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911 Environmental Action

1. One of the purposes of the WTC Indoor Air Assessment document is to "set health-based benchmarks." Have these benchmarks never been set before? Has EPA not previously encountered disasters in which it needed to determine levels of concern? Was it necessary to reinvent the wheel?
2. In reinventing the wheel, what is the medical foundation for the notion of 'averaging' which wipes out evidence of acute exposures to certain toxins? Experience teaches us that single exposures to certain viruses, bacteria and poisons can make people sick or kill them. When exposed to food-poisoning, the body doesn't say, "I'll average this out over the person's whole life and it'll be fine." People have been known to contract mesothelioma after exposure to working in the shipyards briefly during WW II and after working in an asbestos factory for one summer. Yet on page 14 the WTC document says, "[W]eighted over 30 years, the impact of a high-exposure [i.e early childhood] is diluted." What is the medical evidence for this theory?
3. The document has 'modified' a pre-supposed 30 year exposure to one year. Do the authors believe that everyone whose apartment is contaminated will have it cleaned within a year? It's already been more than a year and cleaning has only just begun. There is at least one contaminated apartment in Brooklyn where cleaning is not even a gleam in anyone's eye.
4. On page 9, the document says that since late October, levels of PM 10 and PM 2.5 have been below EPA's level of concern for ambient air. This was not true at Stuyvesant High School where levels of PM 2.5 were often higher than at Ground Zero.
5. Under "Refractory Ceramic Fibers" on page 3, we learn that settled dust samples taken indoors and out were analyzed for asbestos by PLM. Why was this method used when it is more appropriate for gross samples such as at the site itself? Why was TEM not used?
6. In Appendix C we learn that the reason we're being exposed to a hundred times the cancer risk of Superfund sites around the country is that the equipment needed for a lower risk would have to achieve flow rates of 500-1000 liters per minute. "The only equipment available to operate at such flow rates are large units that cannot be brought inside a residence." Then how were safer health benchmarks achieved in other disasters? EPA has consistently reassured Lower Manhattan that there's no problem or very little problem. Why, then, is it so hard to achieve the one in a million extra cancer risk which is the goal of most cleanups?
7. Why is EPA not doing ultrasonication which has been shown to reveal high levels of asbestos in instances where other tests have failed?

Observer Comments
 WTC Indoor Air Assessment, Peer Review Meeting
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