

**SUMMARY OF PRESENTATION BY SUZANNE Y. MATTEI
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In 2004, the Sierra Club issued a report showing how the federal government failed to inform the public of the hazards of the World Trade Center pollution, fulfill its legal duties to enforce worker safety rules, and conduct a proper environmental cleanup. It found that:

Our federal government should have considered the pollution dangerous unless rigorous testing proved the conditions to be safe. It did not. Instead, EPA and OSHA – under the White House Council on Environmental Quality’s direction – behaved as though they had no understanding of pollution and its impacts, and as though they did not know their own statutory duties.

Then, when confronted with information revealing harm – such as the fact that the 9/11 dust was highly caustic or that office workers in a building several blocks from Ground Zero were still suffering health effects months after the attack – the federal government simply did not disclose this information to the public.

These failures have prolonged the harms of the September 11 attack. The 2004 report recommended several steps that the federal government should take to mitigate the harm caused by its failure to issue proper health risk warnings, clean up the remaining World Trade Center contamination in homes and workplaces, and promote stronger standards for protecting public health and safety in future disasters. It urged that the Bush administration must restore trust in its agencies. Yet, today, the problems identified in the report remain unresolved, and new national disaster policies may make the situation even worse.

People clearly needed better protection from the pollution caused by the September 11, 2001 attack in New York City. The City Department of Health and Mental Hygiene’s World Trade Center Health Registry reports that nearly 27,000 people have reported experiencing sinus problems or nose irritation after the attack, and over 21,000 reported a persistent cough. It reports that it does not know for how long these symptoms lasted, and our government has not made the effort to find out. The federal government has failed to identify, quantify and track:

- the children who are still suffering health effects;
- the elderly people who are still suffering health effects;
- the people with asthma or other respiratory diseases who still suffer health effects;
- the people with immune system deficiencies whose conditions worsened;
- the otherwise healthy residents and college students who still suffer health effects;
- the small business owners who still suffer health effects;
- the building cleaners and custodians who still suffer health effects;
- the office workers, food service workers, small business employees and other area employees who still suffer health effects;
- the transport workers, communications workers, carpenters, or electricians, plumbers, sanitation workers, reporters and film technicians who still suffer health effects;
- the social service Ground Zero volunteers who still suffer health effects.

As a result, we still do not know the total number of people who are sick from 9/11 pollution. We know that many thousands of people do suffer health impacts, but we do not know the total number. We do not know because our federal government has not bothered to find out.

These people are not supposed to exist. Our federal government leaders, in their rush to reopen the New York Stock Exchange and other Wall Street businesses – and perhaps in an ideological reluctance to acknowledge that pollution can make people sick – urged everyone to come back to Lower Manhattan. Barricades were removed. Our federal government declared the air safe. It did not limit its welcome to healthy adults. Everyone, including young children, could return.

Neither the federal nor the local government made any reasonable effort to evaluate the safety of homes and workplaces before issuing this broad invitation. Families with children were encouraged to return to their homes. Schools were reopened. Employees generally had no choice at all in the matter. No government agency said that people with respiratory conditions should consult their doctors before they returned, or that workers should be excused from returning until the workplace was properly cleaned. After all, according to EPA, Lower Manhattan was safe.

Even the people who worked directly on the pile at Ground Zero should not be sick. The federal government insists that they provided the workers with protective gear. It blames workers for failing to use it, while failing to acknowledge the mixed messages about safety that EPA sent and the problem of OSHA's failure to enforce safety standards. OSHA insists that its non-enforcement, "cooperative agreement" approach to worker health and safety at Ground Zero – which actually allowed rampant violation of the requirements of protective gear that should have been in place – was a great success story.

So no one should be sick.

But they are. And our federal government has neglected even to count them. In 2004, the U.S. General Accounting Office (GAO) evaluated federal actions taken to study the health effects of the 9/11 pollution – and found that no comprehensive, coordinated effort occurred. The GAO identified six government programs with varying purposes and limitations, but reported that an estimated 250,000 to 400,000 people were exposed or at risk of exposure to 9/11 pollution, and "the full health impact of the attack is unknown." At a September 2004 Congressional hearing, when Representative Carolyn Mahoney asked the director of the National Institute for Occupational Safety and Health, how many people are still sick, he responded, "I'm not sure anyone could give you an exact figure." We do, however, know more than we did a year ago.

It has taken three years or longer for studies to emerge confirming what workers and residents already know – that health effects from Ground Zero have persisted for a year or longer. While early studies had revealed cause for concern, the newly released data indicate that not only thousands of workers but also thousands of residents experienced 9/11-related respiratory health effects that persisted for a year or longer, and may still persist.

A study of over a thousand rescue and recovery workers found that 78 percent reported persistent WTC-related symptoms. An average of about eight months and a range of seven weeks to well over a year (63 weeks) had elapsed since they had stopped working at Ground Zero or the site had been cleaned up. The Centers for Disease Control noted, “[T]he persistence of symptoms for greater than one year after the 9/11 event is a new finding and requires further study.”

Over 1,000 residents – 43.7 percent of the 2,362 residents included in a recently published survey – reported that at least one new-onset upper respiratory symptom still persisted a year after the attack. The study concluded that residents of the affected area reported “significantly more upper respiratory symptoms than residents of the control area.”

Clearly, assurances at the time that respiratory symptoms would be temporary and that residents were not at risk of long-term health effects apparently were based more on what the federal government wanted to be true than on scientific knowledge.

In 2005, the Sierra Club issued a second report, *Pollution and Deception at Ground Zero Revisited: Why It Could Happen Again*. In this report, the Sierra Club determined that, rather than learn from the missteps of Ground Zero, our federal government has determined to turn those missteps into policy for all future national emergencies:

The Department of Homeland Security is proposing to use “optimization” – a policy approach that will consider “societal values and needs,” such as economic impacts – to determine toxic cleanup levels for national emergencies, and EPA apparently will not have final authority over standards or guidelines; this is of concern given the adverse health consequences of the haste to reopen Wall Street after the 9/11 attack.

EPA’s new *Homeland Security Strategy* document lacks a clear policy declaration that it will issue assurances of safety only after assessing the pollution hazards as a whole rather than basing its assurances merely on individual chemicals, as occurred in the World Trade Center disaster; also, it fails to adopt a precautionary “better safe than sorry” approach to reduce human exposures while awaiting complete information on pollution.

The Department of Homeland Security’s new *National Response Plan* denies OSHA final say over the protection of rescue and recovery workers, giving authority for dispute resolution to a “Joint Field Office Coordination Group.”

New Yorkers still await a proper response to the 9/11 attack, including a proper cleanup of the contamination that permeated homes and workplaces, and a proper program for medical monitoring and care for the people exposed to the pollution.

Rather than investigate the failures of the Workers’ Compensation System to aid people who became ill from 9/11 pollution exposure, and solve the problems, the

federal government is simply turning its back on the unmet needs.

Congress has failed to investigate and obtain disclosure of the identities of persons in the White House who suppressed 9/11 health warnings that EPA otherwise would have issued, and there has still been no comprehensive investigation of the methods EPA used to test the air emissions and dust, which were the subjects of significant controversy.

All Americans should be concerned about what happened at Ground Zero. Many other states besides New York are home to residents who were made ill by exposure to 9/11 pollution. Although health effects statistics are not available, 9/11 clinical programs have screened 846 rescue and recovery workers from other states, including 363 from New Jersey, 88 from Massachusetts, 79 from California, 77 from Ohio, 66 from Illinois, and 30 from Florida. Over half of the 2,680 injured people who applied to the short-lived federal victim compensation fund reported asthma or respiratory symptoms, and 339 of them lived in other states, including:

New Jersey	182 applicants
Virginia	53 applicants
Pennsylvania	24 applicants
Florida	22 applicants

Also, a future disaster releasing toxic contaminants could happen in any state. Louisiana and Mississippi are facing unknown levels of contamination as a result of the Katrina hurricane. Several reports have noted, in addition, that America's chemical facilities remain particularly vulnerable nationwide.

The unmistakable conclusion that must be drawn is that America remains at risk not only from terrorist attacks and natural disasters, but also from our own federal government's unwillingness to put public health and safety first in its response to such national emergencies.

Congress should hold hearings to:

Investigate the Department of Homeland Security's new "optimization" policy initiative and challenge its role in establishing toxic cleanup goals and making cleanup decisions;

Demand a clarification of EPA's new relationship to the Department of Homeland Security, especially with regard to environmental cleanup in the aftermath of a disaster, and investigate whether or not public health warnings may be compromised as a result; and

Demand a reversal of OSHA's decision not to carry out enforcement of safety and health laws for rescue and recovery workers in national disasters, and challenge the federal Administration's decision to take final authority for worker safety out of OSHA's hands.

The federal administration should:

Revise its *National Response Plan*, *EPA Homeland Security Strategy* document and *National Incident Management Plan* to establish a policy that public health assurances are issued only after assessing the pollution hazards as a whole, rather than basing assurances merely on individual chemicals, and incorporate a “better safe than sorry” approach to reduce human exposures while awaiting complete information on pollution;

Restore the primacy of EPA in developing cleanup goals for pollution released in national emergencies, and revise its *National Response Plan*, *OSHA National Emergency Management Plan*, and *National Incident Management Plan* to ensure that OSHA has the final word in health and safety protections for rescue and recovery workers in a national emergency, and enforces safety rules in emergencies;

Address the gaps in healthcare funding that remain for recovery workers because of the limitations of the September 11 Victim Compensation Fund and the failures of the Workers’ Compensation System, and establish a program to assist, as needed, those residents, small business owners, students and area employees who are ill from 9/11 pollution exposure; and

Make a solid commitment to provide proper long-term funding for medical monitoring, and include monitoring for immune system effects and effects on offspring; and carry out a proper testing and cleanup plan for World Trade Center contamination of homes and workplaces into an effective and credible program that will identify and clean up any remaining hazards.