDAITIS. Thank you for your invitation, Mr. Chairman, and to your colleagues, particularly to Representative Maloney, who has been such a tireless advocate for our work and that of my staff.

My name is Peter Gudaitis. I am the executive director of New York Disaster Interfaith Services [NYDIS]. NYDIS is a 501(c)(3) federation of approximately 30 faith-based human service providers and philanthropies who work in partnership to provide secular disaster readiness response and recovery services in New York City.

As it pertains to 9/11, NYDIS has six full-time recovery workers who manage a variety of advocacy and recovery programs for human service caregivers, religious leaders, direct victims, and residents, including specifically the New York City 9/11 Unmet Needs Roundtable. Since 2002, the roundtable has distributed approximately $6 million to over 2,500 direct victims and injured recovery workers.

Our target clients are under-served and under-resourced direct victims and health-impacted recovery workers and residents. Assistance is provided by application of a qualified caseworker on behalf of their client and must fund an emergency need or secure a client's sustainable recovery.

The roundtable has been a collaboration of over 80 human service providers and 18 donors over the past 6 years since it was established by the faith community in 2002. The roundtable has provided case management resources, peer review, and referral services to caseworkers.

As of 2006, with the support of the American Red Cross Liberty Fund and Episcopal Relief and Development, NYDIS has also been the sole provider of case management coordination, caseworker training, and the primary funder of case managers for the New York City recovery community.

Currently the only remaining donors are the Lutheran Disaster Response of New York, NYDIS, and Safe Horizon. Sadly, all current roundtable funding of about $2.3 million a year, terminates in December 2007.

9/11 resulted in a prolonged airborne dissemination of a smoke plume throughout lower Manhattan that moved over Brooklyn. And I can attest to this as a lower Manhattan resident. At the time of 9/11, I lived across the street from St. Paul's Chapel and lost my living room windows and lived in New Jersey for 3 months, an exciting adventure.

As hundreds of thousands of Brooklynites and lower Manhattan residents witnessed on 9/11, they also reported physical, psychological, and economic impact immediately following the attack but were told their injuries or losses were not a direct result of the disaster as designated by the government or aid agencies that concentrated their resources in lower Manhattan.

It has been our experience that many Brooklyn residents expressed anxiety about the effects of the dust plume, which I expect my colleagues will discuss in their testimonies. Those effects have

since surfaced as serious health threats to the residents and recovery workers, many of whom continue to struggle as they attempt to recover from the emotional, medical, and economic impacts.

In order to discuss the impact of 9/11 on people, we need to answer three questions: where have we been, where are we now, and where we will go from here.

In the early days of 9/11, during that 10-month period following the cleanup, the attention of larger relief agencies was focused on lower Manhattan workers and residents below Canal Street.

From 2002 to 2004, 1,612 people were assisted by the roundtable. Approximately 30 percent were from Brooklyn. Of those, the vast majority of individuals receiving financial assistance were dislocated workers in industries affected by 9/11.

Since individuals affected outside of lower Manhattan and south of Canal Street as a whole were not eligible for FEMA's 18 months' mortgage and rental assistance nor Red Cross September 11 Fund moneys, the roundtable's assistance to clients focused about 56 percent on rent, about 12 percent on utilities, and then other basic human needs.

The ethnic demographics of the roundtable clients during those years were 42 percent Hispanic; 21 African American; 21 Caucasian; 6 percent Arab, Persian; and 4 percent Asian.

Coinciding with the close of the United Services Group in 2004 and over the past 2 years, we have seen a 200 percent increase in cases. For the residents that were impacted psychologically and especially those who have not been eligible for large amounts of aid due to geographic eligibility restrictions, recovery has been more complicated. And there continue to be needs that surface even today.

Currently NYDIS receives an average of 15 calls a month from new impacted residents or clients who are seeking case management assistance. In 2006, NYDIS saw an 80 percent increase in clients over 2005 in terms of the number of impacted individuals seeking assistance.

Currently 20 percent of that 2,900 are residents of Brooklyn. Of these, about 88 percent were either recovery workers or lower Manhattan workers. The other 11 percent or so are impacted residents. Ethnically these residents are 32 percent Caucasian; 24 percent Hispanic; 16 percent African American; 15 percent Arab, Persian; 6 percent Polish; and 4 percent Asian.

We are now facing a crisis in human services as hundreds of new cases of 9/11-impacted people come forward. Clients are now forced to wait as long as 2 or 3 months to seek case management assistance or medical screening.

Currently an average of 60 percent of the 332 ill recovery workers seen monthly at Mount Sinai seek case management services. About 17 percent of those are Brooklyn residents.

Where do we go from here? Increasing numbers of health-impacted people are coming forward for critically needed services. In some cases, services will save clients from hopelessness or dying with dignity. Medical treatment for ill people, psychologically or physically, is critical. But these services do not address the difficulties of 9/11 health impacted clients without case management services.

At a minimum, 9/11 clients that we are assisting today deserve the same level of services that was given to victims in the first few years after 9/11. They deserve continuity of services, coordinated assistant, and treatment, unmet needs assistance, and timely access to care. And they deserve case managers with manageable case loads.

Currently caseworkers have an average of 220 cases per caseworker. During 9/11's height under the USG, there were 60 clients per caseworker.

Last, if we leave these health-impacted people without support, it could impair our ability to mobilize people to keep our residents safe following the next disasters. Our workers and volunteers deserve better from us from the help they gave in rebuilding our community.

The sad fact of the matter is Federal assistance was used to hire the undocumented and Federal assistance was not given to mandate protection. And we owe these people a debt of gratitude and the ability to support them as they continue to struggle to recover or die with dignity.

[The prepared statement of Mr. Gudaitis follows:]

Testimony of

Peter B. Gudaitis, M. Div
Executive Director & CEO

of

New York Disaster Interfaith Services

on

"9/11 Health Effects: Environmental Impacts for Residents and Responders"

Before the
Subcommittee on Government Management, Organization and Procurement,
Committee on Oversight and Government Reform

United States House of Representatives

Monday, April 23, 2007

Brooklyn Borough Hall
Courtroom 209, Joralemon Street
Brooklyn, New York

Councilman Towns and other distinguished members of the Committee, Subcommittee and New York Delegation: Good Morning and thank you for inviting me to present testimony before you today on the 9/11 health impact on WTC responders and residents of Brooklyn, as well as the current urgent need for coordinated human services for health impacted 9/11 victims and their families.

My name is Peter Gudaitis. I am the Executive Director & CEO of New York Disaster Interfaith Services (NYDIS).

The collapse and conflagration of the World Trade Center complex resulted in a prolonged airborne dissemination of a smoke plum throughout Lower Manhattan that moved over Brooklyn. As hundreds of thousands of Brooklynites witnessed the events of that day, some reported physical, psychological, and economic impact immediately following the attack, but were told that their injuries or losses were not a direct result of the disaster as designated by the government or aid agencies that concentrated their resources on the Lower Manhattan area. It has been our experience that many Brooklyn residents expressed anxiety about the effects of the dust, which I expect my colleagues will discuss in their testimonies. Those effects have since surfaced as serious threats to the health of Brooklyn residents, many of whom continue to struggle as they attempt to recover from the emotional, medical and economic impact of 9/11. In order to discuss the impact of 9/11 on people in Brooklyn today, we need to answer the questions:

1. Where we have been?
2. Where we are now?
3. And, lastly, where do we go from here?

Where Have We Been?

In the early days of 9/11 response – during the time period of the clean up of the WTC site – the attention of larger relief agencies was focused on Lower Manhattan, while populations affected outside of and around lower Manhattan were understood to be affected, but were less eligible for financial assistance to address the economic and psychological impact of people who witnessed the events or worked outside of Manhattan. Addressing the needs of these underserved 9/11 victims was the first focus of faith-based disaster response agencies. Through the efforts of the faith communities, the NYC 9/11 Unmet Needs Roundtable and NYDIS were created to assist impacted populations with unmet needs. From 2002-2004, 1612 people were assisted by the NYC 9/11 Unmet Needs Roundtable, and approximately 30% were from Brooklyn. Of those, the vast majority of individuals receiving financial assistance were dislocated workers in industries affected by 9/11. Individuals affected outside of lower Manhattan and Manhattan as a whole were not eligible for FEMA's 18-months Mortgage and Rental Assistance, nor Red Cross of September 11 Fund monies. The Roundtable assisted clients with their most pressing needs for rent (56%) and utilities (12.2%) as the clients worked with case managers to develop plans for financial stability and survival in New York after the life-changing events of September 11. Ethnically, the communities assisted from 2002-2004 were 42% Hispanic, 21% African-American, 21% White, 6% Arab/Persian, and 4% Asian.

During that time, the human services community working with clients in the Lower Manhattan formed the United Services Group. Begun in late 2001 and ending on December 31, 2004, the United Service Group (USG) coordinated case management for over 20,000 9/11-affected individuals via the work of 40 agencies. At its peek efforts, the USG coordinated and supported

the work of 200 case workers and 12,000 clients at a time who worked or lived in Lower Manhattan. Even so, the affected residents of New York that lived and were affected outside of Lower Manhattan are not reflected in these numbers. Case management coordination is essential best practice for the sustained recovery of disaster victims and their families an the only system to ensure client access all eligible resources, addressing immediate needs while linking the client to relief and long-term resources, such as workers compensation, SSI/SSD. Case management ensures that the client's needs are addressed comprehensively, and that the client and his/her family system may develop a sustainable recovery (or self-sufficiency) plan. Case management also shows positive results in helping clients access and make the best possible use of other direct services such as mental health services, legal advice, health care, employment services, pastoral care and financial assistance. Monies began to run out and client cases of direct victims diminished; the closing of the USG in December 2004 followed. Significant needs still remained, but some clients felt the recovery community was saying "as of today your needs are no longer related to 9/11." Unfortunately, time and medical evidence has shown that the effects of 9/11 are still with us and, although the case load of direct victims has decreased to 20% of our caseloads, NYDIS a seen a 200% increase since 2004 of injured recovery worker clients with serious and complicated needs that merit specialized case management services, based on the same support provided to direct victims in the first years of 9/11 recovery.

Where Are We Today?

Coinciding with the closing of the USG, a new group of 9/11-impacted victims began to emerge. These were the health impacted residents and WTC recovery workers. Their numbers have grown and NYDIS has continued to serve these clients through case management, coordinated assistance, and financial aid as other 9/11 programs have closed. For those residents that were impacted psychologically, especially those who may not have been eligible for large amounts of aid due to geographic eligibility restrictions, recovery has been more complicated and their needs continue to surface even today. Currently, NYDIS receives an average of 15 calls a month from new 9/11 impacted individuals, as well as from local and out-of-state organizations seeking assistance for 9/11 clients who have not achieved sustainable recovery and are in financial crisis due to the emergency of PTSD or health symptoms. These individuals comprise a smaller population of clients than the WTC recovery workers that we currently serve, but their needs and the path that they must travel to reach recovery are as complex as the needs of the WTC Recovery Workers.

In 2006, NYDIS saw an 80% increase in clients over 2005, in terms of the number of impacted individuals seeking assistance. Currently, 20% of the 2914 clients that have received assistance from the NYC 9/11 Unmet Needs Roundtable are residents of Brooklyn. Of these, 44.7% are WTC Recovery Workers that are ill due to their work at the World Trade Center, an additional 44% are dislocated workers, and the remaining 11% come from a variety of victim categories including impacted residents. Ethnically, these Brooklyn residents are 32% Non Polish Caucasian/Europeans (note this does not take immigration status into account), 24% Hispanic, 16.3% African-American, 15.6% Arab/Persian, 6% Polish, and 3.9% Asian.

66.7% of the people assisted in Brooklyn have been male. Tracking with recovery worker statistics, the majority are heads of households between 45-55 years of age. In the Mayor's testimony to the Senate on March 21, 2007, he reported the following:

- More than 11,000 firefighters who responded to the 9/11 attacks reported one new respiratory symptom within a week of the attacks, and more that 3,000 report that they continue to suffer from respiratory symptoms know as "World Trade Center cough" and "Reactive Airways Disease."
- Of the more than 6,500 rescue and recovery workers who were examined in the Mt. Sinai Medical Center, about 7 out of every 10 reported at least one new or worsened respiratory symptom while engaged in the response efforts. These symptoms have persisted in more than 59% of the worker populations.

These statistics only paint a small corner of a much bigger picture of 9/11 health impact for New York City. Many of the recovery workers were from immigrant communities, including roughly 30-40% undocumented workers that are residents of Brooklyn and Queens. They worked at the WTC site and in the surrounding buildings. These same individuals comprise a significant population of clients in treatment in the WTC Health Effects Treatment Program. Health impacted residents in general are largely unaware of the free evaluation and treatment program at Bellevue Hospital. Some have attempted to access services at the WTC Monitoring Program, but were turned away because they were not a WTC recovery worker. For these populations, we are only now starting to gather data as they finally reach services at Bellevue.

We now face a crisis in New York City human services, as hundreds of new cases of 9/11 health impacted people come forward only to find that there is no long term plan to provide coordinated

assistance, not enough case managers to meet demand, and limited client advocacy. Clients are also now forced to wait long periods for services, often 2-3 months. Many clients do not know where to seek services or what services are available to them. Often, they do not know what benefits they are eligible for and refuse treatment for fear of medical costs or hours missed from work. As their health deteriorates, these individuals compromise their health and face possible homelessness for themselves and their dependents.

Currently, an average of 60% of the 332 WTC ill recovery workers seen monthly at one of six Mt. Sinai Hospital WTC Treatment Benefits Coordination Program are in need of intensive case management services. Of these, roughly 17% are residents of Brooklyn. On average, this one site refers 28 new individuals to case management per week; however, there are only 12 fully funded 9/11 case managers remaining to handle this growing case load in New York City, 7 of whom are funded by NYDIS. This does not take into account other referrals to case management from the other five treatment sites. Other referral agencies include: ARC, Bellevue, LIFENET, the Mental Health Association of New York and NYCOSH. All of whom are sending clients to NYDIS case workers on a daily basis. Exact numbers have not been gathered.

It is clear to us that our 9/11 recovery coordination and the Roundtable will be needed for many years to come as larger numbers of recovery workers become ill and need case management, coordinated assistance, unmet needs assistance and, sadly, end of life planning to support clients and their families.

Where Do We Go From Here?

Increasing numbers of 9/11 health impacted people are coming forward for critically needed services. In some cases, these services will save clients from homelessness or help them die with dignity. Medical treatment for people that are ill, psychologically and physically (often both), are critical. But these services often do not address the difficulties these 9/11 health-impacted clients are experiencing as they face loss of work, broken families, and the need for immediate assistance for housing and food while they attempt to access medical treatment. Medical monitoring or treatment alone cannot assist clients that may be partially or fully/permanently disabled, as is the case with many of the health-impacted clients we are assisting today. These clients need a full comprehensive case management to ensure that they access all available resources as they struggle to achieve sustainable recovery or, in come cases, end of life planning that assures their dependants are self-sufficient by the time recovery workers succumb to their illnesses.

At a minimum, the 9/11 clients whom we are currently assisting deserve the same level of services that were given to victims in the first few years following September 11, 2001. They deserve continuity of services, coordinated assistance between recovery and treatment providers, unmet needs assistance, and timely access to care. Also, they deserve case managers with manageable case loads. Under the USG program, from 2001-2004 case managers had case loads on average of 60/1 annually, whereas now they have case loads of 220/1 annually. Without support from the federal government, these documented and undocumented heroes will be left with debilitating illnesses that will lead them to homelessness, hunger, and sometimes death. They deserve better. We must remember that health safety at (or from) the WTC site was not

mandated by the government, and that government funds where used to put first responders, laborers, residents, and volunteers in harm's way, as well as allowing sub-contractors to hire vendors and undocumented workers who unknowingly compromised their health and wellbeing to ensure a speedy clean-up. Those now suffering from medical and emotional ailments are disproportionately minorities – an injustice that should be lost on no one. It is our duty to stand with them, support them, and address the real life issues that they are facing, rather than addressing only their health needs without providing the case management services that will address the financial and emotional burdens that compromise the long term recovery of New York City residents, the recovery workers, and their families.

Lastly, if we leave these health impacted people without support, it could impair our ability to mobilize people or keep our resident safe following the next disaster. Our workers, volunteers, and residents must know that when they rise to the challenge of rebuilding or cleaning our city after a disaster, their long-term health will be considered a priority and their needs will be addressed, especially for those that may have unknowingly made the ultimate sacrifice of their lives because of their dedication to clean up our city or to continue living here.

Thank you for your time and your openness in investigating these critical health issues facing Brooklyn, New York City, and the United States as a whole. I will gladly address any questions at this time.

Mr. TOWNS. Thank you very much for your testimony.
Mr. Newman.
Mr. NEWMAN. Thank you.

STATEMENT OF DAVID NEWMAN

Mr. NEWMAN. Good morning, Chairman Towns, members of the subcommittee, and Representatives Maloney and Nadler. My name is David Newman. I am a Brooklyn resident. I am an industrial hygienist with the New York Committee for Occupational Safety and Health [NYCOSH].

I had the privilege of serving as a member of the EPA, as a nongovernmental member of the EPA, World Trade Center expert technical review panel and as a member of the exposure assessment working group of the World Trade Center worker and volunteer medical screening program. I currently serve on other 9/11-related advisory boards at the World Trade Center register and at the Bellevue Hospital World Trade Center Environmental Health Center.

The 9/11 attacks produced two primary sources of environmental contamination, lower right. The 9/11 attacks produced two primary sources of environmental contamination: particulate matter from the dust cloud generated by the collapse of the World Trade Center; and, second, the plume of combustion byproducts from the fires that burned from three to 5 months. Here you see the dust cloud.

In addition, there were and still are several secondary sources of contamination. That is, 9/11 exposure may be ongoing. These secondary exposure sources include, next one, particulates resuspended in contaminated indoor spaces and particulates from ongoing demolitions of 9/11 contaminated high risk buildings in lower Manhattan.

World Trade Center dust was dispersed throughout much of lower Manhattan and adjacent parts of Brooklyn. It may also have been disbursed over a larger geographic area.

Many of the hundreds of contaminants identified in outdoor and indoor air dust and bulk samples are known to be toxic or carcinogenic. These include asbestos, polychlorinated biphenyls, polycyclic aromatic hydrocarbons, manmade vitreous fibers, dioxins, violative organic compounds, crystalline silica, pulverized glass shards, highly alkaline concrete dust, and lead, mercury, and other heavy metals.

Here you see EPA, Office of Research and Development plume modeling clearing showing and acknowledging the bloom at varying concentrations over Brooklyn.

Despite exhaustive efforts outdoor sampling by Government agencies was neither coordinated nor comprehensive, nor targeted. In addition, sampling at and around ground zero began late and was conducted only on a limited basis. Therefore, our knowledge of the nature and scope of 9/11 contamination remains limited.

There has been no comprehensive, systematic investigation of indoor spaces even though particulates that infiltrate indoor spaces persist over time unless they received targeted environmental cleanup. Government activities to assess or cleanup indoor contamination have been scientifically flawed.

Government efforts were also inappropriately limited in scope. Geographic areas known to have been impacted such as Chinatown and parts of Brooklyn were excluded from testing and cleanup, as were all industrial and commercial spaces and schools, and Government buildings. Here we see photographs from EPA reports documenting from space visible dust on the shore of Brooklyn. The black and the yellow dots in the lower right hand corner. And, of course, we're concerned not solely about visible dust but about invisible dust. The visible dust will tend to fall out of the air at shorter distances than the more microscopic and less visible particulates which could travel longer distances, potentially.

As a result, the environmental data for lower Manhattan are of limited scientific utility and the data for Brooklyn are nonexistent. Thus, it is not possible even at this late date to characterize the level, composition or geographic scope of initial or residual 9/11 derived contamination. Nor is it possible to characterize prior exposure or risk or current exposure or risk. Nevertheless, there are credible data that indicate the possibility that 9/11 derived toxic substances were widely distributed: In some cases at levels of concern.

The satellite photos that you've seen clearly shown the combustion plume over much of Brooklyn on 9/11 and on other dates. My Flatbush neighborhood, as other people have commented, were blanketed with charred documents from the World Trade Center. Nevertheless, there are no data by which to assess the presence or absence of contaminants.

A large and increasing number of people who were exposed to 9/11 contaminates, primarily rescue and recovery workers but also area workers and residents, are now suffering serious and persistent adverse health outcomes which are extensively documented in the scientific literature. Although those working on the pile generally experienced the most severe exposures and the most severe health impacts, comparable respiratory impacts among community residents, students and workers are also well documented in the scientific literature.

Because 9/11 contaminates include numerous carcinogens there is concern about late emerging cancers. Whether or when these diseases will manifest is unknown, but it is prudent and scientifically appropriate to anticipate the possibility.

Moreover, neither environmental nor occupational health regulations were enforced at or around ground zero. This failure to implement legally regulated protective measures, legally required protective measures is likely to have contributed to the high incidents of 9/11 related illness. The current EPA sampling plan, which was implemented despite its rejection by the EPA WTC Expert Technical Review Panel, repeats many of the flaws of the earlier efforts, including the exclusion of Brooklyn.

The current testing program should be replaced with a comprehensive scientifically sound effort to identify and quantify residual contaminates, if any, in indoor spaces and to provide effective environmental cleanup if and where warranted. Businesses, schools and Government spaces as well as residences must be included.

Testing should concentrate on indoor spaces closest to ground zero and proceed outward, as Congressman Nadler pointed out,

outward in concentric circles until measurements indicate that contaminates do not exceed background levels or health-based benchmarks. The goal should be to identify and remove residual resources, if any, of ongoing or potential exposure.

Here we see an EPA from an earlier plan that the EPA presented to the panel. They proposed sampling of Brooklyn. As recommended by the panel, this proposal to sample in Brooklyn was withdrawn by EPA.

A comprehensive approach is also needed to identify, treat and tract 9/11 related illness of rescue and recovery workers and also of area workers, residents and students.

It is essential that the Federal Government support and adequately fund over the long term the three medical centers of excellence: The World Trade Center Medical Monitoring Program and its affiliated clinics; the Fire Department of New York Medical Program, and; the World Trade Center Environmental Health Clinic of Bellevue Hospital. Reportedly, the Federal Government may withdraw its support of these medical centers and instead require 9/11 health victims to pursue treatment on their own in the health care market. This would have dire consequences for the thousands of people who have or who may develop 9/11 related illnesses, and it would be a grave error in public health policy.

These hospitals and clinic-based centers provide a high level of expertise in diagnosing environmentally induced symptoms and illnesses and in rendering effective treatment—and I'm finishing up here—through access to broad institutional resources. These could not be duplicated if 9/11 health victims were forced to rely on a market-based health care model. The centers of excellence are also capable, as individual health care providers are not, of targeted outreach, public health education, long term medical monitoring, identification of disease trends and collection and sharing of data to inform clinical practice and public health policy.

Thank you very much for this opportunity to present my views.

[The prepared statement of Mr. Newman follows:]

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United States Congress

Committee on Oversight and Government Reform

Subcommittee on
Government Management, Organization, and Procurement

Hearing on
"9/11 Health and Environmental Impacts for Residents and Responders"

Brooklyn, NY
April 23, 2007

Testimony of
David M. Newman, M.A., M.S., Industrial Hygienist
New York Committee for Occupational Safety and Health

Good morning Chairman Towns and members of the Subcommittee on Government Management, Organization, and Procurement. Thank you for this opportunity to appear before you today.

My name is David Newman. I am an industrial hygienist with the New York Committee for Occupational Safety and Health (NYCOSH). NYCOSH is a non-governmental, non-profit organization that has provided technical assistance and comprehensive training in occupational safety and health to unions, employers, government agencies, and community organizations for over twenty five years.

Since the tragic events of September 11, 2001 and continuing to this day, NYCOSH, in partnership with the National Disaster Ministries of the United Church of Christ, has worked closely with unions, employers, and non-profit, immigrant, community, and tenant organizations at Ground Zero and throughout Lower Manhattan. This work has included outdoor and indoor environmental sampling, assessment of the safety and healthfulness of affected workplaces and residences, help with design and evaluation of sampling, cleanup, and re-occupancy protocols, and technical assistance with building ventilation and filtration issues. NYCOSH, in collaboration with the Queens College Center for the Biology of Natural Systems and the Latin American Workers Project, operated a mobile medical unit near Ground Zero which provided medical screenings to hundreds of immigrant day laborers engaged in the cleanup of contaminated offices and residences. We also provided respirators to these cleanup workers, along with changeout filter cartridges, fit-testing, and training in proper respirator use. In addition, NYCOSH has trained additional hundreds of Lower Manhattan workers about 9/11-related occupational and environmental health issues. Finally, NYCOSH has worked closely with health care providers and with unions, employers, and tenant and community organizations to ensure that their constituents are informed about and have access to appropriate medical care for 9/11 health conditions.

In addition, I had the privilege of serving as a member of the EPA World Trade Center Expert Technical Review Panel. I also served on the Exposure Assessment Working Group of the World Trade Center Worker and Volunteer Medical Screening Program and on the Advisory Board of Columbia University's Mailman School of Public Health World Trade Center Evacuation Study. I currently serve on the Community Advisory Committee of World Trade Center Environmental Health Center at Bellevue Hospital and on the Labor Advisory Committee of the New York City Department of Health and Mental Hygiene's World Trade Center Health Registry.

I believe there are three essential issues before us today:

- At this point in time, what do the scientific and medical data tell us about the nature and scope of environmental and health impacts stemming from the events of 9/11 and their aftermath?

- What are the remaining gaps in our knowledge?

- What additional efforts are needed?

The 9/11 attacks produced two primary sources of environmental contamination. One was particulate matter that originated in the dust cloud produced by the collapse of buildings in the World Trade Center (WTC) complex. The other was the plume of airborne combustion byproducts from the fires that burned above and below ground for three to five months.

Additionally, there were or are now several secondary sources of contamination. These include particulates disturbed and made airborne by rescue and recovery operations at Ground Zero; particulates released along the paths and at the sites of debris and waste transfer operations; particulates that infiltrated and remained in indoor spaces; and particulates and other contaminants that may be disturbed during the ongoing demolitions of 9/11-contaminated high-rise buildings or may be emitted at the massive reconstruction operations at the WTC site that will continue for the next decade or longer.

World Trade Center dust is known to have been dispersed throughout much of Lower Manhattan and adjacent parts of Brooklyn, and may have been dispersed over a larger geographic area. Hundreds of contaminants have been identified in outdoor and indoor air, dust, and bulk samples. Many are well known toxics and carcinogens, including asbestos, PCBs (polychlorinated biphenyls), PAHs (polycyclic aromatic hydrocarbons), man-made vitreous fibers, dioxins/furans, volatile organic compounds, crystalline silica, pulverized glass shards, highly alkaline concrete dust, and lead, mercury, and other

heavy metals.

Unfortunately, despite the fact that scores of thousands of environmental samples from Ground Zero and adjacent areas of Lower Manhattan have been collected and analyzed, our knowledge of the nature and scope of 9/11 contamination remains limited. This is because sampling operations by government agencies were neither coordinated, nor comprehensive, nor targeted. Appropriate sampling of workers and work areas at and around Ground Zero began late and was conducted only on a limited basis.

There has been no comprehensive, systematic investigation of potentially contaminated indoor spaces, even though particulate contaminants that infiltrate indoor spaces are known to persist over time if not subject to targeted environmental remediation. Most indoor sampling data were obtained in private sampling efforts. Government agencies have made no concerted effort to collect or assess these data. Government activities to assess or clean up indoor contamination have been scientifically and methodologically flawed. They were also inappropriately limited in scope, i.e., geographic areas known to have been impacted, such as Chinatown and parts of Brooklyn, were excluded, as were industrial and commercial indoor spaces as well as schools and government buildings. Consequently, the available environmental data for Lower Manhattan are of limited scientific utility and the data for Brooklyn are non-existent. Therefore, it is still not possible, even at this late date, to characterize the level, composition, and geographic scope of initial or residual 9/11-derived contamination, or to characterize prior or current exposure or risk.

Nevertheless, there are substantive, credible data that indicate the potential, although not the reality, of wide geographic dispersion, outdoors and indoors, of 9/11-derived toxic substances at levels of concern.

As an example, EPA has acknowledged that its test results for outdoor samples of

dioxin at and around Ground Zero through November 2001 "are likely the highest ambient concentrations that have ever been reported." [1] These data indicate that the dioxin concentrations to which rescue and recovery workers were potentially exposed were several hundred times higher than is typical in urban air and that workers and residents returning to areas that were reopened to the public as safe one week after 9/11 were potentially exposed to concentrations of dioxin nearly six times the highest dioxin level ever recorded in the U.S. Note that dioxin is a carcinogen.

As another example, satellite photos clearly show the combustion plume over much of Brooklyn on 9/11. On that day my Flatbush neighborhood was blanketed with charred documents from WTC brokerage houses. Nevertheless, there are no data by which to assess the presence or absence of contaminants.

It is now well-established that a large and increasing number of people who were exposed to 9/11 contaminants, primarily rescue and recovery workers but also area workers and residents, are suffering serious and persistent adverse health outcomes.

Bearing in mind that risk of adverse health impact is dependent on the intensity and duration or frequency of the exposures and on the toxicity of the substances, there are multiple and distinct exposure populations. The two best known are persons caught in the dust cloud on 9/11 and workers and volunteers at Ground Zero and at the associated debris removal and waste transfer operations.

However, other groups also had, and may still have, potential for exposure and for adverse health effects. These include:

- immigrant day laborers and building maintenance personnel who engaged on a regular basis in cleanup of WTC dust and debris at commercial and residential buildings outside Ground Zero;
- workers involved in the restoration of essential services at and beyond Ground Zero (e.g., telecommunications, electrical, water, sanitation, transit, and other

workers) and/or workers who continue to engage in disturbance activities in spaces that have not been tested or cleaned, such as telecommunications workers in manholes, vaults, basements, and cable chases;

- workers engaged in the demolition of 9/11-contaminated buildings; and
- residents, workers, and students who remained in or returned contaminated indoor spaces.

Broadly categorized, there are three categories of adverse physical health outcomes associated with exposure to 9/11-derived contaminants:

- acute, short-term, reversible respiratory and skin irritant and allergenic symptoms and illnesses (e.g., upper airway cough syndrome and allergic and irritant-induced rhinitis);
- onset of new, or exacerbation of existing, chronic illness (e.g., reactive airways dysfunction syndrome and chronic rhino-sinusitis); and
- development of chronic, catastrophic illnesses with long latency periods (e.g., asbestos-related cancers and interstitial lung diseases). [2]

The incidence and persistence of 9/11-induced respiratory illness among thousands of response workers and area workers are by now well-established and extensively documented in the scientific literature, including among rescue, recovery, and service workers [3,4], firefighters [5,6,7], transit workers [8], and immigrant day laborer cleanup workers at buildings outside Ground Zero.[9] Although there is no question that, in general, those working on the pile experienced more severe exposures and health impacts than did community residents, students, and workers, comparable respiratory impacts among these latter groups are also extensively documented in the scientific literature. [10,11,12,13,14]

Because Ground Zero workers and other exposure populations may have been exposed at varying levels to a robust array of carcinogens, including asbestos, dioxins, silica, benzene, PAHs, and PCBs, there is concern for the potential development of

late-emerging cancers. It is as yet unknown whether or when 9/11-derived exposures will produce late-emerging diseases, but it is prudent and scientifically appropriate to anticipate the possibility.

I call your attention to the fact that neither environmental nor occupational health regulations were enforced at or around Ground Zero. This failure to ensure that these protective and legally required measures were utilized is likely to have contributed to the high incidence of 9/11-related illness that we are seeing today and that we may see in the future.

It is essential that the federal government apply a focused and comprehensive approach in addressing the ongoing environmental and health consequences of the attack on the World Trade Center.

The current EPA sampling program repeats many of the flaws of EPA's earlier effort, including the exclusion of Brooklyn. This current program was initiated despite being rejected by the EPA WTC Expert Technical Review Panel.

The current EPA program should be withdrawn and replaced with a scientifically and methodologically sound comprehensive testing effort to identify and quantify residual contaminants, if any, in indoor spaces, and to provide effective environmental cleanup, if and where warranted. Any new sampling and remediation effort must include places of business, schools, and government spaces, as well as residences. It should concentrate its initial efforts in indoor spaces closest to Ground Zero and proceed outward in concentric circles until measurements indicate that contaminants do not exceed background levels or health-based benchmarks. Its goal should be to identify and remove residual sources, if any, of ongoing or potential exposure.

A comprehensive approach is also needed in identifying, treating, and tracking the 9/11-related illnesses of rescue and recovery workers and of area workers, residents, and

students. It is critical that the federal government support and adequately fund over the long term the three medical "centers of excellence" - the World Trade Center Medical Monitoring Program and its affiliated consortium of clinical centers; the medical program at the Fire Department of New York; and the World Trade Center Environmental Health Clinic at Bellevue Hospital.

NYCOSH is disturbed by recent reports that the federal government may withdraw or reduce its support of the medical centers of excellence and instead require 9/11 health victims to pursue treatment on their own in the health care market. This would have dire consequences for the thousands of people who have or who may develop 9/11-related illnesses and would be a grave error in public health policy.

The high level of expertise in diagnosing environmentally induced symptoms and illnesses, associating them with environmental exposures, and rendering effective treatment through access to broad institutional resources that these hospital- and clinic-based centers provide could not be duplicated were 9/11 health victims forced to rely on a market-based health care model. It is also essential to maintain the medical centers of excellence because they are capable, as individual health care providers in a fragmented market are not, of engaging in targeted outreach and public health education, appropriate long-term medical monitoring, identification of disease trends, and collection and sharing of data to inform clinical practice and public health policy.

Thank you again for this opportunity to appear before you.

ENDNOTES

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Mr. TOWNS. Thank you very much for your testimony, Mr. Newman.

Mr. Roohan.

STATEMENT OF PATRICK ROOHAN

Mr. ROOHAN. Thank you. Thank you, Chairman Towns and members of the subcommittee to allow me to present the findings from our study entitled, "Asman Medicaid Managed Care: Enrollees Residing in New York City Results from a Post-World Trade Center Disaster Survey."

My name is Patrick Roohan. I'm the director of the Bureau of Program Quality, Information and Evaluation in the New York State Department of Health.

Our Bureau's role is to monitor the quality of care and also to evaluate programs in Medicaid managed care as well as the Medicaid program overall.

My testimony is a summary of our study, which has been published in the Journal of Urban Health on 2005.

The collapse of the World Trade Center on September 11, 2001 created a plume of smoke and dust that covered much of lower Manhattan before moving east to Brooklyn. The New York State Department of Health is charged with administering the State's Medicaid program and has oversight responsibility for the 18 health plans that provide services to over 1 million recipients enrolled in Medicaid Managed Care in New York to assess the Asman status of Medicaid Managed Care enrollees who may have been exposed the New York State Department of Health Office of Managed Care conducted a mail survey among enrolls residing in New York City.

A total of 16,629 enrollees aged 5 to 56 with persistent asthma prior to September 11, 2001 were surveyed during the summer of 2002. 3,557 completed surveys were available for analysis. Administrative health service utilization data from the Medicaid Encounter Data System, MEDS, were also used to validate and supplement survey responses.

Multivariant logistic regression models were developed to examine factors associated with self reported worsened asthma post September 11, 2001, and with emergency department in-patient hospitalizations related to asthma from September 11, 2001 through December 31, 2001.

Forty-five percent of survey respondents reported worsened asthma post 9/11. Approximately half of these, 46 percent, indicated that their asthma was still bad at the time of the survey. Respondents most commonly cited: Dust 63 percent; emotional stress 42 percent, and; and cold weather 37 percent as the reason for the worsened asthma.

MEDS data were used to validate self reported change in asthma status. Respondents reported worsened asthma post 9/11 were significantly more likely p less than 0.05 to have at least one professional service visit, a specialty visit, an emergency department visit and an in-patient hospitalization with a diagnoses of asthma. Also they were significantly more likely P less than 0.05 to have filled a prescription for asthma medication, had a service with a behav-

ioral health diagnosis and filled a prescription for a psychoactive medication.

Residents in both lower Manhattan with an adjusted odds ratio of 2.28 and western Brooklyn with an adjusted odds ratio of 2.4 were associated with self reported worsened asthma compared to the rest of New York City. Significant differences were also observed by days of weeks in lower Manhattan: One to three odds ration of 1.95, 4 more days 2.43. However, only residents of western Brooklyn had elevated odds ratios for emergency department in-patient hospitalizations with a diagnosis of asthma post 9/11. And that adjusted odds ratio is 1.52.

Worsened asthma was reported by significant proportion of this low income largely minority population and was associated with location of residence.

Results from this study provide guidance to health care organizations and the development of plans to ensure that the health of persons with asthma during disaster situations.

Thank you.

[The prepared statement of Mr. Roohan follows:]

Asthma in Medicaid Managed Care Enrollees Residing in New York City: Results from a Post World Trade Center Disaster Survey

Victoria Wagner, Marleen Radigan, Patrick Roohan, Joseph Anarella, and Foster Gesten

Summary

The collapse of the World Trade Center on September 11, 2001, created a plume of smoke and dust that covered much of lower Manhattan before moving east to Brooklyn. The New York State Department of Health is charged with administering the state's Medicaid program and has oversight responsibility for the 18 health plans that provide services to the over 1 million recipients enrolled in Medicaid managed care in New York City. To assess the asthma status of Medicaid managed care enrollees who may have been exposed, the New York State Department of Health, Office of Managed Care, conducted a mail survey among enrollees residing in New York City.

A total of 16,629 enrollees, aged 5-56 with persistent asthma prior to September 11, 2001, were surveyed during summer 2002. 3,557 completed surveys were available for analysis. Administrative health service utilization data from the Medicaid Encounter Data System (MEDS) were used to validate and supplement survey responses. Multivariate logistic regression models were developed to examine factors associated with self-reported worsened asthma post September 11, 2001, and with emergency department/inpatient hospitalizations related to asthma from September 11, 2001, through December 31, 2001.

Forty-five percent of survey respondents reported worsened asthma post 9/11. Approximately half of these (46%) indicated that their asthma was still bad at the time of survey. Respondents most commonly cited dust (63%), emotional stress (42%), and cold weather (37%) as the reasons for their worsened asthma. MEDS data were used to validate self-reported change in asthma status. Respondents who reported worsened asthma post 9/11 were significantly more likely ($p < 0.05$) to have had at least one (1) professional service visit, (2) specialist visit, (3) emergency department visit, and (4) inpatient hospitalization with a diagnosis of asthma. Also, they were

significantly more likely ($P < 0.05$) to have filled a prescription for an asthma medication, had a service with a behavioral health diagnosis, and filled a prescription for a psychoactive medication.

Residence in both lower Manhattan (adjusted odds ratio OR=2.28) and Western Brooklyn (adjusted OR=2.40) were associated with self-reported worsened asthma compared to the rest of New York City. Significant differences were also observed by days per week spent in lower Manhattan (1-3 days OR 1.95; 4+ days OR 2.43). However, only residents of Western Brooklyn had an elevated odds ratio for emergency department/inpatient hospitalizations with diagnoses of asthma post 9/11 (adjusted OR=1.52).

Worsened asthma was reported by a significant proportion of this low-income, largely minority population and was associated with location of residence. Results from this study provide guidance to health care organizations in the development of plans to ensure the health of persons with asthma during disaster situations.

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Asthma in Medicaid Managed Care Enrollees Residing in New York City: Results from a Post–World Trade Center Disaster Survey

Victoria L. Wagner, Marleen S. Radigan, Patrick J. Roohan, Joseph P. Anarella, and Foster C. Gesten

ABSTRACT *The collapse of the World Trade Center on September 11, 2001, released a substantial amount of respiratory irritants into the air. To assess the asthma status of Medicaid managed care enrollees who may have been exposed, the New York State Department of Health, Office of Managed Care, conducted a mail survey among enrollees residing in New York City. All enrollees, aged 5–56 with persistent asthma before September 11, 2001, were surveyed during summer 2002. Administrative health service utilization data from the Medicaid Encounter Data System were used to validate and supplement survey responses. A total of 3,664 enrollees responded. Multivariate logistic regression models were developed to examine factors associated with self-reported worsened asthma post September 11, 2001, and with emergency department/inpatient hospitalizations related to asthma from September 11, 2001, through December 31, 2001. Forty-five percent of survey respondents reported worsened asthma post 9/11. Respondents who reported worsened asthma were significantly more likely to have utilized health services for asthma than those who reported stable or improved asthma. Residence in both lower Manhattan (adjusted OR=2.28) and Western Brooklyn (adjusted OR=2.40) were associated with self-reported worsened asthma. However, only residents of Western Brooklyn had an elevated odds ratio for emergency department/inpatient hospitalizations with diagnoses of asthma post 9/11 (adjusted OR= 1.52). Worsened asthma was reported by a significant proportion of this low-income, largely minority population and was associated with the location of residence. Results from this study provide guidance to health care organizations in the development of plans to ensure the health of people with asthma during disaster situations.*

KEYWORDS *Asthma, Medicaid managed care, Terrorism, World Trade Center.*

INTRODUCTION

The collapse of the World Trade Center (WTC) following the terrorist attacks of September 11, 2001, created a plume of smoke and dust that covered much of lower Manhattan before moving east to Brooklyn. The fires that ensued continued to burn through December 2001, making it the longest-burning commercial fire in the history of the United States.[1] Analysis of smoke and settled dust samples collected in and around lower Manhattan indicated the presence of several respiratory irritants including long and thin glass fibers.[2] Samples were found to have high pH

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levels, most likely due to the presence of pulverized cement and other construction debris.[2,3] Investigation into the emotional and psychological impact of the disaster indicated widespread effects.[4] A post 9/11 survey of adults living south of 110th Street in Manhattan reported prevalences of posttraumatic stress disorder (PTSD) and depression twice as high as national averages.[5] Given the synergistic relationship between asthma, air contamination, and emotional stress, it is hypothesized that the health of asthmatics exposed to these factors was adversely affected.

The New York State Department of Health (NYSDOH) is charged with administering the state's Medicaid program and has oversight responsibility for the 18 health plans that provide services to the over 1 million recipients enrolled in Medicaid managed care (MMC) in New York City (NYC). This article summarizes results from a cross-sectional study that examined survey and health utilization data to assess the asthma status of MMC enrollees following the collapse of the WTC.

METHODS

Study Population

A total of 16,629 enrollees were sent surveys by mail from July through September 2002. The study population consisted of enrollees residing in NYC, aged 5–56, who met a modified version of the Health Plan Employer Data and Information Set (HEDIS®) definition of persistent asthma before September 11, 2001.[6] Specifically, enrollees had to meet one or more of the following four criteria from September 1, 2000, through August 31, 2001: (1) at least four asthma medication dispensing events, (2) at least one emergency department visit, (3) or at least one acute inpatient hospitalization with International Classification of Diseases, Ninth Revision (ICD-9) code 493, as the principal diagnosis or (4) at least four outpatient visits with ICD-9 code 493 as one of the listed diagnoses and at least two asthma medication dispensing events.[7] Additionally, eligible enrollees had to be continuously enrolled in MMC from September 2001 through April 2002.

The NYSDOH Institutional Review Board approved the research design. The cover letter that accompanied surveys advised enrollees that answers would be confidential and that nonparticipation would not affect their Medicaid benefits.

Data Collection

Survey Data The survey instrument was derived from the Foundation for Accountability (FACCT) Adult Asthma Survey version 2.0 and was modified to include questions pertaining to the events of September 11, 2001.[8] Survey domains included indicators of asthma and general health status, change in asthma status post September 11, 2001, and quality of care and access to care post September 11, 2001. Two versions of the survey instrument were developed, one to be completed by adults aged 18–56 years, and another to be completed by the parents or guardians of enrolled children aged 5–17. The survey contained 22 multiple-choice questions and was designed not to exceed a fifth-grade reading level.

Medicaid Managed Care Administrative Data Respondents' demographic characteristics, medical service utilization, and pharmacy data were extracted from the Medicaid Encounter Data System (MEDS) to obtain a more complete picture of post 9/11 asthma in the survey population. Health services data extracted for the study

population included those on professional services, specialist visits, emergency department visits, and inpatient hospitalizations with diagnoses of asthma (ICD-9 code 493). Filled prescriptions for respiratory medications (antihistamines, systemic and topical nasal products, cough/cold/allergy, antiasthmatics, and miscellaneous respiratory medications) and psychoactive medications (antianxiety agents, antidepressants, antipsychotics, hypnotics, stimulants/anti-obesity/anorexiants, and miscellaneous psychotherapeutic and neurological agents), as well as services with mental health diagnoses (ICD-9 codes 290–316.99) were also extracted. Service encounters and claims with dates from September 11, 2001, through December 31, 2001, were extracted.

Variable Definition

Demographic variables used in this analysis included age, race/ethnicity (non-Hispanic black, Hispanic, "Other," and non-Hispanic white), gender, and months continuously enrolled in MMC. Medicaid aid type was included using the following three classifications: Temporary Assistance to Needy Families (TANF, which generally describes low-income families that include a minor child deprived of parental support or care); Safety Net (SN, which generally describes individuals and childless couples); and Supplemental Security Income (SSI, which describes Medicaid made available to the aged, blind, or disabled).

Location, and indirect "exposure," was measured by three ways: by neighborhood, by distance from the WTC, and by self-reported time spent in lower Manhattan. Respondents' home addresses, as of September 2001, were used to construct neighborhood and distance variables. Zip Code was grouped into the following neighborhoods: lower Manhattan (Manhattan Zip Codes below Canal Street), Western Brooklyn (Brooklyn Zip Codes adjacent to lower Manhattan), and the rest of NYC. Additionally, enrollees' home addresses were geocoded so that the distance from the WTC to respondents' homes could be calculated in radian miles. Moreover, self-reported time spent in lower Manhattan during the average week since the disaster was assessed from a survey question.

Enrollee utilization of psychoactive medications and services with mental health diagnoses were combined and dichotomized as a yes/no variable. Additionally, the HEDIS® criteria used to identify the survey population was re-categorized and dichotomized into a prior utilization of emergency department/inpatient hospitalizations for asthma from September 1, 2000, through August 31, 2001.

Outcome Variables

Change in asthma status post 9/11 was assessed using survey and MEDS data. The survey instrument asked respondents to report how their asthma changed from 9/11 to the present, that is, summer 2002 when the survey was administered. Respondents selected one of four responses: "got worse, but is better now"; "got worse and is still bad"; "stayed the same"; or "got better." Responses were categorized dichotomously as either worsened asthma or stable/improved asthma post 9/11. Emergency department visits and inpatient hospitalizations (ED/IP) for asthma from September 11, 2001 through December 31, 2001 were combined because of the small number of respondents with either of these services. This variable was then dichotomized as those who had at least one ED/IP and those who did not have.

Statistical Analysis

Chi-square tests were performed to test for demographic differences between survey respondents and non-respondents, to examine associations between demographics,

survey responses, and measures of change in asthma status post 9/11, and to validate self-reported worsened asthma post 9/11. Two multiple logistic regression models were developed. The first model identified factors associated with self-reported worsened asthma post 9/11. The second model identified factors associated with ED/IP from September 11, 2001, through December 31, 2001. This model was restricted to respondents who were continuously enrolled in MMC from September 2000 through April 2002. Implementation of this criterion enabled us to enter the prior utilization of ED/IP variable into the model to determine whether previous utilization was a significant predictor of ED/IP utilization post 9/11. Independent variables entered into the models included respondent demographics, survey responses, and service utilization/pharmacy data. Results from full logistic regression models are presented with adjusted odds ratios and Wald 95% confidence intervals. All analyses were performed using the Statistical Analysis System statistical software version 8.2.[9]

Response Rate

Of the 16,629 enrollees surveyed, 1,326 (8%) were excluded from the eligible sample population because of undeliverable addresses. The survey yielded a 24.9% response rate (n=3,808). Surveys were subsequently excluded from analysis for the following reasons: 142 (4%) reported that they did not have asthma, 53 (1%) were missing more than 50% of survey question responses (45 with no response to the asthma screening question and 8 with asthma), 55 surveys (1%) had illegible identification numbers and could not be linked to MEDS data, and aid type was unavailable for 1 respondent. This yielded 3,557 completed surveys for analysis.

Response rates differed significantly by age group, race/ethnicity, gender, aid type, and neighborhood (Table 1). Given these significant differences, and to yield results more generalizable to the NYC MMC asthmatic population, data were weighted by age group, race/ethnicity, gender, and aid type. Because of small sample sizes in both lower Manhattan and Western Brooklyn, we were unable to weight the data by this demographic variable. Responses from enrollees in subgroups with low response rates (e.g., asthmatics aged 5–17) were weighted more heavily to better reflect their membership in the overall population. Weighted data were used in all subsequent analyses (n=16,431).

RESULTS

Respondent Demographics

Respondent demographics are summarized in Table 2. Most respondents were parents or guardians of asthmatics aged 5–17 (59%), of minority racial/ethnic groups (40% Hispanic and 38% black), female (60%), had a Medicaid aid type of TANF (72%), and were continuously enrolled in MMC for at least 17 months (92%). Regarding neighborhood, most respondents resided in other areas of NYC (93%), followed by lower Manhattan (4%), and in Western Brooklyn (3%). One third of respondents reported spending at least 1 day in lower Manhattan during an average week since 9/11.

Regarding general health status and asthma severity, 45% of respondents reported being in fair-to-poor health, and 73% reported moderate-to-severe asthma. Thirty-seven percent reported using inhaled steroids daily or being advised by their doctor to use inhaled steroids daily, 35% used them less frequently, and 28% reported that they did not use inhaled steroids. Sixty-eight percent of respondents reported receiving and understanding an asthma self-management plan.

TABLE 1. Comparison of survey response rates (n = 16,442)

Demographics	Response rate (%)	*P* value
Overall*	21.7	
Age group		
5–17	19.3	<.0001
18–56	25.1	
Race/ethnicity		
Black	22.2	.0007
Hispanic	20.2	
Other	23.3	
White	23.8	
Gender		
Male	19.9	<.0001
Female	22.9	
Aid type		
TANF	19.5	<.0001
Safety Net	29.2	
SSI	26.4	
Neighborhood—as of September 2001		
Rest of New York City	21.4	.0002
Lower Manhattan	28.7	
Western Brooklyn	24.7	

Comparisons excluded 45 respondents who failed to answer the asthma screening question and at least 50% of survey questions and 142 respondents who reported that they did not have asthma. TANF, Temporary Assistance to Needy Families; SSI, Supplemental Security Income.

*Demographic data extracted from Medicaid Encounter Data System (MEDS).

MEDS service utilization data indicated that 22% of respondents either had received a service with a mental health diagnosis or had filled a prescription for a psychoactive medication from September 11, 2001, through December 31, 2001.

Change in Asthma Status Post 9/11

Forty-five percent of survey respondents reported that their asthma became worse post 9/11. Approximately half of these (46%) indicated that their asthma was still bad at the time of survey. Respondents most commonly cited dust (63%), emotional stress (42%), and cold weather (37%) as the reasons for their worsened asthma (Figure). Common measures taken to remedy increased symptoms included seeing a doctor (58%), staying inside more (57%), and treating cold or infection (32%).

MEDS data post 9/11 were used to validate self-reported change in asthma status. Respondents who reported worsened asthma post 9/11 were significantly more likely ($P<.05$) to have had at least one (1) professional service visit, (2) specialist visit, (3) emergency department visit, and (4) inpatient hospitalization with a diagnosis of asthma. Also, they were significantly more likely ($P<.05$) to have filled a prescription for an asthma medication, had a service with a behavioral health diagnosis, and filled a prescription for a psychoactive medication (data not shown). Although fifty-seven percent of respondents reported increasing at least one of their asthma medications post 9/11, and 43% reported starting at least one new asthma medication post 9/11, a comparison of MEDS data pre and post 9/11 did

TABLE 2. Bivariate analysis of respondent demographics, survey responses, and asthma outcomes

	Total		Worse asthma post 9/11			Had ED/IP*		
Demographics	n	%	n	%	*P*-value	n	%	*P*-value
Overall†	16,431		6,891	44.7		1,466	10.2	
Age group								
5–17	9,610	58.5	3,290	36.6	<.0001	870	10.4	<.0001
18–29	1,106	6.7	556	51.5		117	12.6	
30–39	1,638	10.0	919	58.2		175	12.1	
40–49	2,408	14.7	1,261	56.8		196	9.2	
50+	1,670	10.2	865	55.7		108	7.3	
Race/ethnicity								
White	1,635	10.0	645	41.5	<.0001	84	6.2	<.0001
Black	6,240	38.0	2,414	41.7		654	11.8	
Hispanic	6,557	39.9	2,971	47.9		579	9.9	
Other	1,999	12.2	861	45.7		149	9.0	
Gender								
Male	6,617	40.3	2,424	39.3	<.0001	632	11.0	.0093
Female	9,814	59.7	4,467	48.3		834	9.7	
Aid type								
TANF	11,866	72.2	4,589	41.3	<.0001	1,003	9.7	<.0001
Safety Net	1,468	8.9	775	57.3		60	5.1	
SSI	3,097	18.9	1,528	52.0		404	13.9	
Months continuously enrolled								
17+ months	15,031	91.5	6,191	44.0	<.0001	Not entered		
8–16 months	1,396	8.5	696	52.2				
Neighborhood—as of September 2001								
Rest of New York City	15,317	93.2	6,197	43.1	<.0001	1,381	10.3	.0591
Lower Manhattan	630	3.8	406	70.2		39	7.2	
Western Brooklyn	484	3.0	289	61.3		46	10.5	

Table 2. ***Continued***

Demographics	Total		Worse asthma post 9/11			Had ED/IP*		
	n	%	n	%	*P*-value	n	%	*P*-value
Time spent in Lower Manhattan								
None	10,631	67.3	3,748	37.5	<.0001	948	10.1	.6632
1–3 days	4,043	25.6	2,170	56.6		348	10.0	
4+ days	1,125	7.1	668	63.2		104	11.0	
General health status								
Excellent	1,126	6.9	259	24.6	<.0001	65	6.8	<.0001
Very good	2,721	16.8	681	26.5		180	7.7	
Good	5,151	31.7	1,908	39.5		402	8.9	
Fair	5,024	30.9	2,439	51.4		500	11.2	
Poor	2,226	13.7	1,535	74.6		287	14.6	
Asthma severity								
Mild	4,378	27.3	1,095	26.9	<.0001	266	6.9	<.0001
Moderate	7,035	43.9	2,691	40.3		459	7.5	
Severe	4,601	28.7	2,932	68.2		695	17.3	
Inhaled steroid usage								
No inhaled steroids	4,073	28.3	1,092	28.5	<.0001	248	6.8	<.0001
Use inhaled steroids	4,990	34.7	2,077	44.1		388	8.8	
Inhaled steroids used/ prescribed daily	5,311	37.0	2,886	57.3		622	13.6	
Self-management plan								
No	5,061	31.8	2,025	42.2	<.0001	354	8.2	<.0001
Yes	10,861	68.2	4,715	46.4		1,076	11.2	
Post 9/11 diagnoses/ treatment of mental health								
No	12,845	78.2	5,011	41.7	<.0001	1,131	10.1	.4840
Yes	3,586	21.8	1,881	55.3		335	10.5	

*Outcome limited to respondents continuously enrolled from September 2000 through April 2002.
†Numbers and percentages may not add to overall totals because of missing data.

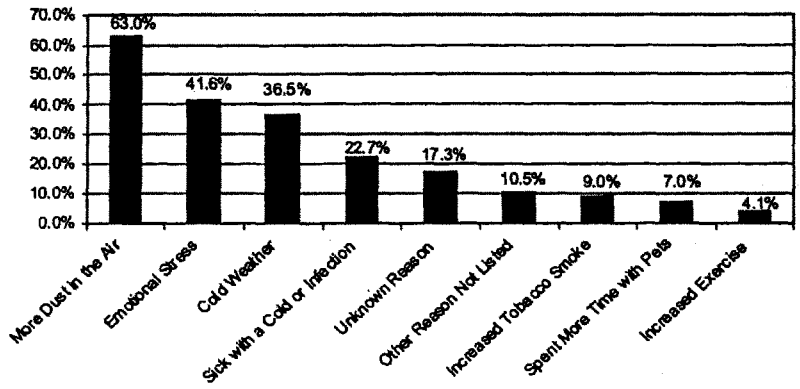

FIGURE. Self-reported reasons why asthma worsened post 9/11 (n=6,891).

not confirm this. This may in large part be due to the survey question wording that included over-the-counter medications that may not be reflected in MEDS pharmacy data.

In bivariate analyses, all independent variables examined were significantly associated with self-reported worsened asthma post 9/11 (Table 2). Specifically, higher proportions of self-reported worsened asthma were observed among respondents over the age of 17 years, Hispanics, and those with race/ethnicity of Other, females, those with Medicaid aid type of SN and SSI, and respondents continuously enrolled in MMC for 16 or fewer months. Regarding location, respondents who resided in the neighborhoods of lower Manhattan and Western Brooklyn, and those who reported spending one or more days in lower Manhattan during an average week since 9/11, had significantly higher proportions of worsened asthma. A stepwise relationship was observed between general health status, self-reported asthma severity, frequency of inhaled steroid usage, and the proportion of respondents who reported worsened asthma post 9/11. Specifically, the proportion of respondents who reported worsened asthma post 9/11 increased with declining health status and increased with greater self-reported asthma severity and inhaled steroid usage. Utilization of mental health services from September 11, 2001, through December 31, 2001 was also associated with self-reported worsened asthma.

Several independent variables were associated with ED/IP from September 11, 2001, through December 31, 2001. Higher proportions were observed among respondents under the age of 40 years, those with a race/ethnicity of black, males, and respondents with Medicaid aid types of TANF and SSI. A similar stepwise relationship, as observed with the outcome of self-reported asthma post 9/11, was observed between general health status, measures of asthma severity, inhaled steroid usage, and the outcome of ED/IP from September 11, 2001, through December 31, 2001.

Two multivariate logistic regression models were developed to identify factors associated with change in asthma status post 9/11 (Table 3). The first model identified factors associated with self-reported worsened asthma post 9/11. Demographic factors significantly associated with worsened asthma included age 5–17 (OR=0.55), 18–29 (OR=0.69), 40–49 (OR=0.73), and 50+ (OR=0.64); race/ethnicity of Hispanic (OR=1.26) and Other (OR=1.31); aid type of SSI (OR=0.78); and continuous

TABLE 3. Multiple logistic regression models of self-reported worse asthma post 9/11 and emergency department/inpatient hospitalizations from September 11, 2001, through December 31, 2001

	Worse asthma post 9/11 (n=12,367†)		ED/IP* (n=11,389†)	
Independent variables	Odds ratio	95% CI	Odds ratio	95% CI
Age group				
5–17	0.55	0.47–0.64	0.90	0.70–1.15
18–29	0.69	0.57–0.84	0.85	0.62–1.16
30–39	1.00		1.00	
40–49	0.73	0.62–0.86	0.61	0.46–0.81
50+	0.64	0.53–0.77	0.55	0.40–0.76
Race/ethnicity				
White	1.00		1.00	
Black	1.11	0.96–1.29	1.73	1.27–2.35
Hispanic	1.26	1.09–1.45	1.74	1.28–2.36
Other	1.31	1.10–1.56	1.67	1.17–2.38
Gender				
Male	1.00		1.00	
Female	1.03	0.94–1.13	0.95	0.81–1.11
Aid type				
TANF	1.00		1.00	
SSI	0.78	0.68–0.88	1.39	1.16–1.67
Safety Net	1.16	0.99–1.37	0.77	0.55–1.06
Months continuously enrolled				
17+ months	1.00		Not entered	
8–16 months	1.41	1.22–1.62		
Neighborhood—as of September 2001				
Rest of New York City	1.00		1.00	
Lower Manhattan	2.28	1.76–2.95	0.55	0.34–0.90
Western Brooklyn	2.40	1.87–3.07	1.52	1.04–2.21
Distance from World Trade Center	1.00	0.99–1.02	1.02	1.00–1.04
Time spent in Lower Manhattan				
None	1.00		1.00	
1–3 days	1.95	1.78–2.14	1.08	0.92–1.26
4+ days	2.43	2.04–2.89	1.43	1.09–1.89
General health status				
Excellent	1.00		1.00	
Very good	1.01	0.83–1.23	1.33	0.94–1.89
Good	1.36	1.13–1.63	1.21	0.87–1.68
Fair	1.62	1.34–1.95	1.17	0.84–1.63
Poor	3.37	2.69–4.22	1.10	0.76–1.59
Asthma severity				
Mild	1.00		1.00	
Moderate	1.46	1.31–1.62	1.30	1.06–1.60

TABLE 3. ***Continued***

	Worse asthma post 9/11 (n=12,367†)		ED/IP* (n=11,389†)	
Independent variables	Odds ratio	95% CI	Odds ratio	95% CI
Severe	2.91	2.56–3.31	2.72	2.17–3.41
Total medications/treatments used regularly	1.30	1.25–1.35	1.17	1.10–1.24
Inhaled steroid usage				
No inhaled steroids	1.00		1.00	
Use inhaled steroids	1.30	1.17–1.44	0.97	0.80–1.17
Inhaled steroids used/ prescribed daily	1.67	1.49–1.86	1.48	1.22–1.79
Self-management plan				
No	1.00		1.00	
Yes	1.10	1.01–1.20	1.21	1.04–1.42
History of ED/IP September 2000 to August 2001				
Yes	Not entered		5.01	4.38–5.74
No			1.00	
Post 9/11 diagnoses/ treatment of mental health				
No	1.00		1.00	
Yes	1.12	1.01–1.25	1.16	0.97–1.37

*Model restricted to respondents continuously enrolled for ≥20 months as of April 2002.
†Excludes responses with missing data.

enrollment in an MMC plan of 8–16 months (OR=1.41). Regarding location, significant differences were observed by neighborhood (lower Manhattan, OR=2.28; Western Brooklyn, OR=2.40) and by time spent in lower Manhattan (1–3 days, OR=1.95; 4+ days, OR=2.43). Measures of general health status and asthma severity also proved to be strongly associated with worsened asthma post 9/11. Specifically, a stepwise relationship was observed with both general health status (good, OR=1.36; fair, OR=1.62; poor, OR=3.37) and asthma severity (moderate, OR=1.46; severe, OR=2.91). The odds of worsened asthma increased with each medication/treatment reported (OR=1.30), inhaled steroid usage (used less than daily, OR=1.30; used daily, OR=1.67), possession/comprehension of an asthma self-management plan (OR=1.10), and utilization of mental health services (OR=1.12).

A second model was developed to examine factors associated with ED/IP encounters from September 11, 2001, through December 31, 2001. Demographics significantly associated with ED/IP included age 40–49 (OR=0.61) and 50+ (OR=0.55); race/ethnicity of black (OR=1.73), Hispanic (OR=1.74), and Other (OR=1.67); and aid type of SSI (1.39). Regarding location, both residence in the neighborhoods of Lower Manhattan (OR=0.55) and Western Brooklyn (OR=1.52) and spending 4 or more days per week in Lower Manhattan (OR=1.43) were significantly associated with ED/IP. In the general health status and asthma severity domain, asthma severity (moderate, OR=1.30; severe, OR=2.72), total medications/treatments (OR=1.17), inhaled steroid usage (used daily, OR=1.48), possession/comprehension of an asthma self-management plan (OR=1.21), and a history of ED/IP utilization

in the 12 months preceding 9/11 (OR=5.01) were significantly associated with ED/IP utilization from September 11, 2001, through December 31, 2001.

DISCUSSION

In our study of MMC enrollees residing in NYC, we found location the of residence and time spent in Lower Manhattan to be significantly associated with both self-reported worsened asthma and ED/IP from September 11, 2001, through December 31, 2001. Residents of Lower Manhattan were significantly more likely to report worsened asthma post 9/11 and were significantly less likely to have had an ED/IP from September 11, 2001, through December 31, 2001. This association may be reflective of difficulty accessing emergency/inpatient care in post 9/11 lower Manhattan. As indicated in our survey, 23% of lower Manhattan residents reported difficulty accessing emergency asthma care. This proportion was significantly higher than that reported by residents of both Western Brooklyn (8%) and the rest of NYC (11%). However, in an analysis of MEDS ED/IP encounters pre and post 9/11, ED or IP utilization rates did not differ by neighborhood of residence. These results may be due to small sample sizes in the lower Manhattan and Western Brooklyn neighborhoods.

A stepwise relationship was observed between time spent in lower Manhattan and both self-reported worsened asthma post 9/11 and ED/IP from September 11, 2001, through December 31, 2001. Specifically, the more time respondents reported spending in lower Manhattan, the greater the likelihood that they experienced worsened asthma and had an ED/IP encounter. Interestingly, the distance respondents lived from the WTC was not significantly associated with either self-reported worsened asthma or ED/IP. This suggests that the relationship between location and these asthma outcomes was influenced more by the combination of distance and plume direction than distance alone.

Our research identified adverse health outcomes as far east as Western Brooklyn. Given that the air contaminants created by the collapse were known to move east, we analyzed data from Western Brooklyn respondents as a separate, intermediate exposure group. We found the residents of Western Brooklyn to be significantly more likely to report worsened asthma post 9/11 and to have had an ED/IP from September 11, 2001, through December 31, 2001. In future studies of the health affects of 9/11, researchers should consider inclusion of this exposed but potentially understudied group.

In addition to location, measures of general health status and asthma severity were also associated with both asthma outcomes. This suggests that the sickest respondents with the most severe asthma were the group most vulnerable to the effects of 9/11. Also vulnerable were enrollees with mental health comorbidities, who were significantly more likely to report worsened asthma post 9/11. A comparison of the survey populations' mental health service utilization rates from fall 2000 and fall 2001 indicated that utilization rates did not increase substantially post 9/11. Yet, the rates were considerably higher than those found among the general MMC population of NYC during fall 2001. This may suggest that the high mental health service utilization rate observed post 9/11 was driven more by asthma/mental health comorbidity than the trauma of the event. However, enrollees may have sought mental health services from the wide array of free programs created in response to 9/11, and therefore, our post 9/11 data may be an underestimation of enrollees' mental health service utilization.

Results presented here are consistent with other published reports regarding the respiratory effects of the WTC collapse. Research conducted among firefighters found that exposure to dust and smoke was associated with bronchial hyperreactivity, bronchial responsiveness, and the onset of cough.[10,11] A post 9/11 survey of adults living south of 110th found that 27% of respondents reported an increase in asthma severity.[12] This study reinforces the finding that respiratory symptoms associated with the collapse of the WTC buildings were not limited to individuals directly involved with the rescue and cleanup activities.

STRENGTHS AND LIMITATIONS

Several strengths and limitations regarding this study are noteworthy. The availability of Medicaid encounter data allowed us to survey all enrollees residing in NYC with persistent asthma. Additionally, the availability of these data enabled us to link individual survey responses with health service utilization and pharmacy claims data to validate and supplement survey responses. However, use of these data is limited because service utilization data may be incomplete and pharmacy data reflects only that a prescription was filled, not necessarily taken.

Perhaps the most notable limitation is the survey response rate of 25%. Although the response rate was similar to the response rates of other mail-only surveys conducted among the Medicaid population, including the Consumer Assessment of Health Plans Survey that averages a return rate of 27% for adults nationwide, the potential for response bias remains a concern (Russell E. Mardon, PhD, personal communication, August, 27, 2003). In an attempt to minimize the potential effects, we weighted data by four demographics found to be significantly different in a comparison of respondents and non-respondents, thereby making results more generalizable to the MMC population of NYC. A significant difference in response rate was observed by location of residence. However, we were unable to weight by this demographic because of the small sample sizes of respondents residing in lower Manhattan and Western Brooklyn. To ensure that the weighting strategy used in our analysis did not bias our results, we weighted the data by location of residence alone and observed no difference in the association between location of residence and the outcomes of self-reported worsened asthma post 9/11 and ED/IP. Additionally, a telephone follow-up survey was conducted among a random sample of 431 non-respondents. No difference was observed between telephone respondents and mail respondents regarding the proportion who reported that their asthma became worse post 9/11 (44% vs. 45%). However, telephone respondents were significantly less likely to categorize their asthma as moderate to severe (24% vs. 29%) and to categorize their general health status as fair to poor (20% vs. 45%). These findings suggest that the association between disease severity, general health status, and self-reported worsened asthma post 9/11 may be overestimated, but that the proportion whose asthma worsened was not.

Another limitation is the extended time frame used in two of the survey questions; time spent in lower Manhattan during an average week and self-reported worsened asthma post 9/11. Both questions asked respondents about the period from 9/11 through the summer of 2002 when surveys were completed. Therefore, we were unable to assess exposure and asthma status in the critical time period from September 11, 2001, through December 2001 when the fires continued to burn.

Owing to the cross-sectional design of the study, we are unable to assess causality. Additionally, our findings may be confounded by the seasonal nature of asthma.

However, respondents most commonly identified factors associated with 9/11, that is, dust and emotional stress, as the reasons for their worsened asthma. Yet, this perception may be biased by the truly extraordinary nature of what occurred on September 11, 2001, and the extensive media coverage surrounding possible adverse health effects. Moreover, the socioeconomic homogeneity of the sample potentially limits the generalizability of our findings to the larger NYC population.

The findings from this study can be used by health care organizations to help prepare for disaster situations. Several activities should be considered to safeguard the health of people with asthma, including (1) development of asthma registries, with particular emphasis on the identification of those most vulnerable, that is, clients in poor health, those with severe asthma, and those mental health comorbidities, to assist in the outreach, case management, and triage of clients especially during times of crisis; (2) providing training to physicians regarding the mental health issues associated with disasters and concomitant physical conditions; and (3) providing individuals with asthma self-management plans that detail what to do when asthma symptoms are exacerbated and how to avoid known triggers and irritants.

The potential long-term effects of this type of disaster are not well documented in the literature and need to be further studied to better quantify risks and recommend adequate protections. The recent development of a WTC Registry, designed to track health outcomes of people residing in NYC, will assist state and local officials in understanding the long-term health effects of the WTC collapse and possibly better prepare for future events.

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Mr. TOWNS. Thank you very much.

Dr. Szema.

STATEMENT OF ANTHONY SZEMA

Dr. SZEMA. Thank you, Chairman Towns.

I have a 1-minute video and 5 minutes of written testimony.

I thank Representatives Nadler and Platts.

This 1 minute video will show that it is plausible that exposure to the inhalation energy from the World Trade Center could reasonably lead to a worsening asthma exacerbation.

[Video shown].

Dr. SZEMA. We've been following children with asthma in the largest ethically homogeneous neighborhood proximal to the World Trade Center since 1997. After September 11, 2001 serendipity presented us with a control population to study pre and post the World Trade Center disaster.

We had two hypotheses. No. 1: Pediatric asthma patients exposed to the World Trade Center disaster may experience increased asthma severity. No. 2: Some previously healthy children may be newly diagnosed with asthma after September 11, 2001.

The study population comprised Chinese American pediatric asthma patients who lived in New York City. They all received medical care at the Charles B. Wang Community Health Center, 1.5 miles from the WTC. The closest border of Chinatown to ground zero is three blocks.

Eligible subjects included patients younger than 18 years of age as of September 11, 2001 who had established asthma and enrolled in an asthma registry by Dr. Debra H. Lynn, chief of allergy at the CBWCHC prior to 9/11. All patients included in the study were given a diagnosis of asthma by Dr. Lynn, who is a pediatric allergist. Patients younger than 6 years of age were given a diagnosis of asthma if they had two or more episodes of wheezing or coughing within a 12 month period and symptoms improved after asthma medication in the clinic. Children older than 6 years of age were given a diagnosis of asthma if they had wheezing, cough on at least two occasions and symptoms and physical signs and peak flow rates improved after bronchial dilator therapy.

We only included subjects who had at least one clinic visit for asthma between September 11, 2001 and September 10, 2002, and also had at least one clinic visit between September 11, 2001 and September 10, 2002.

This was a retrospective chart review. 205 pediatric patients with established asthma from the clinic were studied. Clinical data obtained for the 12 months before and after September 11, 2001.

Seven physicians trained in internal medicine or pediatrics reviewed 319 patient charts from the asthma registry. 205 patients met the inclusion criteria, which required them to have at least nine of ten variables studied.

We studied: The number of visits to the MD for asthma; number of asthma medication prescriptions; use of oral cordic steroids; number of weekly doses of rescue inhaler, peak expiratory flow rates measured in liters per minute as air leaves the lung. A low number means an asthma attack; age, height and weight 3 months pre and post 9/11 and sex; doctors were blinded to the residential

zip code; for PEFR the best value of three trials was recorded at each visit. PEFRs were obtained from all patients who were able to consistently perform the maneuver.

Demographic characteristics of Chinese American patients were as follows: Average age, 8 years; 34 percent female, 66 percent male; height 48 inches, weight 63 pounds.

We further characterized patients as those living within 5 miles of the World Trade Center and those living further away.

I have two tables which show that these groups were appropriately matched. There was no statistical difference between the two groups with regard to age, sex, height and weight.

The number of clinic visits for asthma increased from 3.79 visits in the 12 months prior to 9/11 to 4.69 visits in the 12 months after 9/11.

The number of asthma prescriptions per child increased from 2 to 2.3 during the same period. The number of rescue inhaler doses per week and oral steroid uses did not differ.

I have a map of ground zero. On the left we have zip codes of residents of kids with asthma who lived within 5 miles of the World Trade Center. In blue are those zip codes, those asthmatic children who live greater than 5 miles away, which includes Brooklyn.

The number of clinic visits for children in Region 1 within 5 miles increased after 9/11 along with the number of asthma prescriptions. There are no differences in the number of rescue inhaler doses or oral steroid use.

In Region 2 greater than 5 miles, although the average number of clinic visits and asthma prescriptions increased after 9/11, these increases were not statistically significant.

Now, for the entire clinic population we tracked the number of children with a diagnosis of asthma. The number of children of asthma increased 66 percent and pediatric asthma visits increased 48.8 percent.

I have a bar chart which shows the increase in pediatric asthma patients in Chinatown increased from 306 to 510. The number of pediatric asthma visits increased from 1,044 to 1,544. In comparison, a control group children with asthma treated in Flushing Queens, 11.9 miles from ground zero, by the same physicians in Manhattan using the same standards showed children with asthma decreased 10.9 percent and the number of pediatric asthma visits decreased 13.6 percent. Mean percent predicted peak flow rates decreased below 80 percent of predicated in children living within 5 miles of ground zero. The decrease lasted for 6 months.

In summary. Exposure to the World Trade Center disaster led to increased asthma severity. Children living within 5 miles of ground zero had more asthma clinic visits after September 11, 2001. These children received more prescriptions for asthma medications. The increase in visits for asthmatic children living further than 5 miles from ground zero was not percent. Mean percent predicated peak expiratory flow rates decreased solely for those patients living within 5 miles of ground zero after September 11, 2001.

In conclusion. Asthma severity worsened after September 11, 2001 in pediatric asthmatic patients living near ground zero. Resi-

dential proximity to ground zero was predictive of the degree of decreased in asthma health.

I'd like to acknowledge my colleagues which include fellows from SUNY-Stony Brook and Dr. Debra Lynn from the Charles B. Wang Community Health Center. Our epidemiologist is Dr. Francis Mary Maduna from the University of Pittsburgh. And our statistician is Dr. Hong Chu Chin from Harvard Medical School.

Thank you.

[The prepared statement of Dr. Szema follows:]

"Asthma in New York's Chinatown After 9/11"

Anthony M. Szema, M.D., Assistant Professor of Medicine and Surgery, SUNY Stony Brook School of Medicine, Chief, Allergy Section, Veterans Affairs Medical Center, Northport, NY

We had been following children with asthma in the largest ethnically homogeneous neighborhood proximal to the World Trade Center, since 1997. After September 11, 2001, serendipity presented us with a control population to study pre- and post- the World Trade Center disaster.

HYPOTHESES

We had 2 hypotheses: 1) Pediatric asthma patients exposed to the World Trade Center (WTC) disaster may experience increased asthma severity. 2) Some previously healthy children may be newly diagnosed with asthma after September 11, 2001.

STUDY POPULATION

The Study Population comprised Chinese-American pediatric asthmatic patients who live in New York City. They all receive medical care at the Charles B. Wang Community Health Center (CBWCHC), 1.5 miles from the WTC. The closest border of Chinatown to Ground Zero is three blocks.

METHODS & DATA COLLECTION

Eligible subjects included patients younger than 18 years of age (as of September 11, 2001) who had established asthma and enrolled in an asthma registry by Dr. Deborah H. Lin, Chief, Allergy, at the CBWCHC, prior to 9/11. All patients included in the study were given a diagnosis of asthma by Dr. Lin, who is a pediatric allergist.

Patients younger than 6 years were given a diagnosis of asthma if they had: 2 or more episodes of wheezing or coughing within a 12 month period, and symptoms improved after asthma medication in the clinic.

Children older than 6 years were given a diagnosis of asthma if they had: wheezing, cough, or dyspnea on at least 2 occasions, and symptoms and physical signs and peak flow rates improved after bronchodilator therapy. We only included subjects who had: 1) At least one clinic visit for asthma between September 11, 2000 and September 10, 2001. 2) At least one clinic visit between September 11, 2001 and September 10, 2002.

This was a retrospective chart review. 205 pediatric patients with established asthma from the clinic were studied. Clinical data were obtained for the 12 months before and after September 11, 2001.

Seven physicians trained in internal medicine or pediatrics reviewed 319 patient charts from the asthma registry. Two hundred and five patients met the inclusion criteria which required them to have at least 9 of 10 variables studied.

We studied the number of visits to the M.D. for asthma, number of asthma medication prescriptions, use of oral corticosteroids, number of weekly doses of rescue inhaler, peak expiratory flow rates measured in liters per minute as air leaves the lung—a low number means an asthma attack, age, height and weight 3 months pre- and post- 9/11, and sex.

Doctors were blinded to the residential zip code. For peak expiratory flow rates (PEFR), the best value of 3 trials was recorded at each visit. PEFRs were obtained from all patients who were able to consistently perform the maneuver.

Demographic characteristics of Chinese-American patients were as follows: average age 8 years, 34% female, 66% male, height 48 inches and weight 63 pounds. We further characterized patients as those living within 5 miles of the World Trade Center and those living further away.

As you can see from the next two tables, these groups were appropriately matched. There was no statistical difference between the two groups with regard to age, sex, height and weight.

RESULTS

The number of clinic visits for children with asthma increased from 3.79 visits in the twelve months prior to 9/11 to 4.69 visits in the twelve months after 9/11. The number of asthma prescriptions per child increased from 2 to 2.3 during the same time period. The number of rescue inhaler doses per week and oral steroid usage did not differ.

In this map we can see Ground Zero to the left. In red are those zip codes of residence of our kids with asthma who lived within 5 miles of the World Trade Center. In blue are those zip codes from those asthmatic children who lived greater than 5 miles away.

The number of clinic visits for children in region 1 (within 5 miles) increased after 9/11 along with the number of asthma prescriptions. There were no differences in the number of rescue inhaler doses or oral steroid use.

In region 2 (greater than 5 miles), although the average number of clinic visits and asthma prescriptions increased after 9/11, these increases were not statistically significant.

For the entire clinic population, we tracked the number of children with a diagnosis of asthma. *The number of children with asthma increased 66% and pediatric asthma visits increased 48.8%.*

As we can see in the bar chart, there was an increase in pediatric asthma patients in Chinatown from 306 to 510. The number of pediatric asthma visits increased from 1044 to 1544.

In comparison, a control group of children with asthma treated in Flushing, Queens, 11.9 miles from Ground Zero, by the same physicians in Manhattan, using the same practice standards, showed children with asthma decreased 10.9% and the number of pediatric asthma visits decreased 13.6%.

Mean percent predicted peak flow rates decreased below 80% of predicted in children living within 5 miles from Ground Zero. The decrease lasted for 6 months.

SUMMARY

- In summary, ***exposure to the World Trade Center disaster led to increased asthma severity. Children living within 5 miles of ground Zero had more asthma clinic visits after September 11, 2001***.

- ***These children received more prescriptions for asthma medications***. The increase in visits for asthmatic children living further than 5 miles from Ground Zero was not significant. ***Mean percent predicted peak expiratory flow rates decreased solely for those patients living within 5 miles of ground zero after September 11, 2001.***

CONCLUSION

- In conclusion, ***asthma severity worsened after September 11, 2001, in pediatric asthmatic patients living near Ground Zero***.

- ***Residential proximity to Ground Zero was predictive of the degree of decrease in asthma health.***

ACKNOWLEDGEMENTS

Out research team consisted of my co-investigator Dr. Deborah Lin, Chief, Allergy, from the Charles B. Wang Community Center, Stony Brook allergy fellows, medical and college students, Dr. Francesmary Modugno from the University of Pittsburgh School of Public health, Department of Epidemiology. Our statistician is Dr. Hongtu Chen from Harvard Medical School. I thank my mentor Distinguished SUNY Professor Dr. Sami I. Said.

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Mr. TOWNS. Thank you. Thank you very, very much. Thank you.

STATEMENT OF SUZANNE MATTEI

Ms. MATTEI. Good day. Thank you for allowing me to testify today, Chairman Towns, and members of the panel.

My name is Suzanne Mattei. I am the New York City executive for the Sierra Club, a national environmental group.

My testimony will describe information that the Sierra Club has obtained regarding the extent to which the contamination from the World Trade Center disaster travel eastward into the borough of Brooklyn and looking at various neighborhoods trying to answer the question did that dust become deposited at the ground level, did it enter buildings.

So, thank you.

You know, obviously when you have a significant release of hazardous substances you want an answer to two questions. What's in it and where did it go? Neither of these questions were answered for the ground zero pollution source.

We already have discussed the problems with EPA; bad equipment, failing to test for the proper parameters, failing to test systematically, falling to do proper indoor testing and completely ignoring Brooklyn.

We've already talked about this. The original residential program and the current one completely ignored Brooklyn.

Despite the Inspector General's criticism, despite advocacy from residents, I want to particularly acknowledge Gena Orkin who is a Brooklyn resident who advocated very vociferously for testing in Brooklyn. They just continue to completely ignore the borough.

So what are the information sources about what happened in Brooklyn? You've seen the aerial photographs. There were also some newspaper accounts where people talked about readable papers being deposited in Brooklyn. There was also the Inspector General's survey, which was discussed just a little bit before. I'll get into the specifics relevant to Brooklyn. We did our own informal supplementary survey, and you've heard about some of the health studies that have been done.

The NASA aerial photographs showed it moving in a southeasterly direction across Manhattan. You already saw that picture.

The Newsday article described seeing people seeing readable addresses, readable papers in Brooklyn Heights, Carroll Gardens and also Red Hook.

In 2003, the EPA Inspector General did conduct that survey of residents. The interesting thing is that they did not limit their survey to Manhattan residents. They did include people in other boroughs. There were about 204 residents from Brooklyn who responded. One of the questions was whether or not the resident was aware of their own home having been invaded by World Trade Center contamination. It was really quite stark that about a quarter of the 200 some residents who responded from Brooklyn said yes, that there was either visible dust or debris in their homes. The interesting thing is that information came out and then nothing happened. Nobody did any further testing. EPA didn't take any further action.

So the three most significant reporting neighborhoods in terms of how many reported and the percentage that said their homes had been contaminated where Carroll Gardens, Cobble Hill, Brooklyn Heights Cobble Hill. They did it by zip code. So we had to look at what the neighborhoods were, and Park Slope.

So the Sierra Club New York City Group didn't have any particular funding to look at this. But just decided well we want to see if this was just a fluke. Did people really see dust in their homes and in what neighborhoods did they see it. And so we just did it in a very sloppy way. We set up card tables outside of grocery stores. And when people came shopping, we asked them where they lived and did they remember what they saw in their neighborhoods or in their homes at the time of September 11, 2001.

I got to tell you, people's memories of that day are crystal clear. It's like do you remember where you were when you learned that President Kennedy was shot. It is that kind of clarity. They remember everything about that day.

So we focused on three highest reporting neighborhoods in the Inspector General's survey, and then based on the newspaper accounts about Red Hook, we went into Red Hook as well.

We got a little bit of information from other boroughs just because people started emailing our survey around. So I will talk about a little bit of information from other neighborhoods as well. But Brooklyn Heights, people who saw dust in their neighborhoods, 67 percent. It's a small survey. But it was really quite telling.

A lot in Brooklyn Heights. A lot in Cobble Hill. Red Hook, a smaller amount but still really very significant, almost a third of the people. And in Park Slope a very high percentage of the people who responded said yes, we saw dust in our neighborhood.

And then we went to the next question, which was did you smell odors inside your home or see World Trade Center dust inside your home. And, again, the numbers were really pretty high. The percentages were pretty high. More than half in Brooklyn Heights and Cobble Hill, about a third again in Red Hook and about a quarter in Park Slope.

You may remember that September 11th was a stunningly beautiful day. The air was really clear and beautiful. It was the first really nice day after a string of bad weather. A lot of people had their windows open, and that definitely put them at greater risk of contamination. Seventy percent of the people who saw or smelled 9/11 pollution in their homes had their windows open that day.

Now it is open to recognize that even with windows closed you could still have infiltration. It is also important to recognize that you did not have to see the dust for the dust to be there. You could have very fine, essentially invisible dust in your home or dust that you would not even notice. We know that people in Manhattan who did not have visible dust when they had chemical analysis with dust wipe tests, they found the kinds of heavy metals and other materials that were associated with World Trade Center dust contamination.

So what we are looking at is what people saw. We did not have people to go in and do scientific tests. This is not perfect. And probably a lot of people who said I did not see anything or smell anything, may still have had contamination in their home.

A lot of reports of smell in Dumbo, Williamsburgh, Greenpoint, and Fort Green, we did not get much in the line of dust reports from there. Although today we just heard from the Deputy Borough President that she saw dust in her Fort Green home. So these areas need to be investigated.

Areas from which we received only a few surveys, but they indicated some neighborhood contamination that really should be investigated further are listed up here. Downtown Brooklyn, Sunset Park, Ocean Parkway. Sheepshead Bay, which Congressman Weiner mentioned. We had one person who mentioned that she had completely painted her steps, her front steps and her railing. And when she came home that evening they were covered this sort of grayish dust.

So what we have here are colored markings for the areas where the red square indicate where we had a significant amount of surveys—well, you know, more than 10 surveys and then we have in orange the areas where we think ought to be further investigated where we got a fewer number of surveys.

And this is not scientific. I want to emphasize. This is only preliminary information designed to try to spur people to do more. But it sure does follow the dust cloud. So I do not think we are too far off in identifying where the worst contamination was. It really looks as though central and southern Brooklyn were hit harder than the northern parts of Brooklyn. And a lot of neighborhoods were contaminated.

You know, 5 out of 10 people that we talked to in Coney Island saw dust. So it really traveled.

The conclusion is really the dust cloud did not just go over Brooklyn, it went through Brooklyn. And EPA really must conduct a proper testing program, and this program must include Brooklyn.

[The prepared statement of Ms. Mattei follows:]

TESTIMONY OF

SUZANNE Y. MATTEI,

SIERRA CLUB NYC EXECUTIVE,
BEFORE THE SUBCOMMITTEE ON GOVERNMENT MANAGEMENT, ORGANIZATION & PROCUREMENT, COMMITTEE ON OVERSIGHT & GOVERNMENT REFORM RE: THE ENVIRONMENTAL AND HEALTH EFFECTS OF THE SEPT. 11, 2001 ATTACKS ON THE WORLD TRADE CENTER:
CONTAMINATION EAST OF THE SITE
Brooklyn, NY

April 23, 2007

Good day. My name is Suzanne Mattei, and I am the New York City Executive for the Sierra Club, which is a national environmental advocacy organization. The purpose of my testimony is to describe information that the Sierra Club has obtained regarding the extent to which the contamination from the World Trade Center disaster traveled east from the site, crossing over the East River into the Borough of Brooklyn.

When a significant release of hazardous substances occurs, the federal Environmental Protection Agency ("EPA") has authority to respond under the Comprehensive Environmental Response, Compensation and Liability Act ("CERCLA"), known as the "Superfund Law."[1] With regard to the September 11th attack, EPA also had a mandatory duty under Presidential Decision Directive 62 of 1998 to conduct a cleanup. In doing so, the agency must determine the answer to two basic questions:

(1) What is in the toxic release? And,
(2) Where did it go?

This did not happen as it should have at Ground Zero, a problem that was revealed through a hearing held by the EPA National Ombudsman in early 2002[2] and further documented by a report issued by the EPA Inspector General in 2003.[3]

In these documents and in subsequent proceedings, the EPA has been criticized for issuing improper assurances of safety and also for:

- Failing to use the best equipment to test for asbestos;
- Failing to test for ultrafine particles;
- Failing to test systematically, in concentric circles moving outward from the site;
- Failing to conduct a proper indoor testing program; and
- Ignoring impacts on Brooklyn.

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[1] *See* CERCLA, 40 U.S.C. § 9604 and 40 CFR §§ 300.400(d)(1) and (d)(2).
[2] EPA National Ombudsman, First Investigative Hearing on WTC Hazardous Waste Contamination, Transcript (Feb. 21, 2002).
[3] EPA Inspector General, *EPA's Response to the World Trade Center Collapse: Challenges, Successes and Areas for Improvement* (Aug. 21, 2003)(hereafter, *Inspector General Report*).

In this testimony, I am focusing on the failure to conduct proper testing in the Borough of Brooklyn.

EPA's original 2002 residential testing and cleanup program completely ignored Brooklyn. It was limited to residences of Lower Manhattan south of Canal and Pike Streets. The EPA Inspector General's 2003 investigative report criticized EPA's limited testing program, concluding, "It has not been determined whether buildings north of Canal Street or east of Lower Manhattan, in Brooklyn, were contaminated.[4] This 2002 plan was the subject of a re-evaluation, thanks to the efforts of Senator Hillary Clinton and Joseph Lieberman, beginning in 2005. That re-evaluation process made it clear that further testing was necessary. Nevertheless, despite the Inspector General's criticism, despite testimony from Brooklyn resident Jenna Orkin and others about the need to address Brooklyn,[5] and despite support from EPA's own Expert Technical Review Panel for testing in the borough, EPA's new indoor testing and cleanup program again completely ignores Brooklyn.

Other than the publication of aerial photographs of the dust cloud that spread over Brooklyn,[6] and sporadic newspaper accounts describing dust or burnt paper from the towers (some still readable) landing in the Brooklyn Heights, Carroll Gardens and Red Hook neighborhoods,[7] little was known about actual deposition of World trade Center dust in the borough until nearly two years after the attack. That was when the EPA Inspector General released a small survey of New York City residents, including Brooklyn residents, related to the collapse of the towers. Most of the questions focused on air quality in Lower Manhattan, but the survey did ask whether or not the respondent was aware of his or home having been contaminated by the 9/11 pollution. Of the 204 residents of Brooklyn who responded, 23.5% reported seeing visible dust or debris in their homes. The three most significant reporting neighborhoods were:

Carroll Gardens/Cobble Hill (11231) – 40%
Brooklyn Heights/Cobble Hill (11201) – 44%
Park Slope (11215) – 28%[8]

While this was a very small survey, the information should have sparked further investigation by EPA, but apparently did not.

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[4] *Inspector General Report*, p. 32.
[5] *See* Testimony of Brooklyn resident Jenna Orkin to the WTC Expert Technical Review Panel (Mar. 31, 2004).
[6] NASA aerial photographs taken by Airborne Visible/Infrared Imaging Spectrometer (AVIRIS) indicate that the World Trade Center dust plume moved in a southeasterly direction across lower Manhattan and reached areas of Brooklyn on the afternoon of September 11, 2001. Photographs can be viewed at www.globalsecurity.org/eye/wtc-imagery.htm, *See* Philip Landrigan, M.D., *et al.*, "Health and Environmental Consequences of the World Trade Center Disaster," *Envtl Health Perspectives* 112(6):731-39 (May 2004).
[7] *New York Newsday* described "wayward paperwork" from the towers, sometimes including readable addresses, landing in Brooklyn neighborhoods close to Manhattan, including Brooklyn Heights, Carroll Gardens and Red Hook. Rocco Parascandola, "America's Ordeal: Collecting the Rain of WTC Paper -- B'klyn Finds Could Be Clues," *New York Newsday* (Queens Ed.)(Sept. 27, 2001)
[8] EPA Inspector General, *Survey of Air Quality Information Related to the World Trade Center Collapse* (Report No. 2003-P-00014), p. 13.

In 2005, the Sierra Club decided to conduct a small survey through tabling outside grocery stores in Brooklyn. We focused on the three highest reporting neighborhoods in the IG survey, and also added the Red Hook neighborhood, given the newspaper report of deposition there. This was not a scientific survey. We simply wanted to develop some additional information on World Trade Center dust deposition in Brooklyn.

The results were as follows:

People who saw WTC dust in their neighborhood:

Brooklyn Heights:	67% (16/24)
Cobble Hill/Carroll Gardens:	86% (21/24)
Red Hook:	31% (4/13)
Park Slope:	86% (18/21)

(Five out of 10 people in Coney Island also witnessed some dust.)

People who smelled odors or saw WTC dust inside their homes:

Brooklyn Heights:	58% (14/24)
Cobble Hill/Carroll Gardens:	54% (13/24)
Red Hook:	31% (4/13)
Park Slope:	24% (5/21)

(Three out of 10 people in Coney Island smelled odors or saw WTC dust indoors)

In total, 84 of 130 residents surveyed – or 65 percent – reported witnessing World Trade Center dust in their local Brooklyn neighborhoods. Of the 56 Brooklyn residents who saw or smelled 9/11 pollution in their homes, 70% reported that their windows had been open. As many may recall, September 11, 2001 started out as a clear and pleasant day, before the attack, and many people had their windows open. It should be noted that while open windows increased risk, homes with closed windows may still have been infiltrated, and toxic dust may have been present but not noticeable or visible, as testing in Manhattan dwellings revealed.

People reported that a burning or acrid smell in the aftermath of the attack affected areas north of Brooklyn Heights, such as DUMBO, Williamsburg, Greenpoint and Fort Greene, although they did not see visible dust. Areas from which we received surveys – but from very few responders – indicating some neighborhood contamination that should be investigated further include the following neighborhoods:

Downtown Brooklyn	Borough Park
Sunset Park	Bensonhurst/Brighton Beach
Boerum Hill	Midwood
Prospect Heights	Ocean Parkway
Windsor Terrace	Sheepshead Bay
Flatbush	and possibly others.

In addition to the research conducted by Dr. Anthony Szema and others regarding asthma impacts for children living within five miles of Ground Zero, about which this panel is hearing testimony today, I would point out that a small survey of Medicaid Managed Care enrollees having persistent asthma, which was released in 2005, found that residence in both Lower Manhattan and Western Brooklyn were associated with self-reported worsened asthma, and that residents of Western Brooklyn had an elevated odds ratio for emergency department/inpatient hospitalizations with diagnoses of asthma between September 11 and December 31, 2001.[9] More investigative research should be conducted to evaluate the extent of that impact.

In conclusion, it is clear that the dust cloud did not just go over Brooklyn; it went through Brooklyn. The information that we have compiled indicates roughly that the southern and central neighborhoods were more affected than the northern neighborhoods. This information should not be ignored; rather, it should be subject to further investigation and clarification. EPA needs to conduct a proper testing and cleanup program, not the current weak one that even EPA's own expert panel has rejected – and this program must include Brooklyn.

I am submitting with this testimony a copy of our full report on Brooklyn impacts. Thank you for your consideration of this testimony.

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[9] Victoria Wagner, *et al.*, "Asthma in Medicaid Managed Care Enrollees Residing in New York City: Results from a Post-World Trade Center Disaster Survey," *j Urban Health* 82(1):76-89 (2005), p. 84 (Table 3).

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CERTIFICATION AND EDUCATION

Admitted to practice law: New York State; Second Circuit Court of Appeals.

Yale Law School, J.D. 1981. Participated in clinical programs on civil rights and racial justice.

Washington State Univ., B.A. 1977. Majors: Literature, Education. Minors: Math, Anthropology. Led organizations on environment, arts, civil rights and county initiative campaign. Phi Beta Kappa.

PROFESSIONAL EXPERIENCE

3/03 - present *New York City Executive,* for national Sierra Club office in New York City

Develop program priorities and campaign strategies; serve as media spokesperson.

A leading strategist in successful campaign to pass law protecting children from lead poisoning.

Produced in-depth reports on health impacts of pollution from September 11th attack on the World Trade Center and need for a stronger National Response Plan for terrorist attacks and disasters.

9/98 - 3/03 *Associate Counsel and Public Policy Director*, N.Y.S. Trial Lawyers Association

Conceived and carried out successful legal action against Insurance Department to block anti-consumer regulations on automobile insurance; established important case law under State law.

Supervised legislative program (legislative analysis and bill memoranda); produced analysis, memoranda and draft language on more complex issues. Designed successful statewide lobbying strategy to block bill that would have effectively eliminated right to sue for toxic health impacts.

2/94 - 9/98 *Assistant Deputy Advocate for Research & Investigation*, New York City Public Advocate

Developed final lobbying/legal strategy to stop the Brooklyn Navy Yard incinerator project; developed strategy to strengthen NYC Coalition to End Lead Poisoning in City politics.

Produced report on childhood lead poisoning in NYC; exposed full extent of problem; worked with citizen activists to successfully obtain abatement of lead paint hazards in over 1200 NYC public school classrooms. Produced study of renovation hazards in schools and public housing.

Identified long-term risks of Mayor Rudy Giuliani's proposed sale of NYC water and sewer system to a State corporation; informed and then leveraged strong public support for City Comptroller's successful objection to the sale.

Produced study on ways to prevent pollution of upstairs apartments by toxic perchloroethylene fumes from dry cleaners located inside residential buildings, and successfully lobbied to establish State regulations setting new safety standards.

8/90 *Senior Environmental Advisor, Policy Management*, for NYC Comptroller.

Represented Comptroller in negotiation of $10 million settlement with Exxon Corp. for 1990 "little Valdez" oil spill in New York Harbor; used leverage of required Comptroller signature to obtain funding for wetlands restoration program, now a national model for oil spill recovery.

Produced series of reports on environmental and fiscal effects of proposed solid waste plan; played significant role in outreach/lobbying efforts that helped spur major changes (elimination of six planned incinerators and doubling of City recycling target).

Pro bono: Successful intervention in Connecticut environmental permit proceeding on behalf of American Lung Association of Connecticut.

1985 - Aug. 1990 *Exec. and Legal Director*, Conn. Fund for the Environment (Staff Attorney 1981-85)

Served as the environmental representative on a select four-person negotiation team that produced one of the first comprehensive toxic air regulatory programs in the United States;

Successfully united farmers and environmentalists to obtain passage of farmland preservation statute.

Successfully represented the organization in court and agency proceedings to protect two barrier beaches, prevent the destruction of intertidal flats, block installation of a commercial development within the Connecticut river and shut down a mismanaged toxic waste dump.

Adjunct Faculty, Yale Univ. School of Epidemiology & Public Health, 1988-90 (environmental law and public health). Also *Adjunct Faculty* at Southern Conn. State Univ., 1985-1986.

Serve on boards of Environmental Advocates and Citizens Environmental Coalition.

Mr. TOWNS. Thank you very much, Ms. Mattei.

I mean to do all of that without being funded, I mean I just can imagine what you had been able to do if you had funds to do it. I think that is a marvelous job.

I want to thank you for your testimony.

Now I would like to move into the question period. Let me begin with you, Mr. Chan. During your tenure to your knowledge did the Office of the IG experience any direct or indirect pressure from any sources in the administration to soften its evaluation of EPA's conduct or any work concerning the testing and cleanup of 9/11? Do you know of any?

Mr. CHAN. I don't have any evidence like that personally. One of the great things about working for the Inspector General's Office is that I know whatever evidence we gathered. However they wish to change it, the evidence will be there. So every single report that I have done have been through FOIA have been exposed. So all the documents are there. So in that sense I never worry about it. I do not feel that pressure at all in my position.

Mr. TOWNS. You do not feel the pressure?

Mr. CHAN. No, sir.

Mr. TOWNS. All right. Let me go just right down the line on a very simple question, but I think it is a very important question. Let me just go right down the line. I will probably start with you on this side.

Is there scientific evidence of health problems and contamination in Brooklyn or any other boroughs, scientific?

Let us go right down the line.

Ms. MATTEI. Well, I think you have heard at this table the best information that those of us who were called to this hearing could pull together. I think that Dr. Szema's study is scientific evidence. I think that the health officials study is scientific evidence. But what they are is evidence, they are an indication of a problem. But what our Government failed to do was followup and do the comprehensive testing that is required.

Dr. SZEMA. I'm going to show you a slide which shows zip codes of children with asthma who were in the hot zone or the red zone within 5 miles of the World Trade Center who had worsened asthma.

Keep in mind, however, that even though the numbers were not statistically significant for children who lived outside of the red zone, the numbers were also increased. And we were limited by sample size, even though it was statistically significant. But you will see that a variety of zip codes in Brooklyn had worsened asthma.

So the answer is, yes, that there is scientific evidence which shows that children who lived in parts of Brooklyn were worse after 9/11.

Mr. TOWNS. Thank you.

Mr. ROOHAN. Our studies showed that were elevated persons with asthma where their asthma worsened in Brooklyn. Again, similar to the study in Chinatown, our sample size was small but still statistically significant. So when I presented the results over twice as likely to have significant worse asthma, two and a half times worse asthma, compared to the rest of New York City.

Mr. TOWNS. So the answer is yes?

Mr. ROOHAN. Yes.

Mr. TOWNS. Thank you.

Mr. NEWMAN. Well, I have a two part answer to that question.

First, we have EPA photos, one of which I projected earlier that clearly show that visible particulate matter was dispersed and deposited, at least on the northwestern edges of Brooklyn. And again, as I mentioned earlier, we have a much higher level of concern for the particulate matter that we don't see. So that the presence of visible particulates is an indication that there are microscopic invisible particulates that have the potential to be present, and also to travel further.

Second, we have the photographs and the plume dispersion model from the Office of Research and Development at EPA. So we have well documented indications that there's a high possibility for contamination in Brooklyn. What we do not have is data. And, you know, data does not fall from the sky like particulates do. We do not have data because data is a result of investigation. Essentially there has been no investigation, there has been no site characterization, there has been no effort by EPA or any other Government agency to accumulate that data and assess it.

So on the one hand we have an absence of data, on the other hand, the absence of data is not indicative and cannot be used to indicate safety. We just do not have the data to indicate either safety or risk.

Finally, I would like to note two things. No. 1, that the EPA World Trade Center Expert Technical Review Panel strongly recommended that sampling be done in Brooklyn, and that recommendation was not accepted by EPA.

Second of all, another reason for the absence of data is the Centers of Excellence, the medical programs for which people who are symptomatic or concerned about 9/11 exposure and related health efforts until very recently with the opening of the Bellevue Clinic on January 1st of this year, Brooklyn residents, Brooklyn workers unless they worked at ground zero were not eligible for those programs, and therefore there is no data available for people from Brooklyn.

Mr. TOWNS. All right. So the answer is a yes?

Mr. NEWMAN. The answer to that is the data that we have indicate a problem, but we have very little data and we need a lot more data in order to find out what we are actually dealing with, yes.

Mr. TOWNS. OK. Thank you.

Mr. Gudaitis.

Mr. GUDAITIS. Of the client we have in order for them to make a successful application they have to have medical documentation of their illness. So in our case the answer would be yes as well.

Mr. CHAN. My answer is that clearly there are indications of that, but I would answer in a different way. My answer to you is that I don't think that all the debris can be healthy to me.

Mr. TOWNS. I did not hear the answer.

Mr. CHAN. I do not think the debris is healthy to me.

Mr. TOWNS. Yes.

Mr. CHAN. So that is the beginning.

I think EPA with its authority with concerns in terms of protecting the human health as well as environment, it is their job to determine if, in fact, what is released in the environment could be harmful to the environment and the health of its citizens.

Mr. TOWNS. Right.

Mr. CHAN. I do not think they have done their job.

Mr. TOWNS. Right. Thank you.

Congressman Platts from the great State of Pennsylvania.

Mr. PLATTS. Thank you, Mr. Chairman. And our colleague, Representative Fossella could not be with us today, but I know he has asked permission, unanimous consent to submit a written statement for the record.

Mr. TOWNS. Without object, so ordered.

Mr. PLATTS. Thank you, Mr. Chairman.

Mr. Newman, I want to followup on your testimony and your service on the Expert Technical Review Panel. First, can you give me a little background of the makeup of the panel. You state local, you know Federal officials. Who all were involved?

Mr. NEWMAN. The EPA Expert Technical Review Panel was an appointed panel. It was an unusual configuration. It initially consisted, I believe, of seven representatives of Government agencies such as EPA, FEMA, OSHA, New York City Department of Health, etc., and seven nongovernmental experts, of whom I was one.

The panel was charged broadly speaking with three tasks. One was to characterize any remaining exposure and risks, second was to identify unmet public health needs, and the third was to recommend any steps to further minimize the risks associated with the aftermath of the World Trade Center attacks.

Mr. PLATTS. And that panel met, my understanding, about a dozen times in over about a 2-year period and issued a report in late 2005.

Mr. NEWMAN. The panel did not issue a report.

Mr. PLATTS. OK. The report referenced, Mr. Chan, I believe—OK. The objection I guess——

Mr. NEWMAN. I think you're probably referring to the Inspector General's report.

Mr. PLATTS. OK.

Mr. NEWMAN. No. EPA subsequent to the dismissal of the panel prior to the expiration of its term went ahead and implemented, I believe, it is in December 2006, a new sampling program which is currently underway. That sampling program was rejected by the panel. Our rejection and our concerns were ignored in EPA, they went ahead an issued a new program.

Mr. PLATTS. So it was not a written report rejecting that? It was an expression?

Mr. NEWMAN. No. No. The panel was an advisory body. It was plagued by a number of procedural concerns, one of which was a lack of clear process for memorializing the panel's input. So there was no final report issued by the panel.

Mr. PLATTS. But the current EPA plan was one that the panel looked at and rejected as again insufficient?

Mr. NEWMAN. Correct.

Mr. PLATTS. Are you aware of the rationale of the EPA for appointing you and the others to the panel but then not adhering to

the expert testimony and knowledge? Was there any formal response from EPA why they were not following the lead of the panel?

Mr. NEWMAN. No.

Mr. PLATTS. No?

Mr. Chan, you left EPA late 2005, correct?

Mr. CHAN. Yes, sir.

Mr. PLATTS. Are you aware of any in your work in the Inspector General's Office of any EPA response internally to the panel and how it reviewed it and the seriousness with which EPA took the findings of the panel?

Mr. CHAN. The findings, our recommendation and their response are in the report and they accept a lot of our recommendations and the ideas looking into the indoor air, I believe, that is something that they initiated together with, I believe, Senator Clinton and Senator Lieberman pushed to do that.

We were in fact hopeful that they would follow through on some of these recommendations. We are so disappointed in terms of what happened since then.

Mr. PLATTS. OK. But thus far they have not really followed the recommendations you made?

Mr. CHAN. I can give you a short answer and a long answer. The answer is no. The short one, yes.

Mr. PLATTS. My understanding was that in February 2006 that there was a report issued by the panel, by your panel? No.

Mr. NEWMAN. No.

Mr. PLATTS. OK. Give me one moment here.

Mr. Chan, one of the things of learning lessons here is my understanding in the initial months following 9/11 that the city of New York took the lead not EPA. Are you aware or can you give us any information on how that decision came to be between the city and the Federal Government? And then what spurred in early 2002 the decision the EPA would take over the effort?

Mr. CHAN. This may be difficult for me to answer because it appears to be still a legal issue.

I believe that city itself under the circumstance can, in fact, decide to do the cleanup themselves. You know, the EPA's obligation is to make sure that it is done. And I believe also that the event that occurred afterwards that there were a lot of complaints about the effort. And if I recall correctly around February 2002 EPA stepped in and decided to begin the cleanup for the indoor air.

Mr. PLATTS. Mr. Chairman, if I could squeeze in a quick follow-up? Real quick.

Mr. TOWNS. Sure.

Mr. PLATTS. To all the panelists, are any of you aware of the interaction between the city and EPA and the initial decision for the city to take the lead and then EPA in early 2002 saying, no, we are going to take the lead? And even if you do not have that knowledge, a recommendation for learning from this experience should it be mandatory of EPA coming in and being more the lead entity from the get-go and not having that discretion at the local level?

Mr. Newman.

Mr. NEWMAN. Yes. My understanding is that the EPA initially denied that it had legal responsibility to assessing or addressing indoor environmental contamination, and thus it defaulted to New York City agencies. And in turn, New York City agencies essentially in the real world defaulted to building owners and employers whose efforts, you know, ran the gambit from testing an appropriate cleanup to not, depending upon their level of technical expertise depending on their financial capabilities. And most importantly, depending upon guidance from the Government. And as we know, guidance from the Government, you know, tended to indicate or allege that there was no problem and therefore it was a disinsentive to clean up.

Mr. PLATTS. Right. And opinion as far as whether that should be more clear in the law and perhaps mandatory as far as EPA versus the local?

Mr. NEWMAN. Well, I think it's fundamentally clear that it was and is EPA's responsibility period to assume—EPA fundamentally has clear legal responsibility for environmental and public health from contamination.

Mr. PLATTS. Yes?

Ms. MATTEI. Right. I would just add to that. And I think that some of this was defined very clearly for everyone by Congressman Nadler's white paper that really looked into the issue of responsibility. But fundamentally the Environmental Protection Agency has the authority to respond to any significant release of a hazardous substance. They can do that no matter what the cause of that hazardous substance release. And that is under what is known as the Super Fund Law. They have that authority. They do not have to declare the site a Super Fund site to get in there and do the analysis. They can go indoor as well as outdoor. That statute does not differentiate.

Also because this was a terrorist attack, there was a Presidential Directive in place that specifically mandated that the Environmental Protection Agency should take action.

So actually the law was in place and the agency clearly had the responsibility and the duty, but it chose not to do so. So we had a major failure in implementation of an existing law. It was an administrative failure.

Mr. PLATTS. Right. So not that the law is flawed, but it was not properly implemented?

Ms. MATTEI. That's right. That's correct. It was irresponsible behavior on the agency's part.

Mr. PLATTS. OK. Thank you, Mr. Chairman.

Mr. TOWNS. Thank you. Thank you very much.

And I will now yield to Congressman Murphy of Connecticut.

Mr. MURPHY. Thank you, Mr. Chairman.

A month or so ago when we had a committee hearing on this subject in Washington, DC, we had Dr. Howard and Dr. Agwunobi before us. And I left there at least with some fear that their strategy was to study this to death and to basically require going forward, that each person potentially present their own personal white paper to prove that their illness was a direct result of their exposure to the contaminates in and around the site. So I want to talk for a second or ask some questions for a moment on the limits

of data going forward and to try to get a better understanding of what our expectations are going to be from data that we may be able to receive.

Maybe I'll direct the first question to Dr. Szema as the one doctor I believe on the panel.

Let us take your specific study on asthma. What are the expectations going forward on this case study, at the very least, that we would have any ability going forward to examine which patients had an increased level of asthma or an increased exposure to asthma due to their exposure to contaminates through September 11th or to what extent is this simply very important aggregate data that we may not be able to distill down to determine the actual cause of the increased level of asthma?

Dr. SZEMA. The clinic population, the population in Chinatown is relatively stable. So I would say that since this is a good yard stick or gold standard, I would want to resurvey and restudy it on a more broader scale and move out in concentric circles.

We have already made a computerized questionnaire similar to the World Trade Center Mount Sinai questionnaire and standardized statistical instruments, like the St. George's translated in Chinese and ready to go on the Internet. But I am not currently funded to do so. My current NIH funding is to study the genetic causes of asthma in mice. And, you know, we are developing a new drug to treat asthma.

So I think if you study a controlled population, then you will be able to compare other populations further out. An analogy is if Osama Bin Laden decides to drop a nuclear weapon on a location and you wanted to see the health efforts, you would start from that location and move out.

Mr. MURPHY. I guess my question is more relevant to an individual case rather than as just a statistical analysis. When you are dealing with an individual 8 year old who comes in with asthma or an increased level of asthma they did not have before, what is our ability to tell whether that increased level of asthma is due to the contaminates?

Dr. SZEMA. Yes. One thing that we would like to do but we have not done was to skin prick tests all over these kids for dust mite antigen. There are at least two types. As well as to rat and mice. Because after the World Trade Center collapse there were lots of case reports of rodents running around the city. They came because of the excavation, etc.

So I think your asthma can be worse as a result of irritation injury, as a result of inhalation lung injury, allergic sensitization to antigens. Air pollution is known to increase asthma attacks and there is something called endotoxin in the air which associated with increased particulate matter in the air as well as air pollution.

So these are all things we can measure. You can skin test them to these things. You can measure air quality. You can go into the kid's house and see if there's any residual things left.

None of these kids got complete pulmonary function testing or cardiopulmonary exercise testing. So the peak flow is just a little tube you blow in in the office when you are stationary at rest. It does not say whether you can rest around. So, you know, we did not put any of these kids on a treadmill, etc.

Mr. MURPHY. Let me ask the more general question to the panel, which is that is there some fear that we are going to be set up for a fall here? That individual citizens are going to be asked to present far more information that is available here. If what we are going to rely on in the end is maybe more aggregate data about particular exposure by neighborhood or by geographical area, how do you then go about treating those populations or dispersing funds, treatment dollars, etc?

Mr. Newman.

Mr. NEWMAN. I think you are absolutely correct that it is difficult to prove with confidence any individual—the association of health symptoms or health condition, any particular individual with a presumed exposure, especially in the absence of data. However, in the aggregate data as you mentioned, the scientific evidence is quite clear that we have a number of clearly distinct geographic and what I call exposure populations that have been adversely impacted by 9/11 related exposures. I think that there is virtually or actually no scientific doubt about that.

So what is needed are programs in the aggregate and not programs aimed at the individual. We have the beginnings of those programs with an excellent track record. Those are the Centers of Excellence to which I referred in my comments. Those programs need to be supported. They need to be funded. They need to be expanded and they need to continue over the long term so that they can survive.

The eligibility criteria for people to get access to those programs need to be expanded to include people who are effected or potentially effected by 9/11 so that they can be screened in or screened out based on their symptoms and based on their exposure history and the development or absence of symptoms.

Mr. MURPHY. Thank you.

Thank you, Mr. Chairman.

Mr. TOWNS. Thank you very much, Congressman Murphy.

Congressman Nadler from Manhattan and Brooklyn.

Mr. NADLER. Thank you.

Let me first compliment Mr. Chan for being one of the first EPA or former EPA persons willing to speak out honestly on this subject.

Now, you say in your testimony—first of all, the Inspector General's report, as I said, and it has been referred to before recommended that we do inspections of several hundred indoor spaces going out in concentric circles from the World Trade Center to find out where the contamination exists and where the cleanup is necessary. Do you concur that is still necessary to be done?

Mr. CHAN. I would say yes, if I answer 2 or 3 years ago. As time moves on the more study I do not think is needed to determine whether in fact the plume reach the citizens around here or around——

Mr. NADLER. It's becoming more clear that it did you mean?

Mr. CHAN. No. It is becoming more that, you know, the longer you wait the less evidence you are going to find by definition. And because what happened is that it is going to be in the body of individuals rather than—you know, it is all like getting the dirty. After a while you can find it in the fish, as in mercury.

Mr. NADLER. OK.

Mr. CHAN. So why not look in the fish rather than the water.

Mr. NADLER. Thank you. Second of all, you state in your testimony that EPA's actions to evaluate, mitigate and control risk to human health from exposure to indoor air pollutants in the WTC area were consistent with applicable statutes and regulations which do not obligate EPA to respond to a given emergency allowing for local agencies to lead a response. And New York City in fact exercised the lead role.

Ms. Mattei says in her testimony when a significant release of hazardous substance occurred, the EPA has authority to respond under CERCLA and with regard to the September 11th attack, EPA had a mandatory duty under Presidential Decision Directive 62 to conduct a cleanup. I believe that Marlanne Horinko, Deputy Administrator of EPA, admitted under oath before the Senate in 2004, that under CERCLA and under Presidential Directive 62, EPA had a mandatory duty to be the lead agency. Is that your understanding?

Mr. CHAN. Yes, but I don't believe my comment is different from what was just said. In fact, I think under CERCLA EPA does have the responsibility to make sure that. But in this case here where the New York City decided they wanted to make that it happens.

Mr. NADLER. But let me ask you the key question.

Mr. CHAN. OK.

Mr. NADLER. If EPA has the responsibility, it can delegate that responsibility to some other responsible body to do it.

Mr. CHAN. Exactly.

Mr. NADLER, But if it clear that other body is not doing it, is there EPA thereby OK to wash its hands of it?

Mr. CHAN. No. They should followup and take over, as they have done. And there is a precedents for that. If you look at Libby, MT where in fact the externals asbestos went into buildings and whereby EPA is responsible.

Mr. NADLER. In Libby, MT the Administrator said that it would be immoral to ask homeowners to bear the expense of cleaning up their homes. In New York that was what was done.

Mr. Newman, you state in your testimony that neither environmental or occupational health regulations were enforced at or around ground zero. The failure to ensure that these protective and legally required measures were utilized is likely to have contributed to the high incidence of 9/11 related illness that we are seeing today and that we may see in the future.

Who had legal authority to decide not to enforce the environmental and occupational health regulations?

Mr. NEWMAN. To take your question literally, I do not think anybody had legal authority to decide to or not to enforce them.

Mr. NADLER. Nobody had legal authority? Who to your knowledge decided not to enforce the occupational health and safety laws?

Mr. NEWMAN. Obviously the regulatory agency is—I mean the enforcement agency is the Occupational Safety and Health Administration and New York State Department of Labor of Public Employee Safety and Health, and the applicable regulations?

Mr. NADLER. And the city? And the city, too?

Mr. NEWMAN. The city does not enforce those regulations. The city as an employer is legally required to comply with the requirements of those regulations. The enforcement body would be PESH and OSHA.

Mr. NADLER. But the city didn't comply with those regulations?

Mr. NEWMAN. In my opinion, absolutely not.

Mr. NADLER. So all three levels of government were at fault?

Mr. NEWMAN. Yes.

Mr. NADLER. And is it safe to say that probably thousands of people are sick today and will get sick because all three levels of government did not enforce or apply the law?

Mr. NEWMAN. I think that's pretty clear.

Mr. NADLER. That is pretty clear?

Now, there was as you may recall, a New York City Department of Environmental—what is it? New York City EDC—oh, DEP. There was a New York City DEP memo that I recall quoted in the Inspector General's report saying we should enforce the OSHA laws. And someone overruled that. Someone decided not to. And I recall there is also a letter from Mayor Giuliani quoted as an appendix to the—either quoted as an appendix to the Inspector General's report or listed in the EPA response to the Inspector General report saying do not come in, we will handle it. Do you remember that letter?

Mr. NEWMAN. I do.

Mr. NADLER. And that is what it said?

Mr. NEWMAN. Generally.

Mr. NADLER. OK. Let me ask you one other thing. If we do not—and as I've said, I have always maintained that there are two coverups. The first coverup was the fact that people who were exposed to an acute toxins that day and the days following because they were caught in the plume or because they were first responders, they worked at ground zero and they didn't wear respiratory equipment, their health was compromised. That coverup is pretty well unraveled and people are now admitting that happened. Some people are saying we should deal with it, not everybody.

But the second coverup is the impact on residents in Manhattan and Chinatown and Brooklyn, Queens, Jersey City, for all we know, were indoor spaces were contaminated and never properly inspected and cleaned up. And as you said before, the default was the building owners. I remember there was a U.S. Senate hearing in January 2002, it was the New York City department of something that while we sent notices to 1,800 building owners, owners of 1,800 buildings telling them that they had to clean up the outdoor spaces and the common spaces of the buildings, not the individual spaces. It was asked well what was the agency of enforcement. Self certification, and how many certifications did you get back? Three hundred, and what did you do about the other 1,500 buildings? Nothing. Not to mention that the individual spaces were not dealt with.

If nothing is done, is it accurate to think that people who move into an apartment or start working in an office next year or 5 years from now are still going to be poisoned and come down with cancers eventually, or some proportion of them?

Mr. NEWMAN. If you have indoor particulate manner, you know, that have toxic properties, the likelihood is that some of these particulates can persist for extremely long periods of time unless they're subjected to a targeted and technical environmental remediation.

Mr. NADLER. So the answer is yes?

Mr. NEWMAN. Yes.

Mr. NADLER. Which means that one has to say that as far as we know many buildings in the entire metropolitan area may be unsafe to live and work in in that sense?

Mr. NEWMAN. Well, the operative word is "may." From my point of view, you know, it is entirely appropriate and legitimate to have a level of concern about that contamination that might remain indoors. In terms of our knowledge based on data we do not have any knowledge, we do not have any data because the testing has never been done. So it is entirely appropriate to do the testing now and find out where we are at.

Mr. NADLER. And in fact essential to do the testing in order to correct it?

Mr. NEWMAN. Correct.

Mr. NADLER. Thank you.

Mr. TOWNS. Thank you very much, Congressman Nadler.

Let me just before we close, you know I can't close without asking this question, Mr. Gudaitis, you know the fact that we have all these people that are ill, more people that might become ill that we are cutting case managed services. I mean, that to me is the most ridiculous thing I think I have heard. I mean, how could we explain that if there is any kind of commitment or dedication on our part that we would cut case services? I mean, there will be people that is going to get sick in the future and all that, and the service will not be there for them. How could that happen?

Mr. GUDAITIS. That's a good question, sir.

You know, at the present time there is only one organization funding case management in New York City, and that is the American Red Cross Liberty Fund, and we are administering that grant, but it ends in 2007. And after that there will be no funding for community-based case management.

And at the present time we know that we have about 60 percent of the clients coming out of just one of the Centers of Excellence needing case management services, and those numbers are only increasing. But the money, as far as any of us know, has run out. So unless coordinated case management assistance and case management is added to one of the things that we are looking for the Federal Government to fund along with the Centers for Excellence, their needs will only be half met in the medical monitoring and treatment programs.

Mr. TOWNS. Right. Let me, Mr. Chan, I am coming at this question another way. I went after it one way with you and I am going to come another way.

Both you and your former supervisor, Nikki Tinsley, are no longer working at the Office of the Inspector General for the EPA. For years the Inspector General's Office of the EPA produced quality and impartial reviews of EPA's actions. Has there been a cul-

ture change in the IG's Office in the EPA? In other words, you know where I am trying to go.

Mr. CHAN. Let me say that I worked for EPA for 5 years and I had great hope in terms of working and helping the citizens in terms of the environment and helping out. So the fact that I left the agency I think suggests how disappointed I am in terms of what I have achieved. I am not very happy with what could be done given the fact that the Inspector General's Act gave us, you know, independence as well as an ability to voice our views and so on.

So I must admit to you, and I guess the first time in public, even my wife does not know that, that I left with a heavy heart. I am sorry that, you know, that there are a lot of other issues, environmental issues that I find very difficult to see how we are going with this. So it is a difficult thing because I can talk to you about new source review, I can talk to you about mercury and the effect on children, I can talk to you about the coal fired stuff, and case after case I find that, you know, somehow I am on the wrong side of the issue.

But I am happy I was there because it gave me tremendous insight as to how Government works. Having worked for the General Accounting Office from the congressional side or legislative side I certainly learn a lot in terms of working for the executive side.

Mr. TOWNS. Thank you. Thank you very much.

I really appreciate your coming to testify. I think that Congressman Nadler indicated early on, you know, we really appreciate it because there has been a silence, you know, and for you to come and speak out, I think that to me is very, very important.

Any other comments that any other Members might have?

Mr. PLATTS. Mr. Chairman. One, I do want to thank all of the witnesses again for their testimony, but especially for their reference on behalf of all the citizens of New York.

Also, I would like to ask unanimous consent that Mr. Shays be allowed to submit a written statement for the record.

Mr. TOWNS. Without objection, so ordered.

Mr. PLATTS. Thank you.

Mr. TOWNS. Yes.

You have a comment that you wanted to make?

Dr. SZEMA. I just want to comment that our research is dead. We published this paper in 2004.

Mr. PLATTS. Dead did you say?

Dr. SZEMA. Dead, D-E-A-D, dead. We did it with no money. I had our fellows and students do it. We have no money now. The cost of actually funding this type of research is actually less than that of the long term health effects because if there are going to be kids getting asbestosis or bronchial genetic carcinoma in the next 20 years, the health effects are going to be much more expensive, as Mr. Roohan has even suggested.

So I think to fund a unique pediatric population, especially this vulnerable population with preexisting disease is very important. I cannot emphasize that enough. Because even other investigators like Dr. David Purzone who has come before this committee before from the Fire Department has shown that in the past 5 years previously healthy firefighters who do not have asthma, who are big

strapping firefighters have lost lung function. They have measurable declines in lung function 5 years out from the World Trade Center disaster based on the number of hours they put in ground zero. And these are people who do not even live in the area. These are workers, and to not study the residents is really a crime.

Mr. TOWNS. Ms. Mattei, yes.

Ms. MATTEI. Yes. I want to imagine yourself in a home in an effected area. A home in which the dust did infiltrate the dwelling. There's no World Trade Center dust left on the kitchen table. That table has been washed plenty of times, thoroughly clean. You are not going to find World Trade Center dust on the kitchen table. But what about the carpet?

We know that asbestos fibers and lead can go right through an ordinary vacuum cleaner's bag. It goes right through and settles right back down on that carpet. If it's professionally cleaned the asbestos and the lead will still be there. And that is the concern that I have.

I am more concerned for young children, toddlers who roll around on carpets, bounce around on soft furniture and get dust on their fingers and then put their fingers in their mouths. In my view these are the people are most vulnerable to the indoor contamination.

I just want to point out, you know, I know a lot of time has passed, but we supposedly did a great job scouring the area to recapture and try to identify the human remains. What are still finding now 5 years later? We are finding bone fragments, not only onsite but offsite. If the bones are still there, why would we assume that the asbestos and lead are not.

Mr. NADLER. Thank you. Ms. Mattei, I am glad you brought that up because you reminded me of something I wanted to ask earlier.

New York City Department of Health shortly after 9/11 put on its website, and it remained there for years and may still be there as far as I know, that if you returned to your apartment and you find World Trade Center dust, you should clean it up with a wet mop and a wet rag. What do you think of this advice as to its safety and its legality?

Ms. MATTEI. Completely irresponsible, and the Department of Health knows better. They have very detailed regulations just for lead dust. Their Part 171 regulations for cleaning up lead dust which requires professional cleaning, HVAC vacuuming. None of this nonsense of wet mop and wet rag. That was horrendous advice. What was even more horrendous is that EPA knew about this advice and actually advocated and referred people to follow that advice.

Mr. NADLER. People who followed that advice, correct me if I am wrong: No. 1, if they are not professionally trained and if they are not wearing proper equipment, protective suits when they do it, are likely to inhale some of those fibers when they correct it?

Ms. MATTEI. Definitely at risk for exposure, yes.

Mr. NADLER. And are likely to leave a lot of that in the carpets, the porous wood surfaces and so forth?

Ms. MATTEI. It would not be a thorough cleaning. Yes, that is a concern.

Mr. NADLER. Thank you.

Mr. TOWNS. Thank you. Thank you very much.

Let me thank all the witnesses for your testimony. I really appreciate hearing from you, and to my colleagues also for their participation. And to say to you that based on the information that we received from you that we will working together on a legislative fix. This is a serious problem. This is the wealthiest country in the world, and now if it is the wealthiest country in the world behaving like this, I mean this just does not make a lot of sense. So I think that the Federal Government has to step up to the plate and begin to take some action.

So we will take the information that you have given us and we will continue to work on it to see if we cannot bring about a solution to this problem.

Thank you so much for your testimony.

And this hearing is adjourned.

[Whereupon, at 12:41 p.m., the subcommittee was adjourned.)

[The prepared statements of Hon. Christopher Shays and Hon. Vito Fossella and additional information submitted for the hearing record follows:]

Subcommitee on Government Management, Organization, and Procurement

Oversight Hearing on 9/11 Health Effects: Environmental Impacts for Residents and Responders

April 23, 2007

Statement of Representative Chris Shays

Mr. Chairman, I am grateful you are holding this hearing to improve awareness of the need for monitoring and treatment for individuals who were exposed to the toxins from September 11, 2001 and in the resulting clean up.

During the last Congress, as Chairman of the Subcommittee on National Security, Emerging Threats and International Relations, I held four oversight hearings on the federally-funded medical monitoring and registry programs that were established following the September 11 terrorist attacks. The witnesses' testimony to the Subcommittee clearly demonstrated the significant health challenges faced by Ground Zero responders, as well as the need for their continued health monitoring.

Nearly six years after the cataclysmic attacks on the World Trade Center, shock waves still emanate from Ground Zero. Diverse and delayed health problems continue to emerge in those exposed to the contaminants and psychological stressors unleashed on September 11, 2001.

Firefighters, police, emergency medical personnel, transit workers, construction crews and other first responders as well as volunteers came to Ground Zero knowing there would be risks, but confident their community would sustain them.

Make no mistake, these individuals did not just go to work on that day, they went to war. However, as we will hear today, federal, state and local health support has not provided the care and comfort they need and rightfully deserve.

After the 1991 war in the Persian Gulf, veterans suffering a variety of unfamiliar syndromes faced daunting official resistance to evidence linking multiple, low-level toxic exposure to subsequent, chronic ill-health. In part due to work by my Subcommittee, long term health registrants were improved, an aggressive research was agenda pursued and sick veterans now have the benefit, in law, of presumption that wartime exposures cause certain illnesses

When the front line is not Baghdad, but Lower Manhattan, occupational medicine and public health practitioners still have much to learn from that distant Middle East battlefield.

Proper diagnosis, effective treatment and fair compensation for the delayed casualties of a toxic attack require vigilance, patience and a willingness to admit what we do not yet know, and might never know, about toxic synergies and syndromes. Health surveillance has to be focused and sustained and new treatment approaches have to be tried to restore damaged lives before it is too late.

Today it appears the public health approach to lingering environmental hazards remains unfocused and halting. The unquestionable need for long term monitoring has been met with only short term commitments. Screening and monitoring results have not been translated into timely protocols that could be used by a broader range of treating physicians. Valuable data sets compiled by competing programs may atrophy as money and vigilance driving 9/11 health research wane.

Both the executive and legislative branches of our federal government are failing those who were on the front lines nearly six years ago.

Many responders, workers, residents, and school children are getting sick from the toxins that they were exposed to in the area around Ground Zero. We are not providing those affected with satisfactory treatment and care.

We need to know how many people are sick or may become sick, and if they are receiving proper medical care. We also need to talk to the doctors who are treating them to determine if they are aware of how to best care for these victims.

We have spent billions of dollars improving our methods to defend the United States against another terrorist attack, and we are certainly safer today than we were in 2001, but we are still not completely safe. I believe we need to use these oversight hearings to help prepare for a similar attack in another city, to determine how large an area the government should be monitoring for health effects and what some of the best practices are to minimize the impact and treat future victims in these catastrophic situations.

It is our duty to care for the victims who continue to live with illnesses caused by the events of that fateful day; to monitor, track and and treat their symptoms, and to ensure they have knowledge of, and access to, services available to them. Congress and the Administration also have the duty to make sure we, as a nation, have learned from their experiences so we can more effectively and expeditiously respond to a similar horrendous event in the future.

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Testimony of Congressman Vito Fossella
Before the Subcommittee on Government Management, Organization, and Procurement
"9/11 Health Effects: Environmental Impacts for Residents and Responders"
April 23, 2007

While there have been many hearings on the health effects of 9/11, today's meeting will focus on a group that has not received a lot of attention in this debate: area residents and workers who may have been exposed to Ground Zero toxins. More specifically, today's hearing will focus on Brooklyn residents and what their potential exposure may have been on our nation's darkest day.

We know all too well of the serious illnesses our first responders suffer due to their heroic efforts on 9-11. Study after study highlight their afflictions and we read in our newspapers regularly the stories of the pain these brave souls continue to endure. While much needs to be done to address the plight of our first responders, we must also not forget about area residents and workers who did not work the pile, but may still be sick from Ground Zero's toxic cloud.

Dr. Newman's testimony included aerial photos from 9-11 displaying the Ground Zero plume cutting across Brooklyn. It is important to examine the extent to which anyone in its path may have been exposed and whether or not they need to seek monitoring and treatment. I want to assure everyone here today, we will not rest in our cause to ensure the proper monitoring and care are provided to anyone who may be suffering from a 9-11 illness.

Earlier this year, Congresswoman Maloney and I introduced HR 1638 – the James Zadroga 9/11 Health and Compensation Act – of which Chairman Towns is a cosponsor. The bill creates a comprehensive approach to providing both health care and compensation to those who are sick or injured because of 9-11. The bill continues funding the current programs at the three Centers of Excellence dedicated to 9/11 health issues. It also expands them to all people exposed to the toxins of 9/11, including first responders; rescue, recovery and clean up workers; area residents, office workers and students.

In addition, the bill reopens the September 11th Victims Compensation Fund to provide individuals who have become sick from 9/11 compensation for their losses. HR 1638 authorizes $1.9 billion to provide treatment for 9/11 illnesses over five years. Much more may be needed to continue treatment years down the road. While the cost is significant for these programs, we know it is necessary. In addition, this amount compares to similar funding for other natural disasters, but is spread out over a longer period of time.

It was just last November when HHS released the first federal funding available for treatment of 9/11 illnesses. In contrast, the federal spent $2 billion to pay for uncompensated care for the uninsured and for eligible individuals who had been displaced from Katrina from 2005 through January 2006. This is on top of $100 million appropriated in the immediate aftermath of the storm. Compared to Katrina, 9/11 funding is coming much too late and at a lower cost over the long term.

I will continue working with Mr. Towns and my other New York area colleagues to ensure the federal government honors its commitment to our nations heroes and provides care to all inflicted with 9/11 illnesses.

STATEMENT OF
RONALD F. CHAMRIN, ASSISTANT DIRECTOR
ECONOMIC COMMISSION
THE AMERICAN LEGION
TO THE
SUBCOMMITTEE ON GOVERNMENT MANAGEMENT, ORGANIZATION AND PROCUREMENT
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM
UNITED STATES HOUSE OF REPRESENTATIVES
ON
OPENING FEDERAL CONTRACTING TO SMALL, MINORITY-OWNED BUSINESS

SEPTEMBER 26, 2007

Mr. Chairman and Members of the Committee:

Thank you for this opportunity to submit The American Legion's view on the Federal Contracting Opportunities for Small Businesses in relation to veterans.

Veteran And Service Disabled Veteran Owned Businesses

The American Legion views small businesses as the backbone of the American economy. It is the driving force behind America's past economic growth and will continue to be the major factor as we move further into the 21st century. Currently, more than nine out of every ten businesses are small firms, which produce almost one-half of the Gross National Product. Veterans' benefits have always included assistance in creating and operating veteran owned small businesses.

The impact of deployment on self-employed Reservists is severe with a reported 40 percent of all veteran owned businesses suffering financial losses and in some cases bankruptcies. Many small businesses have discovered they are unable to operate, and suffer some form of financial loss when key employees are activated. The Congressional Budget Office, in a report titled, *"The Effects of Reserve Call-Ups on Civilian Employers,"* stated that it "expects that as many as 30,000 small businesses and 55,000 self-employed individuals may be more severely affected if their Reservist employee or owner is activated."

Additionally, the Office of Veterans' Business Development within the Small Business Administration (SBA) remains crippled and ineffective due to a token funding of $750,000 per year. This amount, which is less than the office supply budget for the SBA, is expected to support an entire nation of veteran entrepreneurs. The American Legion feels that this pittance is an insult to American veteran business owners, that it undermines the spirit and intent of Public Law 106-50, and it continues to be a source of embarrassment for this country.

The American Legion strongly supports increased funding of the Small Business Administration's Office of Veterans' Business Development to provide enhanced outreach and community based assistance to veterans and self employed members of the Reserves and National Guard.

Additionally, The American Legion supports allowing the Office of Veterans' Business Development to enter into contracts, grants, and cooperative agreements to further its outreach goals. The Office of Veterans' Business Development must be authorized to develop a nationwide community-based service delivery system specifically for veterans and members of Reserve components of the United States military.

The American Legion recommends that funding for the SBA Office of Veterans' Business Development be increased to $2 million.

The Veterans Federal Procurement Opportunity

The American Legion seeks and supports legislation to require a 5 percent goal, with set-aside and sole source authority, for federal procurements and contracts for businesses owned and operated by service-disabled veterans and businesses owned and controlled by veterans. This includes those small businesses owned by Reserve component members who have been or may be called to active duty, or may be affected by base closings and reductions in our military forces.

The American Legion has encouraged Congress to require reasonable "set-asides" of Federal procurements and contracts for businesses owned and operated by veterans. The American Legion supported legislation in the past that sought to add service-connected disabled veterans to the list of specified small business categories receiving 3 percent set-asides.

Public Law 106-50, "The Veteran Entrepreneurship and Small Business Development Act of 1999," stated "The Government Wide goal for participation by small business concerns owned and controlled by service-disabled veterans shall be established at not less than 3 percent of the total value of all prime contract/subcontract awards for each fiscal year." This law mandated that each federal agency and subset must meet the 3 percent goal. Finally, this was further supported by the passing of Public Law 108-183 which clearly provided a vehicle to meet the 3 percent goal.

Agency compliance with Public Law 106-50 has been minimal and non-compliant. In 2004, President Bush issued Executive Order 13360 to strengthen opportunities in Federal contracting for service-disabled veteran owned businesses.

The following list contains selected agencies that have failed to meet the 3 percent goal for Fiscal Year (FY) 06 for service disabled veteran owned businesses that have been established since 1999 and enhanced by the executive order in 2004.

1. The Executive Office of the President
2. Defense
3. Agriculture
4. Homeland Security
5. Transportation
6. Justice
7. Labor
8. Nuclear Regulatory Commission
9. Treasury
10. Interior
11. Education
12. Environmental Protection Agency
13. GSA
14. Health and Human Services
15. NASA
16. Energy
17. National Science Foundation
18. OPM
19. Social Security Administration
20. USAID
21. Commerce
22. HUD
23. FEMA

Once again, these are some of the agencies that did NOT meet the 3 percent goal for FY 06. Service Disabled Veteran-Owned Businesses (SDVOBs) had the potential to be awarded approximately $7 - 8 billion for FY 06 and about the same for FY 07, yet they have only been awarded approximately $3 billion. The scorecards can be viewed at: http://www.sba.gov/aboutsba/sbaprograms/goals/index.html

For easier reference we have attached this report with only the relevant data in relation to veteran and service disabled veteran owned businesses.

The actual dollar amount and percentage of all federal agencies can be viewed at: http://www.sba.gov/idc/groups/public/documents/sba_homepage/sbgr_fy_2006.html

Certified Veteran and Service Disabled Veteran Owned Businesses

The American Legion applauds the Veterans Information Portal operated by the Department of Veterans' Affairs Office of Small and Disadvantaged Business Utilization. The Vendor Information Pages is a veteran business database that lists businesses that are

51% or more owned by veterans or service-connected disabled veterans. These businesses are certified as veterans and if they are disabled and if they are 51% majority owners of their business.

It is used to promote and market Veteran-Owned Small Businesses (VOBs) and SDVOBs. This database is the number one source for Federal agencies looking for SDVOBs to comply with Executive Order 13360. The Vendor Information Pages (VIP) database averages over 4500 visits per month accounting for over 4100 vendor searches by Federal agencies, prime contractors and private citizens. This database is also the sole source for all inquiries for market research requested through The Center for Veterans Enterprise (CVE) and the Department of Veterans Affairs (VA)

The VIP is a tremendous tool that contracting officers can refer to in order to guarantee that they are negotiating with certified VOBs and SDVOBs.
http://www.vip.vetbiz.gov/

The National Veterans Business Development Corporation

Congress enacted the Veterans Entrepreneurship (TVC) and Small Business Development Act of 1999 (Public Law 106-50) to assist veteran and service-connected disabled veteran owned businesses by creating the National Veterans Business Development Corporation. Presently, the objectives of Public Law 106-50, as originally envisioned, are not being met at the present time due to the scope of the mission, staffing and funding requirements.

The American Legion believes that with limited funding and staffing, TVC should not try to replicate preexisting services such as those provided by the Small Business Development Centers (SBDC).

The American Legion recommends that the resource-training centers TVC is currently providing funding for be given to the jurisdiction of the SBA Veteran's Development Office.

The SBA's Veterans' Development Office is presently funding five such centers around the country and should be given the additional three. In addition, the SBA office should take on the responsibility of partnering with military and VA hospitals, TAP, State Department of Veterans Affairs Offices, Procurement Technical Assistance Centers, Military Family Support Centers, and veterans' service organizations to provide employment and entrepreneurship programs along with the addition of funding and necessary senior staff to oversee the implementation and development of such a program. TVC would operate more effectively acting as a liaison with existing associations of small business owners and, by working with SBA programs, ensure the involvement of private and successful military alumni from the business community to help support SBA's successful integration, and reintegration of veteran and Reserve component entrepreneurs into the private and public American marketplace.

The American Legion supports restructuring the National Veterans Business Development Corporation by changing the current chief executive officer position to a congressionally appointed director from the Senior Executive Service. This change would allow Congress greater oversight of expenditures and an enhanced ability to monitor performance. Finally, it will restrict the role of the Board of Directors to fund raising, marketing and branding, and will serve to increase small business opportunities to veterans.

The American Legion reiterates that the Small Business Administration's Office of Veterans' Business Development should be the lead agency to ensure that veterans returning from Iraq and Afghanistan are provided with Entrepreneurial Development Assistance. Comprehensive training should be handled by the SBA and augmented by TVC's on-line training. Resource Training Centers should include DOD and VA faculties.

Currently, many military families are suffering financial hardship while their loved ones are recuperating in military hospitals around the country. Many spouses leave their jobs to be with that disabled servicemember which results in financial ruin. Business development training is one key to a seamless transition for servicemembers. If business development training was offered to military members while still at a treatment facility, a small home-based business is feasible.

Recommendations

1. **Incorporate Executive Order 13360 into SBA Regulations and Standard Operating Procedures**

   The American Legion agrees with the recommendations given from the "SBA Advisory Committee on Veterans Business Affairs" FY 2006 SBA report;

   • "The SBA needs to reemphasize implementation of Executive Order 13360 and establish it as a Federal procurement priority across the entire Federal sector. Federal agencies need to be held accountable, by the SBA, for their implementing Executive Order 13360 and their progress toward the 3 percent goal. The SBA needs to establish a means to monitor agencies progress and where appropriate, establish a vehicle to report or otherwise identify those that are not in compliance, and pursue ongoing follow-up."

   • "To achieve the SDVOB procurement goal contained in Executive Order 13360, the SBA must identify all agencies affected by the Executive Order under the directive of Congress. Then the SBA should assist these agencies to develop a demonstrable, measured strategic plan and establish realistic reporting criteria. Once the information is received, SBA should disseminate this data to all agencies, Veterans Service Organizations and post its findings on the SBA website as a bellwether of program progress."

2. **Change to Sole Source Contracting Methods**

   To provide parity among special emphasis procurement programs, the SBA should take immediate, appropriate steps to promulgate regulations to revise 13 CFR 125.20. The proposed revision would eliminate existing restrictions on the award of sole source contracts to SDVOB such as the "Rule of Two". The change should mirror 13 CFR 124.508 part c which applies to 8(a) Program participants and states, "In order to be eligible to receive a sole source 8(a) contract, a firm must be a current participant on the date of the award..." Accordingly, adopting this language would eliminate all restrictions on sole source awards to SDVOBs.

3. **Develop a User Friendly Veteran Procurement Database**

   The American Legion also supports that the Federal government and DOD utilize its available technology to create, fund and support a veteran procurement-spending database within DOD. This action will finally put veteran-owned and service-disabled veteran-owned businesses on equal footing with all other small business special interest groups as regards Federal procurement opportunities.

4. **Educate Contracting Officers on recent Comptroller Decision for Small Business Set Asides**

   The GAO sustained a bid protest challenging a U.S. Air Force solicitation for portable chemical toilet services because the agency failed to make reasonable efforts to determine whether the acquisition was suitable to be set aside for service-disabled veteran-owned small business concerns. This precedential decision reinforces that a procuring agency has the discretion to make a sole-source award to an SDVOB if the agency does not have a reasonable expectation that two or more SDVOBs would submit offers for the work.

   The entire language of this decision can be found at the following website. http://www.gao.gov/decisions/bidpro/299291.pdf

CONCLUSION

The mission of The American Legion's National Economics Commission is to take actions that affect the economic well being of veterans, including issues relating to veterans' employment, home loans, vocational rehabilitation, homelessness and small business. The American Legion reiterates that the Small Business Administration's office of Veterans' Business Development should be the lead agency to ensure that veterans returning from Iraq and Afghanistan are provided with Entrepreneurial Development Assistance and that existing laws and regulations already emplaced must be enforced to assist our nation's veteran entrepreneurs.

The American Legion looks forward to continue working with the Committee to enhance veteran entrepreneurship. Mr. Chairman and Members of the Committee, this concludes my testimony.

DON'T IGNORE BROOKLYN:

Residents Report 9/11 Pollution Infiltration of Brooklyn Neighborhoods and Homes

December 2005

INTRODUCTION AND SUMMARY

Four years after the 9/11 World Trade Center attack, Sierra Club volunteers and staff visited six neighborhoods in Brooklyn to find out what people recalled about the impact of the 9/11 pollution in their own local area. In asking people to fill out short written questionnaires, we were surprised to find how clearly people recalled that day. We learned that many people in neighborhoods along the western shore of Brooklyn and further inland not only witnessed World Trade Center dust on the street but also saw or smelled contamination in their homes, and that dust deposition also occurred as far away as Coney Island. Concerned residents from other Brooklyn neighborhoods filled out surveys as well.

The Sierra Club undertook this survey effort because it had become concerned by indications that the federal Environmental Protection Agency (EPA) might not only fail to strengthen its ineffective proposed 9/11 pollution indoor dust testing and cleaning program but also seek to reduce its target area to exclude Brooklyn. On November 29, 2005, the Washington, D.C. headquarters of EPA did in fact announce that it was scaling back its testing plan -- a plan that remains poorly designed -- to exclude Brooklyn and parts of Manhattan above Canal Street.[1]

EPA's original 2002 residential testing and cleanup program for 9/11 pollution had been limited to residences south of Canal and Pike Streets in Lower Manhattan -- completely ignoring the Borough of Brooklyn. The EPA Inspector General's investigative report on EPA's conduct following the World Trade Center disaster had criticized the boundary of its 2002 cleanup area, noting that it "was not based on systematic and representative sampling to determine the likely outer boundary of WTC contamination" and that, "Consequently, it has not been determined whether buildings north of Canal Street or east of Lower Manhattan, in Brooklyn, were contaminated."[2] Yet, EPA plans to ignore Brooklyn again, despite the lack of justification for it.

While the Sierra Club's survey was not a scientific statistical study, it provides significant information that clearly merits further investigation and argues in favor of environmental testing:

- In total, 84 of 130 residents surveyed -- or 65 percent -- reported witnessing World Trade Center dust in their local Brooklyn neighborhoods; 56 of the 130 residents -- 43 percent -- identified either an odor or visible dust inside their Brooklyn homes or workplaces.

- In the six neighborhoods that the Sierra Club visited, 70 percent of the 92 respondents surveyed reported that they witnessed visible World Trade Center dust in their local Brooklyn neighborhoods, and 43 percent also identified either an odor or visible dust in their Brooklyn homes or workplaces.

- Dust contamination from the towers' destruction was very visible along certain western shore neighborhoods of Brooklyn. These included Brooklyn Heights, Cobble Hill, Carroll Gardens and, possibly to a somewhat more restricted degree, Red Hook.

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[1] U.S.E.P.A. (Washington, D.C.), "News Release: U.S. EPA to Test Dust in Lower Manhattan" (Nov. 29, 2005); Michael Powell, "EPA to Scale Back Testing at Ground Zero," *Washington Post* (Nov. 30, 2005).

[2] Office of Inspector General, U.S.E.P.A., *EPA's Response to the World Trade Center Collapse: Challenges, Successes and Areas for* Improvement (Aug. 21, 2003), p. 32.

- Neighborhoods further inland from the shore also were affected. Park Slope saw a surprising amount of visible contamination. Surprisingly, even as far eastward as the Coney Island neighborhood, people reported seeing some smoke or dust and wafting pieces of burnt paper from the towers.

- One risk factor for greater levels of indoor contamination in Brooklyn appears to have been whether or not residents had windows open on September 11, 2001. Of the 56 Brooklyn residents who saw or smelled 9/11 pollution in their homes, 70 percent reported that they had open windows on that day. It is important to recognize that homes with closed windows may still have been infiltrated -- as occurred in Manhattan -- but homes with open windows appear to have been at higher risk of greater, more noticeable levels of contamination.

- None of the people we interviewed whose homes had visible dust contamination had a professional environmental firm conduct a cleanup. Either the resident or building staff cleaned it up.

The Sierra Club survey not only is consistent with data on indoor 9/11 contamination in Brooklyn contained in an earlier small survey by the EPA's Inspector General, but it also expands on that data by identifying affected neighborhoods more specifically, providing descriptions of the dust material, and providing more data on local areas not covered by the Inspector General's survey.

Based on the results of this survey, and in light of the earlier findings by the Inspector General, the Sierra Club urges that the current EPA proposal for its 9/11 pollution testing and cleanup zone -- which completely ignores Brooklyn -- is not sufficient. The newly scaled-back EPA program would ignore neighborhoods that clearly suffered contamination and yet have never been included in any professional testing and cleanup program.

The information provided in this survey report should be considered only a first step in the effort needed to determine the impact of the September 11th attack on people in the borough of Brooklyn. It is not a scientific statistical survey. It is simply the result of an effort by volunteers, with staff support from Sierra Club's field office, to reach out to key neighborhoods in Brooklyn and get a sense of what happened there in the aftermath of the attack. The sampling was not scientifically designed. Volunteers simply set up tables outside grocery stores to ask passers-by what they recalled witnessing at the time, urging them to fill out written questionnaires. Other volunteers e-mailed Sierra Club members and other people they knew who lived in these neighborhoods to ask them to fill out the questionnaire. Nevertheless, the results are important.

The Sierra Club's informal survey demonstrates that certain neighborhoods did receive visible coatings of dust from the collapse of the towers, and that in some cases this dust penetrated the indoor environment so significantly that the results were visible. Thus, while it is not possible to say definitively that harmful levels of World Trade Center dust remain in any buildings in Brooklyn, it is certainly reasonable to be concerned.

The Sierra Club is not asking EPA to extend a badly designed testing plan to Brooklyn. The Sierra Club has long criticized what it views as major flaws in the way that EPA would sample and analyze pollutants, and how the federal agency would make its cleanup decisions, asserting that the plan is designed to fail. Rather, it is urging EPA to strengthen its proposed indoor testing plan for 9/11 contamination, and then to expand the boundaries of the testing zone.

BACKGROUND: SUMMARY OF PRIOR DATA ON 9/11 POLLUTION IN BROOKLYN

The incineration and collapse of the two World Trade Center towers on September 11, 2001, released a huge cloud of dust and debris from the glass, concrete, steel, computers, plastics, carpeting and other fabrics, fluorescent lights and other materials that made up the buildings. Each of the two dust clouds was so thick and huge that it temporarily blocked out the sunlight over lower Manhattan and darkened the sky in parts of Brooklyn. The remaining pile of rubble was estimated to weigh about 1.2 million tons. No one knows exactly how much total pollution entered the air, but according to one estimate for just one pollutant, some 200,000 to two million pounds of polycyclic aromatic hydrocarbons (PAHs) were released in the first few days after the attack within half a kilometer of Ground Zero. The World Trade Center pollution contained, in varying quantities, highly toxic substances such as asbestos, lead, mercury, chromium and cadmium; toxic organic compounds such as dioxin and PAHs; and harmful respiratory hazards such as fibrous glass and pulverized concrete.[3]

Other than the publication of aerial photographs of the dust cloud that spread over Brooklyn, and sporadic newspaper accounts describing dust or burnt paper from the towers landing in Brooklyn neighborhoods,[4] little was known about actual deposition of World Trade Center dust in the borough until nearly two years after the attack. That was when the Inspector General for the Environmental Protection Agency (EPA) released a small survey that it had conducted of New York City residents -- including Brooklyn residents -- related to the World Trade Center collapse. Most of the survey's questions focused on air quality in Lower Manhattan. The Inspector General did, however, ask whether or not the respondent was aware of his or her home having been contaminated with dust and/or debris due to the collapse of the towers.

The answers from Brooklyn in this little-known survey were striking. The Inspector General received 204 responses from 20 zipcode areas of Brooklyn, having targeted areas in the borough based on their proximity to the World Trade Center site and potential exposure to the dust created by the collapse. Of the 204 residents of Brooklyn who responded, 23.5 percent reported that their residence had been contaminated with visible dust and/or debris as a result of the collapse. In eight of these zip code areas, the response indicating visible indoor residential contamination was 25 percent or higher, although the agency received 10 or more responses in only three zipcode areas.

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[3] Rand Science & Technology Policy Institute, *Protecting Emergency Responders: Lessons Learned from Terrorist Attacks* (Proceedings, Dec. 9-11, 2001 conference), p. 6; Philip Landrigan, M.D., *et al.*, "Health and Environmental Consequences of the World Trade Center Disaster," *Envtl Health Perspectives* 112(6):731-39 (May 2004); Paul J. Lioy, "Characterization of the Dust/Smoke Aerosol that Settled East of the World Trade Center in Lower Manhattan After the Collapse of the WTC 11 September, 2001," *Envtl. Health Perspectives* 110(7): 703-14 (July 2002).

[4] NASA aerial photographs taken by Airborne Visible/Infrared Imaging Spectrometer (AVIRIS) indicate that the World Trade Center dust plume moved in a southeasterly direction across lower Manhattan and reached areas of Brooklyn on the afternoon of September 11, 2001. Philip Landrigan, M.D., *et al.*, *supra*. Photographs can be viewed at <www.globalsecurity.org/eye/wtc-imagery.htm>. *New York Newsday* described "wayward paperwork" from the towers, sometimes including readable addresses, landing in Brooklyn neighborhoods close to Manhattan, including Brooklyn Heights, Carroll Gardens and Red Hook. Rocco Parascandola, "America's Ordeal: Collecting the Rain of WTC Paper -- B'klyn Finds Could Be Clues," *New York Newsday* (Queens Ed.)(Sept. 27, 2001). Anecdotally, some physicians in Brooklyn and lower Manhattan who were questioned in 2003 reported that they had seen a sharp increase in adult-onset asthma diagnoses since September 11, 2001. Laurie Garrett, "Danger in the Dust," *New York Newsday* (Aug. 28, 2003).

While the Inspector General's survey was limited, it nevertheless provided some clues about on-the-ground contamination in Brooklyn by 9/11 pollution. The four highest response neighborhoods yielded the following results:

11215 5 of 18 respondents (Park Slope - 28%)
11201 7 of 16 respondents (Brooklyn Heights/Cobble Hill - 44%)
11231 6 of 15 respondents (Carroll Gardens/Cobble Hill - 40%)
11218 4 of 7 respondents (Windsor Terrace/Kensington - 57%)[5]

This information should have sparked further investigation by the EPA, but no additional information or analysis was provided by the agency during the review process conducted by the EPA World Trade Center Expert Technical Review Panel.

The Sierra Club decided to pursue the matter of Brooklyn contamination further, in the hope of spurring more appropriate EPA action. In particular, we decided to ask Brooklyn residents about outdoor contamination as well as indoor contamination. This is important because, as noted above, people might or might not have been able to see the more fine particulate dust matter if it had entered their homes. We also asked people whether or not the smell of smoke had penetrated indoors, since that could indicate an indoor contamination problem. We wanted to examine the three highest response neighborhoods identified by the Inspector General -- Brooklyn Heights, Carroll Gardens, and Park Slope -- but we wanted to separate out Cobble Hill, which lies between Brooklyn Heights and Carroll Gardens. We also wanted to reach out to Red Hook, which lies south and east of Carroll Gardens, as a potential target of contamination. Also, we recalled reading accounts at the time of the disaster of burnt paper being found in Coney Island, so we included it as an example of a neighborhood significantly further away from the site, over which the dust cloud was known to have traveled. The results of our more specific survey follow.

[5] Office of Inspector General, Environmental Protection Agency, *Survey of Air Quality Information Related to the World Trade Center Collapse* (Report No. 2003-P-00014)(hereafter, *IG Survey*), p. 13. This Inspector General's survey report was cited and described in Sierra Club, *Pollution and Deception at Ground Zero* (August, 2004).

SUMMARY OF FINDINGS FROM SIERRA CLUB SURVEY

The Sierra Club received 130 survey responses. Most of the people who were willing to take the time to respond to this survey, four years after the attack, were people who had witnessed either visible dust or odors from the towers in their Brooklyn neighborhoods at the time. Consequently, this survey is not a scientific sampling that would help identify which specific streets and homes were contaminated. Nevertheless, it does provide specific evidence that the dust did in fact reach certain Brooklyn neighborhoods at ground level, contaminating some streets and infiltrating some homes; in other words, the pollution did not simply pass overhead. While EPA should have evaluated the extent of the contamination at the time of the attack, as part of its disaster response, there is certainly enough indication, based on the Sierra Club survey and the Inspector General's information, that some contamination occurred and that a proper indoor testing program should include the affected neighborhoods of Brooklyn.

The results for the six neighborhoods that the Sierra Club visited are contained in Table 1 below:

TABLE 1: SURVEY DATA ON VISIBLE OUTDOOR DUST AND EVIDENCE OF INDOOR PENETRATION IN SIX NEIGHBORHOODS

Neighborhood	# of people who filled out survey	# of people who saw dust/debris in neighborhood	% of people surveyed in neighborhood who saw dust in local area	# of reports that 9/11 dust or smoke/smell penetrated person's home	surveyed in neighborhood whose homes were penetrated by 9/11 pollution
Brooklyn Heights	24	16	67%	14	58%
Cobble Hill	11	11	100%	8	73%
Carroll Gardens	13	10	77%	5	38%
Red Hook	13	4	31%	4	31%
Park Slope	21	18	86%	5	24%
Coney Island	10	5	50%	3	30%

The results of our survey are generally consistent with the findings of the Inspector General's survey, although the questioning was not identical and the specific findings differ somewhat. Inspector General's survey asked only about visible indoor dust contamination, not visible outdoor dust or indoor odors. It also tabulated the results by zip code areas rather than by smaller individual neighborhoods. Thus, its findings mixed Cobble Hill neighborhood areas with Brooklyn Heights and Carroll Gardens, and did not separate Red Hook from Carroll Gardens. Our data suggests that there may have been differences in the level of contamination experienced among these neighborhoods, but only a more comprehensive and scientifically designed survey would be able to determine the answer to that question.

Descriptions of the type of visible dust and debris that affected the neighborhoods, and the persistence of the smell, also varied.

- A resident of Brooklyn Heights reported, "Gray-white ash coated my balcony, [and there was] ash and a burning smell all over the neighborhood."

- A Cobble Hill resident stated that there was "white dust all over. It looked like snow. The smell was deep, heavy smoke, like tar and toxic fumes."

- A Carroll Gardens resident described "dust on cars and sidewalks. Light, gray ash like from a fire." Another described "gray and grainy dust all over the neighborhood."

- In Red Hook, a resident witnessed "ash and dust that looked like concrete dust, [and] debris like paper and what looked like plastic."

- Further into Brooklyn, a Park Slope resident stated that "ash covered [my] backyard, front yard, plants and furniture."

- A Coney Island resident witnessed "smoke and black dust where I work and where I live" in the neighborhood.

A summary of these descriptions is contained in the following table:

TABLE 2: DESCRIPTIONS OF 9/11 CONTAMINATION IN BROOKLYN

Neighborhood	Common descriptions of local 9/11 pollution conditions
Brooklyn Heights	Gray and white dust everywhere; burnt paper; a burning smell
Cobble Hill	Grayish dust covering cars, burnt papers, a chemical smell
Carroll Gardens	Grayish dust on cars, burnt papers, a burning smell
Red Hook	Gray dust on cars; burnt papers
Park Slope	Gray dust on cars; debris on street; an acrid smell
Coney Island	Some dark grainy dust on street, smoke in air

Overall, the following conclusions can reasonably be drawn from this data:

- In total, 84 of 130 residents -- or 65 percent -- surveyed reported witnessing World Trade Center dust in their local Brooklyn neighborhoods; 56 of the 130 residents -- 43 percent -- identified either an odor or visible dust inside their Brooklyn homes or workplaces.

- In the six neighborhoods that the Sierra Club visited, 71 percent of the 92 respondents surveyed reported that they witnessed visible World Trade Center dust in their local Brooklyn neighborhoods, and 42 percent also identified either an odor or visible dust in their Brooklyn homes or workplaces.

- Visible dust contamination from the towers' destruction was very noticeable along certain western shore neighborhoods of Brooklyn. These included Brooklyn Heights, Cobble Hill, Carroll Gardens and, possibly to a somewhat more limited degree, Red Hook.

- Neighborhoods further inland from the shore also were affected. Park Slope saw a surprising amount of contamination. Surprisingly, even as far eastward as the Coney Island neighborhood, people reported seeing some smoke or dust and wafting pieces of burnt paper from the towers.

- One risk factor for greater levels of indoor contamination in Brooklyn appears to have been whether or not residents had windows open on September 11, 2001. Of the 56 Brooklyn residents who saw or smelled 9/11 pollution in their homes, 70 percent reported that they had open windows on that day. It is important to recognize that homes with closed windows may still have been infiltrated -- as occurred in Manhattan -- but homes with windows open appear to have been at higher risk of greater, more noticeable levels of contamination.

- None of the people we interviewed whose homes experienced visible dust contamination had a professional environmental firm conduct a cleanup. Either the resident or building staff cleaned it up.

The Sierra Club received 38 communications from other Brooklyn neighborhoods as well, some from passers by who did not live in the neighborhood we were visiting, and others from people who had received an e-mail request to respond to the questionnaire. These more sporadic responses give at least some indication of where further investigation might be needed.

- Although the smell of smoke and fumes from Ground Zero affected areas north of Brooklyn Heights, such as DUMBO, Williamsburg, Greenpoint and Fort Greene, most of the people from these neighborhoods who responded did not report seeing noticeable amounts of visible dust locally. Still, the outdoor environment apparently was affected. Two of the11 surveys from that group of neighborhoods reported outdoor dust but nine of 11 reported an outdoor odor and four also reported that the 9/11 odor penetrated indoors. Further eastward, the effects may have been smaller, but more investigation would be needed.[6]

- Based on both the responses received by the Sierra Club and those received by the Inspector General, further investigation may be necessary in Brooklyn neighborhoods such as Downtown Brooklyn, Sunset Park,[7] Boerum Hill, Prospect Heights,[8] Windsor Terrace, Borough Park, Bensonhurst/Brighton Beach,[9] Flatbush, Midwood, Ocean Parkway, Brighton Beach, Sheepshead Bay, and possibly others.

These are only preliminary findings. A much more comprehensive effort should be made to determine what happened in Brooklyn neighborhoods.

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[6] A survey from Bedford-Stuyvesant reported an odor in the neighborhood but not indoors, and a survey from Brownsville reported no effect.

[7] Two of the three surveys that the Sierra Club received, and two of the three surveys that the Inspector General received, from Sunset Park reported indoor dust infiltration.

[8] The Inspector General did not receive any surveys from Prospect Heights, but one of the three surveys the Sierra Club received reported both outdoor and indoor dust; two reported an outdoor odor and one an indoor odor.

[9] Of the three surveys Sierra Club received from Bensonhurst/Brighton Beach, two reported indoor contamination (one visible dust, one odor), and four of the six received by the Inspector General reported visible indoor dust.

CONCLUSION

Certain Brooklyn neighborhoods definitely experienced contamination by 9/11 pollution at the ground level, and in some cases the World Trade Center dust permeated buildings and homes. Some of the exposures could have been significant, and as more and more research findings emerge on the health risks associated with World Trade Center dust exposure, the need to clarify this information becomes more and more compelling.

The federal government failed to investigate and address this contamination as part of its disaster response to the 9/11 terrorist attack. Now, the federal government seeks to ignore Brooklyn again in its current, still ineffective indoor testing and cleanup program.

The Sierra Club is not asking the federal EPA to extend a badly designed testing program to Brooklyn. The Sierra Club has long criticized what it views as major flaws in the way that EPA would sample and analyze pollutants, and how the federal agency would make its cleanup decisions, asserting that the plan is designed to fail. Rather, it is urging the federal Environmental Protection Agency (EPA) to strengthen its proposed indoor testing plan for 9/11 contamination, and then to expand the boundaries of the testing zone.

The Sierra Club urges the Environmental Protection Agency to remedy the substantial flaws that make its currently proposed indoor testing plan ineffective and unworkable, and to restore the western shore areas of Brooklyn that were included in its prior proposal for testing and cleanup (along with the affected Manhattan neighborhoods above Canal Street that it has wrongly eliminated from the program), and to conduct a rigorous and scientific investigation of the need to conduct further testing in other Brooklyn neighborhoods affected by the 9/11 dust cloud.

Endnote:

This survey report is a joint project of the Sierra Club National Field Office and the Sierra Club Atlantic Chapter's Air Quality Committee, chaired by Warren Berger, who coordinated the outreach effort. Sierra Club members Daniel Fielding and Jenna Orkin assisted in designing the questionnaire for this project. Conservation Organizer David Veliz assisted in outreach and tabulated the survey results. New York City Executive Suzanne Mattei produced the background research and the written analysis. We thank the Sierra Club members who assisted with outreach and the many Brooklyn residents who took the time to fill out the survey questionnaire.