Environmental Effects of WTC Need Study

By Susan Q. Stranahan

TWENTY years from now, will the World Trade Center disaster continue to claim victims? Will the tragedy be compounded by a loss of life that had less to do with terrorism than with ignorance? In the haste to return Lower Manhattan to a sense of normalcy, have additional lives been put at risk? Nobody can answer those questions.

But the issue of long-term health implications for all those at or near Ground Zero since the catastrophe must not be swept away along with the million tons of twisted steel and rubble. Sure, several small studies have begun, most focusing on discrete groups of the population, but none has the funding or capacity to match the scale of the disaster.

Consider the tip of Manhattan an ideal laboratory and all who worked or lived there in the days and weeks after Sept. 11 as prime candidates for a huge health study that may finally prove what we don't know: how resilient the human body is when bombarded with a plethora of natural and man-made chemicals.

There is real reason for concern. Many of the air-quality standards used by the Environmental Protection Agency, the Occupational Safety and Health Administration and others date to the 1970s and measure specific substances, such as benzene, lead or PCBs. As a result, they fail to take into account a far more likely scenario: exposure to a chemical "soup" such as the one that was given off when the contents of the World Trade Center burned.

Having spent several years gathering health data on more than 200 firefighters and emergency workers who fought a 1978 hazardous-waste fire in Chester, Pa., I am well aware of how little is known about the long-term effects. In that case, no fire or rescue workers were killed at the time of the fire, but eventually more than 40 of the people at the scene were stricken with serious diseases, including cancer. Of that group, 28 are dead. No one can say with certainty that the cause was the chemicals they encountered, but their fate — and the uncertainty of what will happen to the thousands of professionals and civilians who raced to the World Trade Center — cries out for investigation.

The study of those exposed in Manhattan must be started immediately and continued for the two decades or more it takes for certain diseases, notably cancer, to develop. Perhaps it will turn up nothing.

But it must be undertaken, if only to reassure all Americans that the existing framework of environmental and occupational regulations protecting their everyday lives is performing as intended. "Out of the billions of dollars devoted to recovery efforts, there should be money put aside to find, register and clinically assess these people," says Stephen Levin, medical director of the Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine in New York.

From the beginning, Levin and his colleagues saw evidence of health problems among responders and residents living near Ground Zero. Many people have suffered from coughs, nosebleeds and respiratory ailments triggered by the enormous amounts of dust and debris in the air. Some of these are probably temporary irritations; others may be far more serious.

In recent weeks, concern has grown about levels of asbestos permeating the air of Lower Manhattan and about repeated assurances by the Environmental Protection Agency that the air is safe. The EPA's handling of air-quality data is the subject of an internal investigation launched by agency ombudsman Robert Martin.

The studies under way will certainly provide some useful data. One will follow at least 200 construction workers at Ground Zero. Another will attempt to locate all pregnant women living or working near Ground Zero to ascertain what effect, if any, prenatal stress or environmental contaminants may have on their babies. A third is attempting to identify hundreds of day laborers who were hired to clean office buildings and residences, few of whom were provided with adequate protective equipment. These small surveys, while helpful to segments of the affected population, cannot take the place of a large study and a tracking program that encompasses everyone who was at the scene.

If any city is equipped to oversee such a program it would be New York. Yet, to date, no one has stepped forward to offer the critical element: money. That must come from Washington, for this is a national public-health issue.

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