

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
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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.

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 extent 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 extent of public exposure to indoor contaminants resulting from the WTC collapse is unknown.

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.

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 asbestos⁴ 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.

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.